

2025 FUND RULES



Administered by:

METHEALTH NAMIBIA
ADMINISTRATORS 

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1. INTRODUCTION

1.1 PREAMBLE

In the Rules, unless inconsistent with the context, words defined in the Act and not in the Rules shall bear the meanings thus assigned to them in the Act, words and expressions denoting the singular shall include the plural and vice versa and headings and subheadings are solely for ease of reference and are not to be taken into account in the interpretation of the Rules.

1.2 NAME AND HISTORY

The name of the FUND shall be Namibia Medical Care. The name of the FUND can be abbreviated to “**NMC**”.

1.3 OBJECT

The object of the FUND is to establish a fund by contributions, donations or otherwise and thereby to make provision for:

- 1.3.1 The granting of financial or other assistance to MEMBERS and their DEPENDANTS in defraying expenditure incurred by them or their DEPENDANTS within Namibia or in countries other than Namibia in connection with the rendering of SERVICES; and
- 1.3.2 The rendering of a SERVICE, to MEMBERS and their DEPENDANTS, either by the FUND itself or by any SUPPLIER OF SERVICES or group of SUPPLIERS OF SERVICES in association with or in terms of an agreement with the FUND;
- 1.3.3 The FUND, where it is necessary to do so, will defray the expenses of a PRINCIPAL MEMBER for health services in countries other than Namibia, provided that the services required by such MEMBERS are not available in Namibia, provided further that if a PRINCIPAL MEMBER is residing in a country other than Namibia, the FUND will defray the healthcare expenses of that PRINCIPAL MEMBER in that country of residence.

1.4 STATUS

The FUND is an independent legal entity, existing separately from its PRINCIPAL MEMBERS and is, in its own name, capable in law of suing and of being sued, of acquiring, holding and alienating movable and immovable property and of acquiring rights and obligations.

1.5 REGISTERED OFFICE

The registered office of the FUND shall be separate from that of the ADMINISTRATOR and shall be NMC, NMC House, No 8 Newton Street, Windhoek. The BOARD shall have the right to transfer such office to any other physical address should circumstances so dictate.

1.6 LEGISLATION

All rules and regulations contained in these Rules are subject and subordinate to Namibian legislation.

2. DEFINITIONS

Unless inconsistent with the context, the following words and expressions shall bear the following meanings:

- | | |
|---------------------------------|---|
| 2.1 Act | shall mean The Medical Aid Funds Act (Act No. 23 of 1995). |
| 2.2 Actuary | means a fellow of an institute, a society or a faculty of actuaries appointed in terms of Rule 3.13.1. |
| 2.3 Administrator | shall mean the Administrator(s) as appointed by the BOARD from time to time. |
| 2.4 Admission Date | shall mean the first day of the month coinciding with or the next date following the date on which a person's application for membership is approved. |
| 2.5 Approval | means the prior written approval of the BOARD. |
| 2.6 Association(s): | shall mean any group of individuals approved by the Trustees, who are members of the Health Professionals Council of Namibia, and who participate in a common profession or whose employers operate in a common industry. |
| 2.7 Auditor | shall mean an Auditor who is not an officer of the FUND and is registered in terms of the Public Accountants and Auditors Act, 1951 (Act No. 51 of 1951) and appointed as such in terms of Rule 3.8.1. |
| 2.8 BHF | means The BOARD of Healthcare Funders of Southern Africa. |
| 2.9 Beneficiary | shall mean Principal Member and/or Dependant. |

2.10	Benefit Options	means the benefit options provided for in Annexure B to the Rules.
2.11	Benefits	means the benefits provided for in Annexure B to the Rules.
2.12	Benefit Year	means A FINANCIAL YEAR or such other period as the BOARD may determine from time to time.
2.13	Board	shall mean The BOARD of Trustees elected in terms of Rule 3.1 to manage the FUND.
2.14	Child	shall mean a MEMBER'S biological child, stepchild or legally adopted child or a child in respect of which a MEMBER holds legal guardianship, provided that such child is: <ul style="list-style-type: none"> • Under the age of 18 years; • not a member or a dependant of a member of another MEDICAL AID FUND; or • PSEMAS.
2.15	Continuation Member	shall mean an existing MEMBER whose status has changed as follows: <ul style="list-style-type: none"> • Employee changed to an individual member and vice versa; • Dependant changed to a member and vice versa; • Change in marital status.
2.16	Contributions	shall mean the amount calculated on the basis set out in the Rules and payable to the FUND as membership fees. Such CONTRIBUTIONS shall include the admission fee charged by the ADMINISTRATOR and levies payable to NAMAF and NAMFISA but shall exclude any statutory duty, fee, levy or impost charged or levied on or in respect of the administration fee or on the CONTRIBUTIONS to any statutory authority.
2.17	Contribution Year	means A FINANCIAL YEAR ending on 31 December annually.
2.18	Date of Service	In the event of: <ul style="list-style-type: none"> 2.18.1. A consultation, visit or treatment by a HEALTH PROFESSIONAL, shall mean the date on which each such consultation visit or treatment occurred, whether for the same illness or not. 2.18.2. An OPERATION shall mean a procedure or a confinement, the date on which each such OPERATION, procedure or confinement occurred or was carried out. 2.18.3. HOSPITALISATION shall mean the earlier of the date of each discharge from a day clinic, hospital or nursing home, or the date of cessation of membership. 2.18.4. Any other SERVICE or requirement means the date on which each such SERVICE was rendered or each such requirement obtained.
2.19	Dependant	in relation to a PRINCIPAL MEMBER shall mean: <ul style="list-style-type: none"> 2.19.1. The MEMBER'S legal spouse including spouses qualifying under the customary (traditional marriage) law: provided that such spouse is neither a member of another MEDICAL AID FUND, nor a member of PSEMAS; 2.19.2. The MEMBER's CHILD; 2.19.3. The MEMBER's UNMARRIED CHILD who is older than 18 but under the age of 30, a full-time student or scholar and totally dependent on the member;

- 2.19.4. Persons that fall within the age category of 18 years or older, but under 21 years, who are considered to be financially dependent on the PRINCIPAL MEMBER - in a similar manner in which a minor child depend on his or her guardian or parent for financial support, but excluding persons identified in Rule 2.54. [Such persons can include, but are not limited to scholars, unemployed majors or majors earning not more than the monthly government pension, which substantiates their financial dependency on the PRINCIPAL MEMBER];
- 2.19.5. The MEMBER's UNMARRIED CHILD who is older than 18, not self-supporting owing to a mental or physical disability and who is not a member or a dependent of a member of another MEDICAL AID FUND or PSEMAS and has been a member of the Fund;
- 2.19.6. Any other person who is dependent on the MEMBER and who, on application to the BOARD and subject to such conditions as the BOARD may determine is recognised as a "SPECIAL DEPENDANT" by the BOARD. It is a proviso that if any such person is so recognised by the BOARD, the MEMBER concerned shall be required to pay such contributions as determined by the BOARD in consultation with the ACTUARY in respect of the admission of such person as a SPECIAL DEPENDANT.

2.20 *Dependant*

in relation to a PRINCIPAL MEMBER shall not mean:

- 2.20.1. A CHILD of a CHILD DEPENDANT/SPECIAL DEPENDANT of a MEMBER, neither of whom will be covered nor will he/she automatically become a MEMBER of the FUND through birth.

2.21 *Diagnostic Examination*

means an examination that takes place by means of an incision, the insertion of an instrument or by diagnostic means such as colourants or radioactive markers, including MRI and CAT scans.

2.22 *Disputes Committee*

shall mean the Committee appointed as such in terms of Rule 8.3.1.

2.23 *Emergency Evacuation*

shall mean in the event of a member's involvement in a Medical Emergency, the arrangement by a Supplier of Services for Emergency Medical Transportation by appropriate transport and under appropriate medical supervision, if necessary, to the nearest medical facility capable of providing adequate care.

2.24 *Employee*

means a person in the service of an EMPLOYER who is in an eligible category as agreed between such EMPLOYER and the FUND.

2.25 *Employer*

shall mean a person or legal entity that has been admitted to the FUND as an employer by the BOARD and who has agreed to pay the CONTRIBUTIONS due in respect of those of its EMPLOYEES who are MEMBERS of the FUND. In respect of any MEMBER, "EMPLOYER" means the EMPLOYER in whose service he/she is at that point in time or by whom the MEMBER was last so employed, as the case may be.

2.26 *Exclusions*

mean requisites or sickness conditions excluded from BENEFITS as determined by the BOARD from time to time and detailed in Annexure C, subject to the REGISTRAR'S approval.

2.27 *Financial Year*

shall mean a period of twelve calendar months, commencing on 1 January of each year and terminating on 31 December of each year.

2.28 *Fund*

means NAMIBIA MEDICAL CARE MEDICAL AID FUND, also known as "NMC".

2.29 *Group Membership*

shall mean an "EMPLOYER GROUP" registered as a member of the FUND and employing at least ten EMPLOYEES who are MEMBERS by virtue of their employment with the said EMPLOYER GROUP or such other groups as identified as an 'Employer Group' by the TRUSTEES from time to time, groups joining between 10 and 19 to be risk rated before approval by the Principal Officer.

2.30	Health Professional	shall mean a person or entity, as defined in Annexure H.
2.31	Hospitalisation	means the admission of a MEMBER or a DEPENDANT to a registered day clinic, hospital, nursing home or step down facility for a procedure which cannot usually be performed in a doctor's surgery.
2.32	Income	shall mean a person's gross monthly income, salary, wage or pension, including commission(s), but excluding special allowances while holding a position in a temporary capacity, provided however that where an income, salary, wage, pension, commission or reward is paid weekly, or at intervals other than monthly, such amount shall be prorated equal to monthly income.
2.33	Individual Member	shall mean A MEMBER whose membership of the FUND is not dependant on an EMPLOYER'S participation in the FUND or if the MEMBER is not classified as a member of an EMPLOYER Group, and shall include, with effect 01 January 2006, such schemes with a membership of less than twenty members, or such other schemes as determined by the BOARD from time to time and shall include a MEMBER, provided that existing EMPLOYER Groups are not to be affected.
2.34	In-house tariffs	shall mean the tariff as determined and approved by the BOARD from time to time.
2.35	Insurer	means a registered insurer or re-insurer as defined in section 1 of the Short Term Insurance Act, 1998 (Act No 4 of 1998); and of the Long Term Insurance Act, 1998 (Act No 5 of 1998); and appointed by the BOARD in terms of Rule 8.12 to underwrite all or any of the BENEFITS.
2.36	Medical Aid Fund	shall mean any business carried on under a scheme established with the objective of providing financial or other assistance to members of the fund and their dependants in defraying expenditure incurred by them in connection with the rendering of any medical service, but excludes any such scheme which has been established in terms of an insurance policy.
2.37	Member	means a Principal Member or dependant or special dependant.
2.38	NAMAF	shall mean The Namibian Association of Medical Aid Funds, established in terms of section 10 of the Act.
2.39	NAMAF Tariff	shall mean the benchmark tariff published by and adopted by NAMAF.
2.40	NAMFISA	shall mean The Namibia Financial Institutions Supervisory Authority.
2.41	Operation	means a SURGICAL PROCEDURE performed under local or general anaesthetic for the purposes of correcting a disease or a bodily defect.
2.42	PSEMAS	means The Public Service Employees Medical Aid Scheme.
2.43	Premium Holiday	shall mean a period of no longer than six months where an EMPLOYER or a PRINCIPAL MEMBER from sectors that are severely impacted by the State of Emergency and COVID-19 pandemic, do not pay premiums to the FUND due to the State of Emergency or COVID-19. During this period Members will not receive any benefits.
2.44	Principal Member	shall mean a person whose application for membership has been accepted by the BOARD and who is recognised as the main member.
2.45	Principal Officer	means the person appointed as such in terms of Rule 3.3.1.
2.46	Registrar	means the Registrar of Medical Aid Funds appointed under section 3 of the Act.
2.47	Risk Rating	shall mean the process in terms of which the BOARD, or a committee specifically delegated by the BOARD for that purpose, determine the risk factor applicable to a MEMBER, provided however that the maximum loading shall be limited to 140% of the normal premium.

2.48 Rule(s)	shall mean these rules, as amended from time to time, including the Annexures to these rules, any bye-laws and any other provisions relating to the BENEFITS that may be granted or the CONTRIBUTIONS that may become payable in terms of a resolution adopted by the BOARD, subject to approval by the REGISTRAR.
2.49 Scale of Benefits	shall mean the benefits as determined from time to time by the Board of Trustees.
2.50 Secretary	means the secretary of the FUND appointed in terms of Rule 3.1.8.
2.51 Service	shall mean a “medical service” as defined in section 1 of the ACT.
2.52 Specialist	shall mean a person registered and authorised to practise as such under the Medical and Dental Professions Act, 1993 (Act No 21 of 1993).
2.53 Specific Exclusions	means specific requisites, or medical and surgical treatment for a complaint, an illness condition or an injury excluded from BENEFITS under a particular membership option, by the BOARD at the admission of such MEMBER or DEPENDANT to the FUND, other than the general exclusions contained in Annexure “C”.
2.54 Special Dependant	shall mean any dependant of a PRINCIPAL MEMBER who wishes to register under his/her membership, but subject to the following conditions and the provisions of Rule 4.3: <ul style="list-style-type: none"> 2.54.1. Parents/in laws – must be financially dependant on the child and their income must be less than the monthly social income, and under the age of 60 upon application of membership, provided that no grandparent can qualify as SPECIAL DEPENDANT; 2.54.2. Divorced wife/husband – for who the member is obliged to provide medical aid cover in terms of a divorce settlement reached by such member and his/her ex-spouse. (A certified copy of the court order must be submitted to the fund); 2.54.3. The MEMBER’s cohabitant partner, who has lived with the MEMBER for at least two years and who is not a member or dependant of a member of any Medical Aid Fund or PSEMAS and who, on application and subject to such conditions as the Trustees may determine, who, upon application, is under the age of 60. Only one co-habitable partner can be registered as such. The MEMBER and his/her partner must be able to prove that they have been living together for longer than two years, which proof must be furnished by way of notarially certified declaration/affidavit; 2.54.4. DEPENDANT over the age of 30: Student: – proof of registration at a registered tertiary institution must be provided and such dependants’ income must be less than the amount of the monthly social pension as determined by the BOARD from time to time. The student must turn 30 years of age during a continuous period of study for an undergraduate course or during a postgraduate course which follows directly after the completion of the undergraduate course. The Student must apply annually; 2.54.5. In exceptional circumstances (the details of which must be stated), any Individual Member, or other dependant of the Member who is not a member or dependant of a member of any Medical Aid Fund or PSEMAS, and who is recognised as a SPECIAL DEPENDANT by the Trustees subject to the prior approval of the Employer employing the Member: Provided further that such a person does not receive income exceeding the maximum annual amount of social pension as determined by the BOARD from time to time. Risk rating will apply and will also be subject to the provisions of Rule 4.3;

		2.54.6. Not allowed to be a member of Topaz/Topaz Plus unless otherwise determined by the BOARD.
2.55	Students	shall mean:
		2.55.1. The Member's UNMARRIED CHILD, who is unemployed, fully financially dependent on the main member, over 18 but under 30 years old, and registered at any accredited educational institution approved by the TRUSTEES for distance or part-time study with a minimum of four subjects per annum.
		2.55.2. The Member's UNMARRIED CHILD, who is unemployed, fully financially dependent on the main member, over 18 but under 30 years old, and registered at any accredited educational institution approved by the TRUSTEES for online study with a minimum of four subjects per annum.
2.56	Surgical Procedure	shall mean an incision into the body, the insertion of an instrument into the body, the placement of temporary or permanent medical equipment or the removal of temporary or permanent medical equipment.
2.57	Elected Trustee	shall mean TRUSTEES elected by the MEMBERS from the ranks of the MEMBERS at the duly constituted Annual General Meeting.
2.58	Appointed Trustee	shall mean TRUSTEES appointed by the Board.
2.59	Waiting Periods	shall mean the nine month period following admission to the FUND of a pregnant MEMBER in which no confinement related benefits will be paid by the Fund.
2.60	Prorated Waiting Periods	shall mean a three month period following admission to the FUND of a MEMBER during which period the day-to-day benefits for each of these months will be limited to one-twelfth of the annual limits, with the exception of HIV/AIDS benefits.

3. MANAGEMENT OF THE FUND

3.1 BOARD OF TRUSTEES

- 3.1.1 The BOARD shall be responsible for the management of the FUND. The Board shall consist of not less than 5 (five) TRUSTEES and not more than 9 (nine) TRUSTEES elected by the MEMBERS from the ranks of the MEMBERS at the duly constituted Annual General Meeting. In order to be considered as TRUSTEES, the particular skills and experience of the prospective TRUSTEES shall include, but shall not necessarily be limited to relevant financial, legal, medical and/or administrative experience. The Board shall further ensure that of the 9 (nine) elected MEMBERS, it shall include at least 1 (one) MEMBER with clinical experience, 1 (one) with legal experience, an HR person, as well as person sufficiently knowledgeable in the investments of asset funds. In addition to the 9 (nine) elected TRUSTEES, the Board may appoint 3 (three) further TRUSTEES, subject to the criteria as stipulated above, including but not limited to the ranks of the Members. These Board appointed MEMBERS will serve on the Board for the period of 3 (three) years after which they may be reappointed for a further period if the Board so decide with the proviso of 3.1.7.
- 3.1.2 The TRUSTEES shall be elected through an electronic voting process. Before an annual general meeting where TRUSTEES are to be elected, the Nomination Remuneration Committee, in collaboration with the PRINCIPAL OFFICER, shall initiate the call for nominations. Nominations must be in writing and be seconded by at least ten members. The nominee must accept the nomination in writing. Nominations must be received by the PRINCIPAL OFFICER at least twenty-one days prior to the Annual General Meeting. The electronic voting period shall last for fourteen days, ending two days prior to the Annual General Meeting. The Nomination Remuneration Committee shall oversee the entire process, including the assessment, recruitment, nomination, appointment, and election of new Trustees, subject to final approval by the BOT. Once the PRINCIPAL OFFICER, with oversight from the Nomination Remuneration Committee, has received nominations, they shall ensure the issuance of electronic voting to all eligible voters. If two or more candidates in such election receive an equal number of votes, there will be a second round of voting, of the members with an equal number of votes, which process will be repeated in the event of a further equality of votes until one candidate can be elected by a simple majority.
- A TRUSTEE shall hold office for at least one term (three years), but not hold office for more than three terms (nine years). A TRUSTEE who has held office for three terms will not be eligible for re-election.
- Any casual vacancy that may arise on the BOARD OF TRUSTEES shall be filled by a MEMBER appointed

by the TRUSTEES. Any appointment of a TRUSTEE to fill a casual vacancy shall be ratified by the MEMBERS at the annual general meeting following such TRUSTEE'S appointment for a period of three years.

3.1.3 No person may hold office as a TRUSTEE if -

- 3.1.3.1 he/she is a minor or a person under the age of 18 years; or
- 3.1.3.2 he/she is contractually incapacitated; or involved in the medical industry where conflict of interest may occur; or
- 3.1.3.3 he/she is of unsound mind and has been so declared by a competent court; or
- 3.1.3.4 he/she is an unrehabilitated insolvent; or
- 3.1.3.5 he/she has been found guilty by a competent court, in the Republic of Namibia or elsewhere, of theft, fraud, forgery or any similar offence; or
- 3.1.3.6 he/she has been dismissed from an office of trust on account of misconduct; or
- 3.1.3.7 he/she has been found guilty by a competent court on any charge and sentenced to imprisonment without the option of a fine; or
- 3.1.3.8 he/she is a director, member, employee or other official of any organisation serving as the ADMINISTRATOR of the FUND or a director, member, employee or other official of any organisation rendering services to the ADMINISTRATOR in connection with the business of the FUND; or
- 3.1.3.9 he/she is the PRINCIPAL OFFICER of the Fund; or
- 3.1.3.10 he/she is the AUDITOR of the Fund; or
- 3.1.3.11 he/she is not a paid up active MEMBER of the FUND. Individuals who are appointed are exempt from the requirement of being a paid-up active Member of the Fund.
- 3.1.3.12 he/she is a service provider to the FUND; however, in a case where a MEMBER is elected such MEMBER must declare any possible conflict of interest prior to each BOARD meeting.

3.1.4 At the first meeting of the BOARD the TRUSTEES shall appoint the chairperson and vice-chairperson of the BOARD who shall serve a three year term. In the absence of the chairperson at any meeting, the vice-chairperson shall preside as chairperson for such meeting. In the absence of both the chairperson and the vice-chairperson at any meeting, the TRUSTEES present shall elect one of their MEMBERS to preside as chairperson of such meeting. The chairperson shall preside over and ensure orderly and proper conduct of all meetings.

3.1.5 A quorum of the BOARD shall consist of 50% of the number of the TRUSTEES plus one further TRUSTEE. The quorum shall be authorised to perform all necessary actions on behalf of the FUND despite any vacancy on the BOARD. At all meetings of the BOARD the decision of the majority shall be binding. In the event of an equality of votes, the chairperson shall have a casting vote in addition to his/her deliberative vote.

3.1.6 Subject to the provisions of Rules 3.1.2 and 3.1.3, the BOARD shall hold office for a term of three years. A TRUSTEE, who ceases to hold office due to the expiry of his/her term of office, shall be eligible for re-election. The provisions of Rule 3.1.2 and 3.1.3 shall then apply to the appointment of any new TRUSTEE(S).

3.1.7 At each Annual General Meeting one-third of the TRUSTEES or, if their number is not a multiple of four, then the number nearest thereto but not less than one-third, shall retire from office. The TRUSTEES so to retire at each Annual General Meeting shall be the TRUSTEES who have been longest in office and who have served a term of at least three years. If two or more TRUSTEES have been in office an equal length of time, the TRUSTEES to retire shall, in default of agreement between them, be determined by lot. The length of time a TRUSTEE has been in office shall be computed from the date of his last election or appointment. A retiring TRUSTEE shall hold office until the conclusion of the Meeting at which he retires.

3.1.8 The BOARD shall appoint a SECRETARY for the FUND. The SECRETARY need not be a TRUSTEE. The SECRETARY shall record the proceedings of all meetings of the FUND and the BOARD and perform any other duties delegated to him/her by the BOARD from time to time.

3.1.9 Any TRUSTEE shall cease to be such if:

- 3.1.9.1 He/she resigns by written notice to the chairperson; or
- 3.1.9.2 He/she is declared of being of unsound mind by a competent court;
- 3.1.9.3 He/she becomes contractually incapacitated; or
- 3.1.9.4 His/her estate is sequestrated (whether provisionally or finally) or given over to his/her creditors; or
- 3.1.9.5 He/she is found guilty by a competent court, in the Republic of Namibia or elsewhere, of theft, fraud, forgery or any similar offence; or

- 3.1.9.6 He/she is dismissed from an office of trust on account of misconduct; or
- 3.1.9.7 He/she is found guilty by a competent court on any charge and sentenced to imprisonment without the option of a fine; or
- 3.1.9.8 He/she absents himself/herself from two consecutive BOARD meetings without the prior permission of the chairperson; or
- 3.1.9.9 The FUND is dissolved, subject, however, to the further provisions of Rule 8.17.
- 3.1.10 The BOARD shall meet at least four times per annum.
- 3.1.11 Any three TRUSTEES may request the chairperson in writing to arrange a meeting of the BOARD to discuss such matters as are set out in the request. Upon receipt of such request, the chairperson shall convene a meeting within fourteen days of the receipt of such request.
- 3.1.12 Minutes shall be kept of all meetings of the BOARD. At every meeting the minutes of the previous meeting shall be signed by the chairperson and such other persons authorised by the BOARD in terms of Rule 3.4, after same being approved by the meeting. Such signed minutes shall be *prima facie* evidence of the authenticity of the matters recorded therein.
- 3.1.13 The BOARD may co-opt any person to the BOARD as a co-opted TRUSTEE: provided however that no co-opted TRUSTEE shall be entitled to a vote.
- 3.1.14 Subject to the REGISTRAR'S approval, the BOARD may introduce further rules and regulations to govern its method of operation: provided that such rules and regulations may not be inconsistent with the provisions of the Rules or the Act.
- 3.1.15 The TRUSTEES shall be entitled to reasonable market related *honoraria* for their services as approved by MEMBERS annually at the Annual General Meeting. The TRUSTEES shall also be entitled to payment to defray expenditure incurred by them in the performance of their duties: provided that the policy providing such expenditure must be authorised by the BOARD.
- 3.1.16 All TRUSTEES are obliged to attend formal training sessions from time to time to familiarise themselves with the tasks at hand as well as their fiduciary responsibilities.

3.2 POWERS AND RESPONSIBILITIES OF THE BOARD

- 3.2.1 Subject to the provisions of the Act, the BOARD is authorised to give effect to the objectives of the FUND in terms of the Rules and, without in any way detracting from the generality of this Rule, the BOARD shall have the following express powers:
 - 3.2.1.1 To receive, administer and apply money on behalf of the FUND;
 - 3.2.1.2 To raise money on such terms as may be agreed upon;
 - 3.2.1.3 To purchase, sell, let, lend or otherwise acquire or dispose of movable or immovable property on behalf of the FUND;
 - 3.2.1.4 To invest with, or delegate their powers to make investments to a financial institution as defined in the Financial Institutions (Investment of Funds Act), 1984 (Act No. 39 of 1984), place on deposit, advance or otherwise deal with any money not immediately required for running expenses of the FUND, against such securities and in such manner as the BOARD may determine, and to realise, change, reinvest or otherwise deal with such securities as the BOARD may determine;
 - 3.2.1.5 Subject to the provisions of any law, to cause the FUND, whether on its own or in association with any person or entity, to establish or operate any pharmacy, hospital, clinic, nursing home or other health care facility, home for the aged or any similar institution in the interests of the MEMBERS of the FUND;
 - 3.2.1.6 To prescribe, rescind and amend regulations as to how a claim for BENEFITS should be submitted to and dealt with by the FUND;
 - 3.2.1.7 To insure with an insurance company or insurance broker registered with NAMFISA, any such BENEFITS as the BOARD may deem necessary;
 - 3.2.1.8 To institute legal action or process on behalf of the FUND and to conduct, abandon or settle any such action or process and to defend or settle any legal action or process instituted against the FUND;
 - 3.2.1.9 To appoint as advisors such experts as it may from time to time direct;
 - 3.2.1.10 To appoint the DISPUTES COMMITTEE as referred to in Rule 8.3 hereunder;
 - 3.2.1.11 To appoint an Advisory Committee (AC) to oversee the PRINCIPAL OFFICER in day-to-day operations;
 - 3.2.1.12 To appoint any other Committee, to assist the BOARD as required by the BOARD;
 - 3.2.1.13 To exercise its discretion in any matter not specifically provided for in the Rules: provided that such exercise of its discretion is not inconsistent with the provisions of the Act or of the Rules.

- 3.2.1.14 To take such other steps as are necessary for achieving the FUND'S objectives.
 - 3.2.1.15 To avoid conflict of interests, members of the BOARD must declare any interest they may have in any particular matter before the BOARD.
 - 3.2.1.16 To ensure that all remuneration to TRUSTEES, committees, the PRINCIPAL OFFICER, other employees, the AUDITOR and relevant service providers to the FUND will be set according to a market related benchmark.
- 3.2.2 The BOARD shall be responsible for the following:
- 3.2.2.1 Monitoring the state of the funds established under the FUND;
 - 3.2.2.2 Evaluating the provisions and the operation of the Rules;
 - 3.2.2.3 The revision of CONTRIBUTIONS and BENEFITS;
 - 3.2.2.4 Considering, alternatively the duly mandated committee of the BOARD shall consider, the granting of *ex gratia* payments to a MEMBER or in respect of a DEPENDANT, to assist such MEMBER in meeting his/her/their proportion of any claim admitted in respect of him/her or any of their DEPENDANTS;
 - 3.2.2.5 To impose such sanctions as the BOARD deems fit against any supplier of a SERVICE who is guilty of an offence in relation to the FUND;
 - 3.2.2.6 To impose such sanctions as the BOARD deems fit against any MEMBER, DEPENDANT or EMPLOYER who contravenes the Rules.

3.3 APPOINTMENT, POWERS AND DUTIES OF PRINCIPAL OFFICER

- 3.3.1 The BOARD shall appoint a PRINCIPAL OFFICER for the FUND. Such PRINCIPAL OFFICER may not be a director, partner, member, employee or other official of any organisation serving as the ADMINISTRATOR of a registered medical aid fund, or the director, partner, member, employee or other official of any organisation rendering services to the ADMINISTRATOR in connection with the business of such fund. Should the PRINCIPAL OFFICER be absent from the Republic of Namibia for more than thirty days or be otherwise unable to perform his/her duties, the BOARD shall appoint an acting or a new PRINCIPAL OFFICER, as the case may be. The BOARD shall inform the REGISTRAR of the appointment of the PRINCIPAL OFFICER.
- 3.3.2 The PRINCIPAL OFFICER shall have the following powers:
 - 3.3.2.1 To propose any matter to the BOARD for consideration and implementation if he/she is of the opinion that such proposal is in the best interests of the FUND. It is a proviso that any such proposal that affects the financial position of the FUND shall first be referred to the ACTUARY for an opinion as to the financial soundness thereof.
 - 3.3.2.2 Any specific powers and responsibilities as the BOARD may formally delegate to the office of the PRINCIPAL OFFICER. Such power may be delegated and/or revoked at the BOARD's exclusive discretion.
 - 3.3.2.3 May approve option downgrades: In the case of EMPLOYERS or PRINCIPAL MEMBERS from sectors that are severely impacted by the State of Emergency and COVID-19 pandemic, who approach the FUND to change BENEFIT OPTIONS during the period until 30 June 2024.
- 3.3.3 The PRINCIPAL OFFICER shall have the following duties:
 - 3.3.3.1 To ensure that the FUND is managed in the best interests of all MEMBERS;
 - 3.3.3.2 To attend all meetings of the FUND and of the BOARD, as well as any other meetings that may require his/her attendance;
 - 3.3.3.3 To ensure that annual financial statements of the FUND, as stipulated in terms of Section 33 of the ACT, are prepared in respect of every FINANCIAL YEAR;
 - 3.3.3.4 To prepare an annual report on the activities of the FUND during each FINANCIAL YEAR;
 - 3.3.3.5 To submit all statutory returns and, in particular, within six months of every FINANCIAL YEAR end, to furnish a copy of the audited financial statements and of his/her annual report to the REGISTRAR.
 - 3.3.3.6 To supervise any staff employed by the FUND;
 - 3.3.3.7 To convene meetings of all committees;
 - 3.3.3.8 To refer any dispute referred to in terms of Rule 8.3 to the DISPUTES COMMITTEE;
 - 3.3.3.9 In the case of an objection to such MEMBER'S voting right at any general meeting, to decide on the eligibility of any MEMBER to vote at that general meeting;
 - 3.3.3.10 To ensure that all duties as are necessary for the proper conduct of the business of the FUND are properly discharged;
 - 3.3.3.11 To carry out any other duties that the BOARD may from time to time require.

3.4 SIGNING POWERS

The BOARD may authorise a person or persons from time to time to sign any document that binds the FUND or that authorises any action on behalf of the FUND: provided that any document to be submitted to the REGISTRAR, shall be signed in such manner as prescribed by the Act.

3.5 ACCOUNTS

The BOARD shall cause such accounts, securities, registers and records to be kept as are necessary for the proper management of the FUND and as are required in terms of the Act. The books of account shall be made up as at the end of each FINANCIAL YEAR and be audited by the AUDITOR.

3.6 BANK ACCOUNT

The BOARD shall arrange for an account to be opened in the name of the FUND at a registered banking institution. All money received by or on behalf of the FUND shall be deposited in such account.

3.7 ADMINISTRATOR

The BOARD shall appoint the ADMINISTRATOR to administer the FUND. Such appointment shall remain in force for such period as agreed between the BOARD and the ADMINISTRATOR. The duties and responsibilities of the ADMINISTRATOR shall be as agreed between the BOARD and the ADMINISTRATOR from time to time.

3.8 AUDITOR

- 3.8.1 The BOARD shall appoint an AUDITOR. The AUDITOR's appointment must be ratified at the AGM.
- 3.8.2 The AUDITOR's appointment shall remain in force for a period of 12 (twelve) months, which appointment shall be reconsidered on an annual basis, unless, prior to the expiry of the said period, the BOARD rescinds the appointment or the AUDITOR relinquishes same.
- 3.8.3 The AUDITOR shall have access to all books, accounts, vouchers and other documents pertaining to the FUND. The BOARD, ADMINISTRATOR and any officer of the FUND shall, upon request, provide the AUDITOR with such information and explanations as the AUDITOR deems necessary for the performance of his/her duties.
- 3.8.4 The AUDITOR may attend any general meeting of the FUND and shall receive all notices of and other communications relating to any general meeting that any PRINCIPAL MEMBER is entitled to receive. At any general meeting, the AUDITOR may also make any statement in relation to any return, account or balance sheet examined by him/her or report made by him/her.
- 3.8.5 The AUDITOR shall certify the findings of each audit in writing and present a report to the MEMBERS of the accounts examined by him/her and of the financial statements presented at a general meeting.

3.9 ADMINISTRATION COSTS

The FUND shall bear all expenses arising from the management of the FUND, including actuarial fees, administration fees, audit fees, consultancy fees, managed health care fees, and any other expenses as approved by the BOARD.

3.10 PERSONAL LIABILITY

The TRUSTEES, the PRINCIPAL OFFICER and any other officer of the FUND shall not be personally liable for any loss suffered by the FUND, the EMPLOYER or the MEMBERS, unless such loss is due to the gross negligence, dishonesty or fraud of such Trustee or officer.

3.11 FIDELITY GUARANTEE AND PROFESSIONAL INDEMNITY

- 3.11.1 The BOARD shall ensure that the FUND effects and maintains insurance for such an amount as the BOARD regards as sufficient for protection against losses which may arise as a result of the gross negligence, dishonesty or fraud of any of the FUND'S officers, including the PRINCIPAL OFFICER, who receives or handles money of the FUND.
- 3.11.2 The BOARD shall ensure that the ADMINISTRATOR, the Asset Manager and any other person who renders services to the FUND effect and maintain insurance to adequately indemnify the FUND against losses which may arise as a result of the negligence, dishonesty or fraud of any person employed by such ADMINISTRATOR, Asset Manager or other person, as the case may be.

3.12 REGISTRATION AND SAFE CUSTODY OF DOCUMENTS

All title deeds and securities belonging to the FUND shall be registered in the name of the FUND. No security shall be transferred, varied, disposed of or otherwise alienated, except with the prior written APPROVAL of the BOARD.

The documents of title in connection with any investment or asset of the FUND shall be kept in safe custody at:

- The registered office of the FUND; or

- The registered office of the ADMINISTRATOR; or
- The registered office of the Asset Manager; or
- A registered financial institution; or
- A registered bank.

3.13 ACTUARY AND ACTUARIAL VALUATION

- 3.13.1 The BOARD shall appoint an ACTUARY for the FUND. Such appointment shall remain in force until the BOARD rescinds it or the ACTUARY relinquishes it, whichever event occurs first. The BOARD shall cause such records to be maintained as will enable the ACTUARY to perform an actuarial valuation at any time.
- 3.13.2 If any valuation reveals a surplus, such surplus shall be applied in such manner as determined by the BOARD in consultation with the ACTUARY, subject however to the provisions of the Act.
- 3.13.3 If any valuation reveals a deficit, the BOARD shall arrange that such deficit be extinguished in such a manner as recommended by the ACTUARY, subject however to the provisions of the Act.

4. MEMBERSHIP

4.1 QUALIFICATION

4.1.1 EMPLOYEES

- 4.1.1.1 An EMPLOYEE of an employer group should apply in writing within 30 days of permanent employment to be eligible to become a member of the FUND.
- 4.1.1.1 (a) 4.1.1.1 above will not apply in the case of an EMPLOYEE of an EMPLOYER GROUP who has been on a PREMIUM HOLIDAY, in which case all employees who have been on the FUND must return to the fund in a group on the same date being the first day of a calendar month.
- 4.1.1.2 (a) After the expiration of the 30 day period referred to in 4.1.1.1 above no EMPLOYEE applying for membership shall be admitted to membership unless he/she submits proof of satisfactory health within three months of such application to the BOARD in respect of himself/herself and his/her DEPENDANTS. If the BOARD requires any such person to undergo a medical examination, such examination shall be performed at the FUND'S expense and such person shall then submit to such medical examination. The BOARD may conduct a risk rating in its discretion, on a particular person applying for membership to determine whether or not he/she qualifies for membership or not.
- (b) On admission of such EMPLOYEE's membership of the FUND, a PRORATED PERIOD and a nine month waiting period for confinements may apply or such other measures as may otherwise be determined by the BOARD, during which periods no benefit shall accrue to, but CONTRIBUTIONS by the PRINCIPAL MEMBER shall be payable to the FUND.
- (c) After consideration of the evidence of health submitted by a PRINCIPAL MEMBER in terms of Rule 4.3, the BOARD may, subject to the provisions of Rules 4.1.6 and 4.1.7, limit or specifically exclude BENEFITS in respect of a particular disease, disorder or disability that existed at the time of admission as a PRINCIPAL MEMBER or DEPENDANT. The BOARD shall notify the PRINCIPAL MEMBER in writing of any limitation or SPECIFIC EXCLUSION imposed in terms of this Rule and any such limitation or SPECIFIC EXCLUSION shall be recorded on the MEMBER's profile.
- (d) The TRUSTEES, in their exclusive discretion may under special circumstances, waive the membership restriction, thereby entitling the PRINCIPAL MEMBER and his/her DEPENDANTS to membership of the FUND.
- 4.1.1.3 Subject to Rules 4.1.6 and 4.1.7, BENEFITS under the FUND are available to the EMPLOYEES of an EMPLOYER and the DEPENDANTS of such EMPLOYEES from a date as determined by the BOARD in respect of such EMPLOYER'S EMPLOYEES: Provided that an EMPLOYEE shall not be admitted to membership of the FUND on a date other than the first day of a calendar month.
- 4.1.1.4 An EMPLOYEE who, by virtue of his/her previous employment, is a CONTINUATION MEMBER of any MEDICAL AID FUND and chooses to remain so or an EMPLOYEE, who is a dependant of a PRINCIPAL MEMBER of any MEDICAL AID FUND, shall not be eligible for membership of the FUND.
- 4.1.1.5 No person shall be compelled to become a member of the FUND, merely by virtue of his or her employment by a particular employer.

4.1.2 DEPENDANTS

- 4.1.2.1 An EMPLOYEE who is a PRINCIPAL MEMBER and who wishes to register DEPENDANTS, must apply in writing within thirty days of the under mentioned dates for the inclusion of such DEPENDANTS under his/her membership, namely:
- The date on which such MEMBER applies for membership, if he/she has DEPENDANTS on that date;
 - The date of such MEMBER'S marriage or of his/her entry into a common law marriage, if such date is later than the date on which such MEMBER becomes a PRINCIPAL MEMBER;
 - The date of birth or legal adoption of any CHILD born or adopted after the date on which the MEMBER becomes a PRINCIPAL MEMBER.
- 4.1.2.1 (a) 4.1.2.1 above will not apply in the case of DEPENDANTS of an EMPLOYEE of an EMPLOYER GROUP who has been on a PREMIUM HOLIDAY in which case all DEPENDANTS who has been on the FUND must return to the fund in a group on the same date being the first day of a calendar month.
- 4.1.2.2 The DEPENDANTS of a PRINCIPAL MEMBER shall be entitled to the same BENEFITS as the PRINCIPAL MEMBER, provided that such BENEFITS shall be limited to a spouse, CHILD and SPECIAL DEPENDANT of a PRINCIPAL MEMBER.
- 4.1.2.3 (a) After the expiration of the 30 day period referred to in Rule 4.1.2.1 above on admission of such DEPENDANT's membership of the FUND, a PRORATED PERIOD and a nine month waiting period for confinements may apply, or such other measures as may otherwise be determined by the BOARD, during which periods no benefit shall accrue to, but CONTRIBUTIONS by the PRINCIPAL MEMBER shall be paid to the FUND.
- (b) If a PRINCIPAL MEMBER does not register his/her dependants as required in Rule 4.1.2.1, such dependant shall not be admitted as a DEPENDANT of the PRINCIPAL MEMBER of the FUND unless he/she submits proof of satisfactory health within three months of such application to the BOARD in respect of his/her DEPENDANTS. If the BOARD requires any such person to undergo a medical examination, such examination shall be performed at the FUND'S expense and such person shall then submit to such medical examination. The BOARD may conduct a risk rating in its discretion, on a particular person applying for membership to determine whether or not he/she qualifies for membership or not.
- (c) After consideration of the evidence of health submitted by a PRINCIPAL MEMBER in terms of Rule 4.3, the BOARD may, subject to the provisions of Rules 4.1.6 and 4.1.7, limit or specifically exclude BENEFITS in respect of a particular disease, disorder or disability that existed at the time of admission as a DEPENDANT. The BOARD shall notify the PRINCIPAL MEMBER in writing of any limitation or SPECIFIC EXCLUSION imposed on his/her DEPENDANT in terms of this Rule and any such limitation or SPECIFIC EXCLUSION shall be recorded on the DEPENDANT's profile.
- (d) The TRUSTEES, in their exclusive discretion may under special circumstances, waive the membership restriction, thereby entitling the DEPENDANTS to immediate membership of the FUND.

4.1.3 CONTINUATION MEMBERS

- 4.1.3.1 Subject to the provisions of section 30(2) of the Act, a PRINCIPAL MEMBER who retires from the service of an EMPLOYER or whose service with an EMPLOYER is terminated on account of age, ill-health or other disability, or for any other reason approved by the EMPLOYER shall, on such PRINCIPAL MEMBER's application to the BOARD, be allowed to remain a MEMBER of the FUND as a CONTINUATION MEMBER: provided that at the date of such MEMBER'S retirement or termination of service, such MEMBER had been a MEMBER of the FUND for a continuous period of at least two years. Provided further that CONTRIBUTIONS may be paid to the FUND to supplement any shortfall in respect of such period. Furthermore, a preceding and continuous period of membership of any other MEDICAL AID FUND as contemplated in Rule 4.1.6 shall be recognised and taken into account for the purpose of determining such period.
- 4.1.3.3 (a) Subject to the provisions of section 30(2) of the Act, a PRINCIPAL MEMBER who retires from the service of an EMPLOYER or whose service with an EMPLOYER is terminated on account of the State of Emergency or COVID-19 pandemic, and approved by the EMPLOYER shall, on such PRINCIPAL MEMBER's application to the BOARD, be allowed to remain a MEMBER of the FUND as a CONTINUATION MEMBER provided that CONTRIBUTIONS are paid up.
- 4.1.3.4 A CONTINUATION MEMBER and his/her DEPENDANTS shall be entitled to all BENEFITS.

4.1.3.5 A person who has ceased to be a CONTINUATION MEMBER in terms of Rule 4.7.2.3 shall not be re-admitted to membership as a CONTINUATION MEMBER, until such time as all arrear CONTRIBUTIONS have been paid in full.

4.1.4 DEPENDANTS OF DECEASED MEMBERS

4.1.4.1 Subject to the provisions of section 30(1) of the Act, and upon the death of a PRINCIPAL MEMBER, BENEFITS in respect of such deceased PRINCIPAL MEMBER'S DEPENDANTS shall continue if the DEPENDANTS or any such DEPENDANT wishes to remain on the FUND, provided that:

- The eldest of the DEPENDANTS wishing to remain on the FUND shall be registered as the new PRINCIPAL MEMBER and the CONTRIBUTIONS shall be adjusted according to the age of the eldest surviving DEPENDANT and the total number of surviving DEPENDANTS who wish to remain on the FUND;
- The CONTRIBUTIONS are payable to the FUND without interruption;
- Written notice of the DEPENDANTS' intention to remain on the FUND is received by the FUND within three months of the FUND having informed such DEPENDANTS of their right to continued membership.

4.1.4.2 The provisions of Rule 4.1.4.1 shall not apply in respect of any DEPENDANT of the deceased PRINCIPAL MEMBER who elects in writing not to become a PRINCIPAL MEMBER, alternatively if the DEPENDANTS fail to inform the FUND within the three month time period of their intention to continue as such.

4.1.5 INTERCHANGEABILITY

Subject to the terms and conditions applicable to the admission of new MEMBERS and their DEPENDANTS and further subject to the provisions of section 30(2) of the Act, the FUND shall admit to membership, from the date of receipt of such application and without any waiting period, entrance fee or imposition of new restrictions on account of the state of his/her health or that of any of his/her DEPENDANTS, any person who applies for membership of the FUND within three months of the date on which he/she ceased to be a PRINCIPAL MEMBER or a DEPENDANT of a PRINCIPAL MEMBER of such other MEDICAL AID FUND, and he/she:

- 4.1.5.1 has been a PRINCIPAL MEMBER of another MEDICAL AID FUND or PSEMAS for a continuous period of at least two years and whose application for membership is necessitated by a change in his/her employment; and
- 4.1.5.2 has, for a continuous period of at least two years, been a dependant of a person who during the aforesaid period was a PRINCIPAL MEMBER of any MEDICAL AID FUND.

4.1.6 MOVEMENT FROM ANOTHER MEDICAL AID FUND

If the members of another MEDICAL AID FUND who are members of such other fund by virtue of their employment by an employer, terminate their membership of such other fund in order to obtain membership of the FUND, or to establish a new MEDICAL AID FUND, the FUND or such new fund shall, if so requested by such other fund, admit as a PRINCIPAL MEMBER or member, as the case may be, without a PRORATED PERIOD or the imposition of new restrictions on account of his/her health or that of any of his/her DEPENDANTS, any PRINCIPAL MEMBER of such other fund who:

- 4.1.6.1 is a pensioner;
- 4.1.6.2 is the widow or widower of a PRINCIPAL MEMBER of such other fund; or
- 4.1.6.3 is the dependant of a PRINCIPAL MEMBER of such other fund;

and who obtained membership of such other fund by virtue of such PRINCIPAL MEMBER or the person from whom such PRINCIPAL MEMBER derived his/her membership having been in the employ of said employer.

4.1.7 PERSONS OTHER THAN EMPLOYEES (INDIVIDUALS)

- 4.1.7.1 The provisions of Rules 4.1.1 to 4.1.6 above, shall apply *mutatis mutandis* to any INDIVIDUAL MEMBER, who applies for membership of the FUND.
- 4.1.7.2 Notwithstanding the provisions of Rule 4.1.7.1 above, but subject to Rule 4.1.3 above, the underwriting of the PRINCIPAL MEMBER of individual membership shall always be in relation to the oldest member of the household.
- 4.1.7.3 If an individual member resigns within the benefit year, he/she can only re-join on 1 January of the following year, except if he/she joins in terms of group membership or unless the Trustees determine otherwise.

- 4.1.7.3 (a) If an INDIVIDUAL MEMBER who resigns from the fund within the period to 30 June 2024 due to the State of Emergency or COVID-19 pandemic, and his/her DEPENDANT, who were members on the Fund may re-join the Fund without risk rating or exclusions within six month of such a date. Benefits however will be prorated.

4.2 APPLICATION FOR MEMBERSHIP

- 4.2.1 Subject to the terms and conditions set out in the Rules; the BENEFITS are available to EMPLOYEES of EMPLOYERS and their DEPENDANTS, as well as individual members and their DEPENDANTS. Subject to Rules 4.1.5, 4.1.6 and 4.1.7, BENEFITS shall be available to the aforementioned EMPLOYEES/individuals and their DEPENDANTS from a date as determined by the BOARD in respect of each EMPLOYER group or individual, as the case may be, provided that no person shall be admitted to membership of the FUND on a date other than the first day of a calendar month.
- 4.2.2 When applying for membership, a person shall complete and submit to the FUND the application form required by the FUND. Unless the BOARD in its discretion determines otherwise, the following persons and EMPLOYEES shall not be admitted to membership of the FUND:
- 4.2.2.1 an individual who has attained the age of 60 years at the time of applying for membership;
 - 4.2.2.2 a full time EMPLOYEE, from an EMPLOYER group with an official retirement age policy of 65 years, who has attained the age of 65 years at the time of applying for membership;
 - 4.2.2.3 a full time EMPLOYEE of an EMPLOYER group, which EMPLOYER group does not have any official retirement age, who has attained the age of 60 years at the time of applying for membership.
- 4.2.3 An electronic copy of the Rules shall be available on the NMC website.
- 4.2.4 No person (including an EMPLOYEE) shall become a PRINCIPAL MEMBER unless he/she has satisfied the requirements set out in Rules 4.3 and 4.4.
- 4.2.5 Subject to Rules 4.1.5 and 4.1.6, if an application to include a DEPENDANT is made on a date later than:
- The date on which such PRINCIPAL MEMBER applies for membership if he/she had DEPENDANTS on that date; or
 - The date of such PRINCIPAL MEMBER's marriage or of proof of commencement of his/her cohabitant partnership status, if such date is later than the date on which such PRINCIPAL MEMBER became a MEMBER; or
 - The date of birth or legal adoption of any CHILD born or adopted after the date on which the PRINCIPAL MEMBER became a MEMBER, then and in such an event, such application is subject to risk rating and to the imposition of a PRORATED PERIOD and may further be subject to SPECIFIC EXCLUSIONS.
- 4.2.6 No person shall be allowed to become a MEMBER if such person is a MEMBER, or DEPENDANT of a MEMBER, of PSEMAS or any other Medical Aid Fund.

4.3 EVIDENCE OF HEALTH

Notwithstanding anything else to the contrary contained herein, but subject to the provisions of the Act, no person applying for membership shall be admitted to membership unless he/she submits proof of satisfactory health within three months of such application to the BOARD in respect of himself/herself and his/her DEPENDANTS. If the BOARD requires any such person to undergo a medical examination, such examination shall be performed at the FUND'S expense and such person shall then submit to such medical examination. The BOARD may conduct a risk rating in its exclusive discretion, on any particular person applying for membership to determine whether or not he/she qualifies for membership or not.

Evidence of health will not be required from MEMBERS who resign from the fund within the period to 30 June 2024 due to the State of Emergency or COVID-19 pandemic, or his/her DEPENDANTS, who were members on the Fund and who apply to re-join the Fund within six months of such a date.

4.4 PROOF OF AGE AND OTHER EVIDENCE

Every EMPLOYEE or individual who applies for membership shall submit satisfactory proof of age and/or such other information as the BOARD may require in respect of himself/herself and his/her DEPENDANTS.

Proof of age and other evidence will not be required from MEMBERS who resign from the fund within the period to 30 June 2024 due to the State of Emergency or COVID-19 pandemic, or his/her DEPENDANTS, who were members on the Fund and who applies to re-join the Fund within six months of such a date.

4.5 LIMITATION OF BENEFITS

After consideration of the evidence of health submitted by a PRINCIPAL MEMBER in terms of Rule 4.3, the BOARD may, subject to the provisions of Rules 4.1.5 and 4.1.6, limit or specifically exclude BENEFITS in respect of a particular disease, disorder or disability that existed at the time of admission as a PRINCIPAL MEMBER or DEPENDANT. It is a proviso that no such limitation or SPECIFIC EXCLUSION in respect of congenital ailments

or conditions shall be imposed on a CHILD of a MEMBER born into the FUND. The BOARD shall notify the PRINCIPAL MEMBER in writing of any limitation or SPECIFIC EXCLUSION imposed in terms of this Rule and any such limitation or SPECIFIC EXCLUSION shall be recorded on the MEMBER's profile.

4.6 NON-DISCLOSURE

- 4.6.1 If a PRINCIPAL MEMBER or DEPENDANT fails to undergo a medical examination envisaged in Rule 4.3 if and when requested to do so by the BOARD or, if such PRINCIPAL MEMBER or DEPENDANT makes a false declaration or knowingly fails to disclose, when being medically examined, that he/she has suffered or is suffering from an illness or condition that would have caused the BOARD to impose any limitation or SPECIFIC EXCLUSION on his/her BENEFITS as provided for in Rule 4.5, the BENEFITS or membership status in respect of such PRINCIPAL MEMBER or DEPENDANT shall be determined by the BOARD as if such limitation or SPECIFIC EXCLUSION had been imposed as provided in Rule 4.5.
- 4.6.2 The provisions of Rule 4.6 shall apply *mutatis mutandis* in the event of a MEMBER making a false declaration under Rule 4.4.

4.7 CESSION OF MEMBERSHIP

4.7.1 EMPLOYEES

- 4.7.1.1 A PRINCIPAL MEMBER who is an EMPLOYEE may withdraw from the FUND by giving the FUND one calendar month's written notice of his/her intention to do so. He/she shall cease to be a PRINCIPAL MEMBER upon the expiry of such notice period: Provided that the FUND has acknowledged receipt of the PRINCIPAL MEMBER's written notice of withdrawal. All rights to BENEFITS shall thereupon cease, except for claims in respect of SERVICES rendered prior to cessation of membership.
- 4.7.1.2 In order for a PRINCIPAL MEMBER's notice of intention to withdraw from the FUND to be accepted by the FUND, such notice must be personally signed by the PRINCIPAL MEMBER.

4.7.2 CONTINUATION MEMBERS

- 4.7.2.1 A CONTINUATION MEMBER who becomes a PRINCIPAL MEMBER or a dependant of a PRINCIPAL MEMBER of another MEDICAL AID FUND, shall cease to be a PRINCIPAL MEMBER as from the date on which he/she becomes a PRINCIPAL MEMBER or a dependant of a member of such other fund and all rights to BENEFITS in respect of such CONTINUATION MEMBER shall thereupon cease, except for claims in respect of SERVICES rendered prior to cessation of membership. Such CONTINUATION MEMBER must give one calendar month's written notice to the FUND of his/her intention to withdraw from the FUND.
- 4.7.2.2 A CONTINUATION MEMBER may withdraw from the FUND by giving the FUND one calendar month's written notice of his/her intention to do so. He/she shall cease to be a PRINCIPAL MEMBER upon the expiry of such notice period. All rights to BENEFITS shall thereupon cease, except for claims in respect of SERVICES rendered prior to cessation of membership.
- 4.7.2.3 A CONTINUATION MEMBER who fails to pay a CONTRIBUTION to the FUND within one month of the date on which such contribution falls due and does not furnish the FUND with a satisfactory explanation therefore, shall retroactively cease to be a PRINCIPAL MEMBER as from the date on which such CONTRIBUTION fell due. All rights to BENEFITS shall thereupon cease, except for claims in respect of SERVICES rendered prior to cessation of membership.
- 4.7.2.4 The provisions of Rule 4.7.1.2 *mutatis mutandis* shall apply to a CONTINUATION MEMBER'S notice of his/her intention to withdraw from the FUND.

4.7.3 INDIVIDUAL MEMBERS

The provisions of Rules 4.7.1 *mutatis mutandis* shall apply in respect of a PRINCIPAL MEMBER other than an EMPLOYEE or a CONTINUATION MEMBER, who becomes a PRINCIPAL MEMBER or a dependant of a member of another MEDICAL AID FUND or who wishes to withdraw from the FUND.

4.7.4 EMPLOYERS

An EMPLOYER may withdraw from the FUND by giving the FUND one calendar month's written notice of his/her intention to do so. However, the BOARD, in its sole discretion, may agree to accept a shorter notice period. Such EMPLOYER'S participation in the FUND shall cease upon expiry of such notice period: Provided that the FUND has acknowledged receipt of the EMPLOYER'S written notice of withdrawal. All rights to BENEFITS in respect of its MEMBERS shall thereupon cease, except for claims in respect of SERVICES rendered prior to termination of participation.

4.7.5 DEPENDANTS

A PRINCIPAL MEMBER shall immediately inform the FUND in writing of the occurrence of any event that results in any of his/her DEPENDANTS no longer qualifying to be a DEPENDANT. Any such DEPENDANT shall cease to be a DEPENDANT as from the last day of the month in which he/she ceases to qualify as such, and all his/her rights to BENEFITS shall thereupon cease, except for claims

in respect of SERVICES rendered prior to cessation of membership.

4.7.6 ABUSE OF FUND PRIVILEGES

Subject to the provisions of Rule 8.3, the BOARD may specifically exclude from BENEFITS or terminate the membership of a PRINCIPAL MEMBER or DEPENDANT or refuse membership whom the BOARD finds guilty of abusing the privileges of the FUND. In such event, the BOARD may require him/her to refund to the FUND any sum which, but for such abuse, would not have been disbursed on his/her behalf. The BOARD reserves the right to refuse membership should they find that such membership not be to the benefit of the FUND.

5. CONTRIBUTIONS

5.1 AMOUNT OF CONTRIBUTIONS

- 5.1.1 The total monthly CONTRIBUTIONS payable to the FUND shall be as set out in Annexure A and as may be amended from time to time. An INDIVIDUAL MEMBER's CONTRIBUTIONS shall be calculated based on the age of the PRINCIPAL MEMBER.
- 5.1.2 The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal and Topaz. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category. If the special dependant is a child, the child premium is applicable and if the special dependant is an adult, the adult premium is applicable. If the PRINCIPAL MEMBER is on income based premium, then the premium of the SPECIAL DEPENDANT will be based on the income category of the PRINCIPAL MEMBER.

5.2 PAYMENT OF CONTRIBUTIONS

CONTRIBUTIONS shall be payable monthly in advance and shall be paid to the FUND by the first day, but not later than the seventh day of the month in respect of which they are due by either:

- 5.2.1 the EMPLOYER when the MEMBERS derive their membership from such EMPLOYER'S participation in the FUND, or
- 5.2.2 the PRINCIPAL MEMBER when the PRINCIPAL MEMBER does not derive his/her membership from an EMPLOYER'S participation in the FUND.
- 5.2.3 In the case of PRINCIPAL MEMBERS from sectors that are severely impacted by the State of Emergency and COVID-19 pandemic, the EMPLOYER or the PRINCIPAL MEMBERS may approach the FUND for assistance in the form of a PREMIUM HOLIDAY. No benefits will be payable during the HOLIDAY period. The period awarded will not exceed six months.

5.3 LIABILITY OF EMPLOYERS AND MEMBERS

- 5.3.1 The liability of the PRINCIPAL MEMBER shall be limited to the total amount of unpaid CONTRIBUTIONS due by such PRINCIPAL MEMBER provided however that the PRINCIPAL MEMBER shall notify the ADMINISTRATOR of his/her termination of service in writing, at least one month beforehand, failing which the PRINCIPAL MEMBER shall be liable for all arrear CONTRIBUTIONS plus interest if any, in respect of such PRINCIPAL MEMBER. In the event of death of the PRINCIPAL MEMBER, the MEMBERSHIP shall be terminated at the end of the month in which the PRINCIPAL MEMBER dies. The one month notification period does not apply in the event of the PRINCIPAL MEMBER's death. Claims are therefore settled as per the Fund Rules.
- 5.3.2 The liability of a PRINCIPAL MEMBER shall be limited to the total amount of unpaid CONTRIBUTIONS plus interest if any, due by such PRINCIPAL MEMBER, and
- 5.3.3 The liability of an EMPLOYER or a PRINCIPAL MEMBER in terms hereof shall not lapse upon such person's withdrawal from the FUND.
- 5.3.4 The liability of an EMPLOYER or a PRINCIPAL MEMBER in terms hereof shall not lapse upon such person's entering into a PREMIUM HOLIDAY arrangement FUND. However, the BOARD, in its sole discretion, may agree to accept a shorter notice period provided no claims were paid for that period.

5.4 RECOVERY OF AMOUNTS DUE TO THE FUND

- 5.4.1 Any amount owing by an EMPLOYER to the FUND shall be a debt due, owing and payable to the FUND and recoverable by it. Any amount owing to the FUND by an EMPLOYER may, in the discretion of the BOARD, attract interest at the prime overdraft rate charged by the FUND'S bankers, from the date on which such amount falls due for payment until the date of final payment thereof.
- 5.4.2 Any amount owing by a PRINCIPAL MEMBER to the FUND shall be a debt due to the FUND and recoverable by it. Any such debt may be recouped from his/her remuneration by arrangement with such PRINCIPAL MEMBER. Any amount owing to the FUND by a PRINCIPAL MEMBER may, in the discretion of the BOARD, attract interest at the prime overdraft rate charged by the FUND'S bankers, from the date on which such amount falls due for payment until the date of final payment thereof.

5.5 ARREAR CONTRIBUTIONS

- 5.5.1 If a PRINCIPAL MEMBER's CONTRIBUTIONS are in arrears for more than 7 (seven) working days, the FUND may impose prime banking interest rates at the current banking prime rate (according to the Fund's bankers) per annum, on the contribution payable for as long as the contribution is outstanding. Notwithstanding the provisions of Rules 4.7.1 to 4.7.6, a PRINCIPAL MEMBER whose CONTRIBUTIONS are in arrears for more than ninety days as from the first day of the month for which such CONTRIBUTIONS are payable, shall automatically cease to be a PRINCIPAL MEMBER as from the expiry of the said ninety day period and all rights to BENEFITS in respect of such PRINCIPAL MEMBER and his/her DEPENDANTS shall thereupon cease, except for claims in respect of SERVICES rendered prior to the date on which the CONTRIBUTIONS fell into arrears. Claims paid by the FUND in respect of SERVICES rendered to such PRINCIPAL MEMBER and/or his/her DEPENDANTS during any period for which CONTRIBUTIONS have not been paid shall constitute a debt due, owing and payable by the PRINCIPAL MEMBER and shall be immediately recoverable from him/her.
- 5.5.2 If a PRINCIPAL MEMBER's CONTRIBUTIONS are in arrears for more than 7 working days the BENEFITS of such PRINCIPAL MEMBER may be suspended pending full payment of all arrear CONTRIBUTIONS. Provided however that the provisions of clause 5.5.1 above, shall in any event take effect as soon as the PRINCIPAL MEMBER's Contributions are in arrears for a period of 90 (nine) days or more from the date that contribution is payable.
- 5.5.3 In the event of unpaid premiums, the Administrator shall notify the Member at least three times (once per month) within a 90-day period following cessation of membership due to non-payment. Notification shall be made via SMS, telephone calls, or emails, informing the Member of the intent to hand over the outstanding premiums for external collection if no payment is received within this period.
- 5.5.4 Should the outstanding debt remain unpaid, all costs and disbursements, including legal costs on an attorney-and-own-client scale, incurred by the Fund in the collection or attempted collection of any unpaid amounts, along with collection commissions and other related charges, shall be payable by the Member to the Fund upon demand.

5.6 INCOME BASED GROUPS

- 5.6.1 All income based EMPLOYER groups and all Opal option MEMBERS must provide the FUND with their most recent income (defined by the service level agreement with the fund or alternatively the rules of the fund) by 31 December annually. Should there be any additional changes during the year to their income, this must be declared by the MEMBER/GROUP within 30 days from the change. Should the FUND not receive the information timeously or accurately, the MEMBER/GROUP will be liable for the correct premium backdated to when the change in salary was implemented.

6. BENEFITS

6.1 BENEFITS PAYABLE

- 6.1.1 Subject to Rules 6.2, 6.3, 6.4 and 8.12 as well as any other limitations imposed elsewhere in the Rules or the Act, a PRINCIPAL MEMBER and his/her DEPENDANTS shall be entitled to the BENEFITS. However, BENEFITS shall accrue only from the ADMISSION DATE of the PRINCIPAL MEMBER or DEPENDANT, as the case may be.
- 6.1.2 The BOARD shall withdraw or refuse payment of BENEFITS to a PRINCIPAL MEMBER, or the DEPENDANT of a PRINCIPAL MEMBER, whose CONTRIBUTIONS are suspended. Where payment of BENEFITS to a PRINCIPAL MEMBER or his/her DEPENDANT has been withdrawn or refused in terms hereof and the FUND has paid accounts in accordance with the Rules in respect of such PRINCIPAL MEMBER or his/her DEPENDANT, the PRINCIPAL MEMBER shall be liable in full for such payments and shall within a reasonable time refund such payments to the FUND. As soon as the MEMBER is in arrears (within 7 days after month end), the MEMBER will be informed that there is an outstanding balance and that he/she will be suspended if the amount is not settled. Arrangements can be made to pay the arrears subject to approval of the Advisory Committee (AC)
- 6.1.3 Notwithstanding anything to the contrary, the BOARD in its discretion may approve payment of BENEFITS of a PRINCIPAL MEMBER or a DEPENDANT of a PRINCIPAL MEMBER whose CONTRIBUTIONS are in arrears.

6.2 BENEFIT OPTIONS

- 6.2.1 In order to meet the need for flexibility, the FUND may offer different BENEFIT OPTIONS.
- 6.2.2 An EMPLOYER may change the BENEFIT OPTIONS available to its EMPLOYEES only on 1 January of each year or the next date thereafter on which such change can be practically implemented.
 - 6.2.2.1 In the case of EMPLOYERS from sectors that are severely impacted by the State of Emergency and COVID-19 pandemic, the EMPLOYER may approach the FUND to change BENEFIT OPTIONS during the period until 30 June 2024. Benefits will be prorated on the new options.

- 6.2.3 When applying for membership, the EMPLOYER shall indicate to the FUND on the application form, which BENEFIT OPTIONS are to be available to its EMPLOYEES who apply for membership of the FUND.
- 6.2.4 When applying for membership, a PRINCIPAL MEMBER shall indicate to the FUND on his/her application form which BENEFIT OPTION he/she elects to join.
- 6.2.5 A PRINCIPAL MEMBER may change from one BENEFIT OPTION to another only on 1 January of each year or the next date thereafter on which such change can be practically implemented.
- 6.2.6 Notwithstanding the provisions of Rule 6.2.5, a PRINCIPAL MEMBER whose marital status or group status changes who experiences a life-changing event, may elect to change to another BENEFIT OPTION following such change in his/ her marital or group status. In such event, the change in BENEFIT OPTION shall be effective from the first day of the month following that in which the PRINCIPAL MEMBER's marital or group status changed.
 - 6.2.6.1 A "Life-Changing Event" includes the member's divorce, marriage, retrenchment, significant change of employment (excluding standard salary changes at current employer), or death, all of which can have a severe financial impact on the member.

6.3 EXCLUSIONS

Notwithstanding any contrary provisions contained elsewhere in the Rules, the EXCLUSIONS as defined in Annexure "C", shall apply in respect of MEMBERS, unless the BOARD in its discretion determines otherwise.

EXCLUSIONS shall not apply to MEMBERS who resign from the fund within the period to 30 June 2024 due to the State of Emergency or COVID-19 pandemic, or his/her DEPENDENTS, who were members on the Fund and who apply to re-join the Fund within six months of such a date.

6.4 RESTRICTIONS

- 6.4.1 In the case of an illness of a protracted nature, the BOARD may insist upon a PRINCIPAL MEMBER or DEPENDANT consulting a particular SPECIALIST designated by the BOARD in consultation with the attending practitioner. In such event, if the PRINCIPAL MEMBER or DEPENDANT refuses to consult such SPECIALIST or, if having consulted such SPECIALIST, the PRINCIPAL MEMBER or DEPENDANT refuses to act on such SPECIALIST'S advice, no further BENEFITS shall be paid in respect of such illness.
- 6.4.2 Subject to the Rules:
 - 6.4.2.1 BENEFITS shall be payable in respect of any costs incurred for treatment arising out of any injury sustained by a PRINCIPAL MEMBER or DEPENDENT.
 - 6.4.2.2 If a surplus has risen as a result of a reimbursement made by a relevant third party to the medical aid fund concerning benefit paid by a medical aid fund to such a MEMBER, or the amount equal to the co-payment that a MEMBER has made towards his or her medical expenses, such amount equal to the co-payment, shall be repaid to the relevant MEMBER
 - 6.4.2.3 In the event the Fund receives reimbursement from a relevant third party in connection with the benefit paid by the medical aid Fund to such a member or beneficiary., The FUND shall reinstate the value of such MEMBER'S benefit with an amount concomitant to such reimbursement, but only once the reimbursement is received from a relevant third party in a particular calendar year.

6.5 PAYMENT OF HEALTH PROFESSIONALS

- 6.5.1 The FUND shall decide whether or not to pay HEALTH PROFESSIONAL directly. Should the FUND decide not to pay a HEALTH PROFESSIONAL directly, the BENEFIT to which a MEMBER is entitled in respect of the SERVICE rendered by such SUPPLIER OF SERVICES, shall be paid to the MEMBER.
- 6.5.2 No PRINCIPAL MEMBER shall cede, assign, pledge or make over to any third party any claim or part of a claim which he/she may have against the FUND.
- 6.5.3 Any BENEFIT payable to or in respect of a PRINCIPAL MEMBER or his/her DEPENDANT shall be paid to the PRINCIPAL MEMBER, or if the PRINCIPAL MEMBER has died between the date of the SERVICE in question and the date of payment of the BENEFIT, the BENEFIT shall be paid into the deceased's estate, unless the FUND has decided to pay the relevant HEALTH PROFESSIONAL directly.
- 6.5.4 The FUND shall decide whether or not to pay HEALTH PROFESSIONAL directly. Should the FUND decide not to pay a HEALTH PROFESSIONAL directly, the BENEFIT to which a MEMBER is entitled in respect of the SERVICE rendered by such SUPPLIER OF SERVICES, shall be paid to the MEMBER.
- 6.5.5 Should the FUND implement an agreement or contract a with HEALTH PROFESSIONAL, only the contracted-in HEALTH PROFESSIONALS will be paid directly. For the HEALTH PROFESSIONALS who have no contract with the Fund, the BENEFIT to which a MEMBER is entitled in respect of the SERVICE rendered by such SUPPLIER OF SERVICES, shall be paid to the MEMBER.
- 6.5.6 No PRINCIPAL MEMBER shall cede, assign, pledge or make over to any third party any claim or part of a claim which he/she may have against the FUND.

6.5.7 Any BENEFIT payable to or in respect of a PRINCIPAL MEMBER or his/her DEPENDANT shall be paid to the PRINCIPAL MEMBER, or if the PRINCIPAL MEMBER has died between the date of the SERVICE in question and the date of payment of the BENEFIT, the BENEFIT shall be paid into the deceased's estate, unless the FUND has decided to pay the relevant HEALTH PROFESSIONAL directly.

6.6 CLAIMS PROCEDURE

6.6.1 Every account or statement submitted manually or electronically to the Fund in respect of rendering of health service by a supplier of health service as contemplated in the Medical Aid Funds Act, 1995 (Act No. 23 of 1995) must contain the following information (excluding 6.6.1.12 and 6.6.1.15 for electronic claims):

- 6.6.1.1 The surname and initials of the member;
- 6.6.1.2 The surname, first name and other initials, if any and the date of birth of a member or dependant to whom health services were rendered,
- 6.6.1.3 The name of the Fund;
- 6.6.1.4 The membership number of the member;
- 6.6.1.5 The dependant number of the patient treated;
- 6.6.1.6 The valid practice code number and the individual provider practice number issued by the Namibia Association of Medical Aid Funds to a provider of health services and the name and address of the provider of the health service;
- 6.6.1.7 The registration number of the provider of health services issued by the relevant registration authority;
- 6.6.1.8 The date on which each health service was rendered;
- 6.6.1.9 The relevant diagnostic procedure code and as such other item code numbers communicating the nature and costs of each health service rendered as determined by the Namibia Association of Medical Aid Funds;
- 6.6.1.10 The product code associated with medicine, related and surgical items provided as may be determined by the Namibia Association of Medical Aid Funds including the description, quantity and amount charged by the provider of health service in respect of the medicine and payable by the member or dependant;
- 6.6.1.11 Where a pharmacist supplies medicine according to a prescription to a member or to a dependant of a member of the Fund, the name and practice number of the prescribing practitioner;
- 6.6.1.12 If the account or statement is a photocopy of the original, certification on the photocopy by the supplier by means of a rubber stamp or signature, declaring the same to be an accurate reflection of the original;
- 6.6.1.13 A statement whether the account or statement is in accordance with the Fund tariff or any other applicable tariff;
- 6.6.1.14 The name and practice number of the referring medical practitioner or dentist, where applicable; and
- 6.6.1.15 The signature of the member or of the patient where the member submits the account or statement.
- 6.6.1.16 Where mention is made in such account or statement of the use of a theatre:
 - 6.6.1.16.1 The name and relevant valid practice number and provider number contemplated in paragraph 6.6.1.16 of the medical practitioner or dentists who performed the operation;
 - 6.6.1.16.2 The name or names and the relevant valid practice number and provider number contemplated in paragraph 6.6.1.16 of every medical practitioner or dentist who assisted in the performance of the operation; and
 - 6.6.1.16.3 All procedures carried out together with the relevant item code number contemplated in paragraphs 6.6.1.9 and 6.6.1.11.
- 6.6.1.17 In the case of a first account or statement in respect of orthodontic treatment or other advanced or specialised dentistry, a treatment plan indicating:
 - 6.6.1.17.1 The code number according to the SCALE OF BENEFITS for the treatment;
 - 6.6.1.17.2 The expected total amount in respect of the treatment;
 - 6.6.1.17.3 The expected duration of treatment;
 - 6.6.1.17.4 The initial amount payable; and
 - 6.6.1.17.5 The monthly amount payable.

- 6.6.1.17.6 Where an account relates to fees charged by the dental technicians for laboratory services shall be indicated on the dentist's invoice by submitting code 8099 – Dental laboratory service with the appropriate laboratory tariff and codes on the line following the relevant dental procedure code on the date on which the dental procedure was rendered. The laboratory fee shall be submitted for payment on the date on which the procedure code is submitted for payment and the appropriate dental laboratory service codes shall be reported on the lines following code 8099. The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for correctness by means of a signature. A copy of the original invoice of the dental technician must accompany the account submitted to the Medical Fund.
- 6.6.1.18 Any other requirement as Fund may, from time to time, determine. Claims without ICD codes will not be rejected for period 1 January 2024 – 31 December 2024. Claims without ICD codes, shall be identified by a system claims processing error code. After the 12 month grace period, ICD coding structure will be strictly enforced effective from 01 January 2025
- 6.6.2 Where accounts are submitted through paperless means such as electronically or hard copies such as manually, the relevant requirement as contemplated in paragraph 6.6.1 must be included. The hard copies of the electronic claims and the hard copies of manual claims shall be kept by the Health Professionals and the Administrator respectively for a period of 5 (five) years and shall be kept by the service providers and should be made available to the Fund for audit purposes.
- 6.6.3 In order to qualify for BENEFITS, any claim by a MEMBER must be submitted as soon as possible after the date of the SERVICE in question. Notwithstanding any provision to the contrary contained elsewhere in the Rules, no BENEFIT shall be granted if the account is not submitted within one hundred and twenty days from the date of the SERVICE to which such account relates, unless, in the opinion of the BOARD, acting on the advice of the ADMINISTRATOR, extenuating circumstances exist.
- 6.6.4 In order to claim a BENEFIT in respect of an account that the PRINCIPAL MEMBER has paid directly to a HEALTH PROFESSIONAL, the PRINCIPAL MEMBER shall submit such account and the receipt for payment thereof to the FUND.
- 6.6.5 If and when required by the BOARD, an account for treatment of an injury shall be supported by a report setting out the circumstances in which such injury was sustained.
- 6.6.6 In instances where appropriateness of treatment requires evaluation and/or a limited BENEFIT applies, the FUND may require a MEMBER or DEPENDANT to apply for pre-authorisation prior to the performing of the relevant procedure and the granting of a BENEFIT. Such pre-authorisation may be requested by a HEALTH PROFESSIONAL on behalf of such a MEMBER or DEPENDANT. BENEFITS where pre-authorisation applies are defined in ANNEXURE B.

7. GENERAL MEETINGS OF THE FUND

7.1 ANNUAL GENERAL MEETINGS

- 7.1.1 An annual general meeting of the MEMBERS shall be held not later than 6 (six) months after the end of each FINANCIAL YEAR at such place and time as the BOARD may determine.
- 7.1.2 Notice of the date, time and place for the holding of the annual general meeting shall be published in at least two local newspapers. Such notice, the agenda for such meeting and the financial statements for the FINANCIAL YEAR under review shall be made available on the NMC website for perusal. Both such notices shall be published/made available at least 21 calendar days prior to the date of the Annual General Meeting. Non-cognisance of such notices by a PRINCIPAL MEMBER shall not invalidate the proceedings at any such meeting.
- 7.1.3 A PRINCIPAL MEMBER who intends submitting a proposal at an annual general meeting shall inform the SECRETARY of his/her intention at least fourteen days prior to the date fixed for such meeting. Within seven days of receipt of such notice from such PRINCIPAL MEMBER, the SECRETARY shall inform all MEMBERS.

7.2 PROCEEDINGS AT ANNUAL GENERAL MEETINGS

- 7.2.1 At every annual general meeting the BOARD shall present audited annual returns as required to be submitted to the REGISTRAR and a copy of the AUDITOR'S report.
- 7.2.2 The ordinary business to be conducted at an annual general meeting shall be to:
- 7.2.2.1 consider and accept the minutes, as approved by the BOARD, of the previous annual general meeting and of any special general meeting held since the previous annual general meeting;
 - 7.2.2.2 receive and consider the financial statements as at the close of the preceding FINANCIAL YEAR with the AUDITOR'S report thereon;
 - 7.2.2.3 consider and pass, with or without modification, any resolutions concerning the affairs of the FUND of which due and proper notice has been given and any other business concerning the affairs of the FUND;

- 7.2.2.4 elect the BOARD in accordance with the provisions of Rule 3.1.3;
- 7.2.2.5 ratify the appointment of the AUDITORS;
- 7.2.2.6 consider and accept the Trustee fees for the ensuing year.

7.3 SPECIAL GENERAL MEETINGS

- 7.3.1 The BOARD may at any time call a special general meeting of MEMBERS by giving at least thirty days' notice specifying the object of the meeting.
- 7.3.2 The BOARD shall convene a special general meeting of MEMBERS if the SECRETARY receives a request signed by sufficient number of MEMBERS to form a *quorum* as envisaged in Rule 7.4. Such request shall record the matter to be discussed. The SECRETARY shall notify the MEMBERS of such meeting at least thirty days prior to the date of such meeting.
- 7.3.3 The accidental omission to timeously forward any such notice to any PRINCIPAL MEMBER in the prescribed manner shall not invalidate the meeting, but any such omission will have to be condoned and ratified at the meeting.

7.4 QUORUM AT GENERAL MEETINGS

The *quorum* for a general meeting of MEMBERS shall be at least 200 PRINCIPAL MEMBER. In order for a *quorum* to be constituted, such MEMBERS must be present in person or by proxy. If no *quorum* is present within thirty minutes of the time fixed for the start of the meeting, it shall, in the case of an annual general meeting or a special general meeting called by the BOARD, be postponed to the same day and time in the following week (or if such day is not a business day, the following business day). At such postponed meeting, the MEMBERS then present shall constitute a *quorum* for the transaction of the business of the meeting.

7.5 CHAIRPERSON AT GENERAL MEETINGS

The chairperson at all general meetings shall be the chairperson of the BOARD or in his/her absence, the vice chairperson of the BOARD or in his/her absence the BOARD will elect a chairperson from amongst themselves.

7.6 ADJOURNMENT OF GENERAL MEETINGS

The chairperson of any general meeting may, by majority vote, adjourn the meeting from place to place and from time to time, but no business shall be transacted at any adjourned meeting other than business left unfinished at the meeting from which the adjournment took place.

7.7 VOTING AND PROXIES

- 7.7.1 Any business, resolutions or questions submitted to a general meeting for decision shall be decided by a majority vote of the majority of the PRINCIPAL MEMBERS present in person or by proxy. The chairperson shall decide whether voting is to take place by ballot or by a show of hands, unless the matter to be voted on affects the rate of CONTRIBUTIONS or the nature and extent of BENEFITS, in which case voting shall be by ballot. The chairperson of the meeting shall have a casting vote as well as a deliberative vote.
- 7.7.2 A declaration by the chairperson of the meeting as to the result of a vote shall be final and conclusive.
- 7.7.3 No PRINCIPAL MEMBER shall be entitled to vote at any general meeting unless all CONTRIBUTIONS due to the FUND by him/her have been paid.
- 7.7.4 Any objection to the qualification of any voter shall be referred to the PRINCIPAL OFFICER, whose decision shall be final.
- 7.7.5 An instrument appointing a proxy shall be in writing and signed by the PRINCIPAL MEMBER. It shall not be necessary in any notice convening a general meeting to inform MEMBERS of their right to appoint a proxy.
- 7.7.6 An instrument appointing a proxy shall be delivered to the PRINCIPAL OFFICER not less than 72 hours before the time fixed for the meeting or adjourned meeting, as the case may be, at which such proxy proposes to vote. No instrument appointing a proxy shall be valid after the expiry of three months from the date of its execution.
- 7.7.7 Voting is normally done by ballot paper however, if approved by the Trustees, electronic voting will take place. No hard copies of proxies will be accepted at the AGM. Proxies will be accepted and submitted electronically before the AGM.

8. GENERAL

8.1 EX GRATIA PAYMENTS

The BOARD may grant a greater benefit to a PRINCIPAL MEMBER or DEPENDANT other than the BENEFIT provided for in the Rules, subject to the availability of funds for this purpose. Notwithstanding the foregoing provisions of this Rule 8.1, the BOARD may delegate the power to grant a greater benefit to a PRINCIPAL MEMBER or DEPENDANT than the BENEFIT provided for in the Rules to an *ex gratia* committee specifically convened for this purpose. Any appeal by a PRINCIPAL MEMBER or DEPENDANT in terms hereof shall be referred to the BOARD.

- 8.1.1 PRINCIPAL MEMBER or DEPENDANT may apply for ex-gratia allowance/benefits to all COVID-19 related claims where a member's benefits relating to laboratory tests, consultations and hospitalisation or any other COVID-19 related treatment (excluding prophylaxis) is/will be depleted, during the state of emergency or COVID-19 Pandemic

8.2 CURRENCY

CONTRIBUTIONS and BENEFITS in terms of the Rules are payable in the legal tender of the Republic of Namibia, unless the BOARD in its discretion authorises payment in a foreign currency.

8.3 DISPUTES

- 8.3.1 A DISPUTES COMMITTEE consisting of four MEMBERS appointed by the BOARD shall be appointed as and when necessary. The PRINCIPAL OFFICER, a TRUSTEE, or the PRINCIPAL MEMBER involved in the dispute may not act as a member of the DISPUTES COMMITTEE.
- 8.3.2 Any dispute that may arise between a PRINCIPAL MEMBER, prospective MEMBER, former MEMBER or any person claiming on behalf of such PRINCIPAL MEMBER and the FUND, or an officer of the FUND, shall be referred by the PRINCIPAL OFFICER to the DISPUTES COMMITTEE for review.
- 8.3.3 On receipt of a notice declaring a dispute, the BOARD shall appoint the DISPUTES COMMITTEE, and the PRINCIPAL OFFICER shall convene a meeting thereof by giving at least fourteen days' prior notice to the complainant, the DISPUTES COMMITTEE members and the BOARD. Such notice shall state the date, time and place for such meeting and particulars of the dispute.
- 8.3.4 The DISPUTES COMMITTEE shall determine the procedures to be followed at its meetings.
- 8.3.5 The parties to a dispute shall have the right to be heard before the DISPUTES COMMITTEE, either in person or through a representative.

8.4 AMENDMENTS TO THE RULES

- 8.4.1 The BOARD shall have the right to amend the Rules at any times, provided that:
- No such amendment shall be valid unless it has been approved and registered by the REGISTRAR;
 - No such amendment shall be inconsistent with the provisions of the Act;
 - Any such amendment shall be approved and registered by the REGISTRAR.
- 8.4.2 The BOARD shall make available a list of the amendment(s) on NMC's website, or forward it electronically on request of a MEMBER, as soon as reasonably possible after registration thereof.

8.5 INSPECTION OF DOCUMENTS OF THE FUND

- 8.5.1 On request, the FUND shall supply to a PRINCIPAL MEMBER, free of charge, a copy of any of the following documents:
- 8.5.1.1 The Rules of the FUND.
- 8.5.1.2 A copy of the latest audited annual financial statements, consisting of:
- A statement of financial position.
 - A statement of comprehensive income.
 - A cash flow statement.
 - The AUDITOR'S report.
 - Such other returns as the REGISTRAR may from time to time require.
- 8.5.2 Upon payment of a fee as determined by the BOARD from time to time, a PRINCIPAL MEMBER may obtain additional copies of the documents described in Rule 8.6.1.
- 8.5.3 A PRINCIPAL MEMBER may, free of charge, inspect any of the documents described in Rule 8.5.1 at the registered office of the FUND at any reasonable time during normal business hours.
- 8.5.4 On admission to membership, a copy of the Rules shall be made available to the PRINCIPAL MEMBER, free of charge. Payment of CONTRIBUTIONS by a PRINCIPAL MEMBER shall constitute his/her acknowledgement of the Rules being binding upon him/her and his/her DEPENDANTS.

8.6 CONDITIONS OF SERVICE OTHERWISE UNAFFECTED

Nothing contained in the Rules shall limit the right of an EMPLOYER to dismiss any EMPLOYEE from his/her service, or the right of an EMPLOYEE to terminate his/her service with an EMPLOYER, subject to his/her conditions of service.

8.7 MEMBERSHIP CARD AND CERTIFICATE OF MEMBERSHIP

- 8.7.1 Each PRINCIPAL MEMBER shall be given a membership card, containing such particulars as may be prescribed by the Act. Such card must be shown to any supplier of services when requested to do so.

- 8.7.2 The use of a membership card by any person other than the MEMBER, with the knowledge of the MEMBER, is not permitted and constitutes an abuse of the BENEFITS of the FUND. Should a MEMBER be guilty of such abuse of BENEFITS, the BOARD may terminate the membership of such MEMBER. The BOARD may also require the MEMBER in question to refund to the FUND any sum so disbursed by the FUND in consequence of such abuse.
- 8.7.3 On cessation of membership, a PRINCIPAL MEMBER shall, on request, be furnished with a certificate of membership, containing such particulars as may be prescribed by the Act.

8.8 BINDING POWER OF Rules

The Rules of the FUND shall be binding on the FUND, the MEMBERS, the TRUSTEES, the PRINCIPAL OFFICER and any other officer or employee of the FUND.

8.9 CHANGE OF PARTICULARS OF MEMBERS

A PRINCIPAL MEMBER shall notify the FUND within thirty days of any change of address, banking details or any other change in status that he/she is required to notify the FUND of. The FUND shall not be liable if a PRINCIPAL MEMBER's rights are prejudiced or forfeited as a result of non-compliance with this Rule.

8.10 INFORMATION REQUIRED FROM EMPLOYERS AND MEMBERS

- 8.10.1 An EMPLOYER shall provide the FUND with all such information as the BOARD may reasonably request for purposes of the FUND.
- 8.10.2 A PRINCIPAL MEMBER shall provide the FUND with all such information in respect of himself/herself and/or his/her DEPENDANTS as the BOARD may reasonably request for purposes of the FUND.

8.11 INSURANCE OF BENEFITS

- 8.11.1 The BOARD may insure any or all of the BENEFITS with an INSURER. Any BENEFIT that is so insured shall be subject to the terms and conditions imposed by such INSURER and a MEMBER as the case may be, shall be entitled to the said BENEFIT, only to the extent that he or she is accepted by the INSURER for such BENEFIT and only to the extent that such INSURER admits a claim in respect of the said BENEFIT.
- 8.11.2 Any PRINCIPAL MEMBER or DEPENDANT in respect of whom any BENEFIT is restricted in terms hereof shall be informed of the extent of such restriction by the BOARD as soon as reasonably possible after the date on which the BOARD becomes aware of such restriction.

8.12 CONFIDENTIALITY

The TRUSTEES, the PRINCIPAL OFFICER, the ADMINISTRATOR and every employee of the FUND shall preserve and aid in preserving confidentiality with regard to all matters that may come to their knowledge in the exercise of their duties and functions in relation to the FUND.

8.13 FUND SURPLUSES

No portion of any surplus realised by the FUND in any FINANCIAL YEAR may be distributed to the MEMBERS or to any other person.

8.14 DISSOLUTION OF THE FUND

- 8.14.1 In the event of the MEMBERS present at a general meeting deciding to dissolve the FUND, the BOARD shall arrange a ballot of all the MEMBERS to decide whether the FUND should be dissolved. Unless a majority of MEMBERS as envisaged in Rule 8.16.3 vote in favour of the continuance of the FUND, the FUND shall be dissolved, subject however to the provisions of section 38 of the Act.
- 8.14.2 The PRINCIPAL OFFICER shall dispatch to each PRINCIPAL MEMBER, by registered mail, a memorandum containing the reasons for the proposed dissolution of the FUND, setting out the basis for the distribution of the assets in the event of dissolution; a ballot paper and a notice regarding the return date for duly completed ballot papers. It is a proviso that such memorandum and ballot paper shall first be submitted to the REGISTRAR for approval before being sent to MEMBERS.
- 8.14.3 If at least 50% of the MEMBERS return duly completed ballot papers and the majority of such MEMBERS are in favour of the dissolution of the FUND, the BOARD shall formally resolve that the FUND be dissolved. If two successive attempts to obtain a 50% return of ballot papers fail, the BOARD shall refer the matter to the REGISTRAR for a decision.
- 8.14.4 If a decision to dissolve the FUND has been taken in accordance with Rule 8.16.3 the provisions of Rule 8.16.5 shall apply, subject to the memorandum referred to in Rule 8.16.2 and the provisions of section 38 of the Act.
- 8.14.5 Upon dissolution of the FUND, the TRUSTEES shall retain their duties and powers for the purpose of attending to matters relating to the dissolution of the FUND. The BOARD shall appoint an independent liquidator whose appointment shall be subject to approval by the REGISTRAR. Once the REGISTRAR has approved the liquidator's appointment, the TRUSTEES shall cease to hold office and the powers, duties and functions conferred upon them in terms of the Rules shall devolve upon the liquidator.

8.15 AMALGAMATION OR TRANSFER

- 8.15.1 Subject to the provisions of section 34 of the Act, the FUND may amalgamate with or transfer any of its business to or take transfer of any business from any other MEDICAL AID FUND.
- 8.15.2 If an EMPLOYER transfers its business to or amalgamates with any other person or body, such new employer may elect to:
 - 8.15.2.1 withdraw from the FUND, or
 - 8.15.2.2 continue to contribute to the FUND in respect of its EMPLOYEES who are MEMBERS, in which event "EMPLOYER" shall mean such new employer.

8.16 NAMFISA

NAMFISA is established by the Namibia Financial Institutions Supervisory Authority Act, 2001 (Act No. 3 of 2001) and any MEMBER may approach NAMFISA at any time with any complaint regarding his/her membership of the FUND.

ANNEXURE A: CONTRIBUTIONS



ANNEXURE A1: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE OPAL BENEFIT OPTION

1. INDIVIDUALS

Opal – Individuals 2025				
Age Band		Main	Adult	Child
0	25	2,135	1,329	592
26	30	2,362	1,494	592
31	35	2,573	1,679	592
36	40	2,884	1,899	604
41	45	3,157	2,082	604
46	50	3,384	2,276	604
51	55	3,682	2,509	604
56	60	3,927	2,693	604
61	65	4,180	2,879	604
66+		4,436	3,087	604

LEGEND:

Main = PRINCIPAL MEMBER

M+1 = ADULT DEPENDANT

M+2 = CHILD DEPENDANT

2. EMPLOYER GROUPS

Opal – Groups 2025				
Income Band		Main	Adult	Child
0	4,560	1,923	1,244	355
4,561	6,020	2,214	1,412	407
6,021	9,210	2,371	1,465	438
9,211	13,530	2,437	1,571	448
13,531	15,200	2,726	1,746	503
15,201	17,240	3,019	1,921	558

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

3. CONTRIBUTIONS are payable in accordance with the above CONTRIBUTION tables. Subject to the approval of the REGISTRAR, the FUND may amend the CONTRIBUTIONS by giving one month's written notice to the MEMBER (in the case of an INDIVIDUAL MEMBER) or the EMPLOYER (in the case of its EMPLOYEES who are MEMBERS).

4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen. The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred. Subject to the provisions of paragraphs 7, 8 and 9 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her income and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S income, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
5. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.
6. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz Plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category i.e. if the special dependant is a child the member will pay the child premium. If the special dependant is an adult the member will pay the adult premium. Where the age/income of a SPECIAL DEPENDANT is lower than that of the PRINCIPAL MEMBER, the SPECIAL DEPENDANT will pay a premium based on the age/income of the PRINCIPAL MEMBER. If e.g. PRINCIPAL MEMBER earns N\$6 450 and SPECIAL DEPENDANT who earns N\$9 500 will pay a premium of N\$1 110. A SPECIAL DEPENDANT who is a child will pay N\$286.

7. For purposes of this Annexure:

- 7.1 A MEMBER will be classified as an "Individual" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.
- 7.2 A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by Advisory Committee (AC)

Notwithstanding the provisions of Rule 6.2, a MEMBER of an EMPLOYER Group who earns more than N\$10 510 per month will not be permitted to join the Opal BENEFIT OPTION unless otherwise determined by the BOARD.

8. Should the number of MEMBERS employed by an EMPLOYER referred to in 8.2 decrease to less than twenty, and not increase again to at least twenty within ninety days of such decrease, the MEMBERS employed by such EMPLOYER will, upon the expiry of the said ninety day period, be reclassified as Individuals and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER, from whose participation in the FUND such MEMBERS' membership is derived, again employ at least twenty EMPLOYEES who are MEMBERS, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.
9. Should an EMPLOYER referred to in 8.2 above cease to meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will, as from the first day of the month following that wherein the EMPLOYER ceases to meet such criteria, be reclassified as INDIVIDUAL MEMBERS and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

ANNEXURE A2: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE RUBY BENEFIT OPTION

1. INDIVIDUALS

Ruby Individuals 2025				
Age Band		Main	Adult	Child
0	25	2,962	2,026	922
26	30	3,303	2,313	922
31	35	3,634	2,561	922
36	40	4,099	2,917	922
41	45	4,499	3,237	922
46	50	4,861	3,525	941
51	55	5,318	3,850	941
56	60	5,686	4,148	941
61	65	6,077	4,447	941
66+		6,458	4,766	941

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

2. EMPLOYER GROUPS

Ruby Groups 2025				
Age Band		Main	Adult	Child
0	25	2,704	1,770	781
26	30	2,996	1,973	781
31	35	3,202	2,157	781
36	40	3,498	2,385	781
41	45	3,857	2,670	781
46	50	4,106	2,859	826
51	55	4,430	3,133	826
56	60	4,746	3,367	826
61	65	5,031	3,593	826
66+		5,055	3,614	826

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

3. CONTRIBUTIONS are payable in accordance with the above CONTRIBUTION tables. Subject to the approval of the REGISTRAR, the FUND may amend the CONTRIBUTIONS by giving one month's written notice to the MEMBER (in the case of an INDIVIDUAL MEMBER) or the EMPLOYER (in the case of its EMPLOYEES who are MEMBERS).
4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen. The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
5. Subject to the provisions of paragraphs 7, 8 and 9 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S age, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
6. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.
7. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category. If the special dependant is a child, the child premium is applicable and if the special dependant is an adult, the adult premium is applicable. If the PRINCIPAL MEMBER is on income based premium, then the premium of the SPECIAL DEPENDANT will be based on the income category of the PRINCIPAL MEMBER.
8. For purposes of this Annexure:
 - 8.1 A MEMBER will be classified as an "INDIVIDUAL" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.
 - 8.2 A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by Advisory Committee (AC)
9. Should the number of MEMBER employed by an EMPLOYER referred to in 8.2 above decrease to less than twenty, and not increase again to at least twenty within ninety days of such decrease, the MEMBERS employed by such EMPLOYER will, upon the expiry of the said ninety day period, be reclassified as Individuals and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again employ at least twenty EMPLOYEES who are MEMBERS, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.
10. Should an EMPLOYER referred to in 8.2 above cease to meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will, as from the first day of the month following that wherein the EMPLOYER ceases to meet such criteria, be reclassified as INDIVIDUAL MEMBERS and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

ANNEXURE A3: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE SAPPHIRE BENEFIT OPTION

1. INDIVIDUALS

Sapphire Individuals 2025				
Age Band		Main	Adult	Child
0	25	3,745	2,998	1,333
26	30	4,245	3,392	1,333
31	35	4,741	3,764	1,333
36	40	5,396	4,282	1,333
41	45	6,003	4,739	1,333
46	50	6,539	5,145	1,354
51	55	7,201	5,641	1,354
56	60	7,754	6,068	1,354
61	65	8,330	6,514	1,354
66+		8,925	6,945	1,354

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

2. EMPLOYER GROUPS

Sapphire Groups 2025				
Age Band		Main	Adult	Child
0	25	3,436	2,618	1,141
26	30	3,776	2,886	1,141
31	35	4,066	3,115	1,141
36	40	4,579	3,529	1,141
41	45	5,123	3,927	1,141
46	50	5,508	4,244	1,153
51	55	6,008	4,625	1,153
56	60	6,641	5,108	1,153
61	65	7,046	5,404	1,153
66+		7,055	5,415	1,153

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

3. CONTRIBUTIONS are payable in accordance with the above CONTRIBUTION tables. Subject to the approval of the REGISTRAR, the FUND may amend the CONTRIBUTIONS by giving one month's written notice to the MEMBER (in the case of an INDIVIDUAL MEMBER) or the EMPLOYER (in the case of its EMPLOYEES who are MEMBERS).
4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen. The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
5. Subject to the provisions of paragraphs 8, 9 and 10 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S age, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
6. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.
7. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category. If the special dependant is a child, the child premium is applicable and if the special dependant is an adult, the adult premium is applicable. If the PRINCIPAL MEMBER is on income based premium, then the premium of the SPECIAL DEPENDANT will be based on the income category of the PRINCIPAL MEMBER.
8. For purposes of this Annexure:
 - 8.1 A MEMBER will be classified as an "INDIVIDUAL" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.
 - 8.2 A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by;
9. Should the number of MEMBER employed by an EMPLOYER referred to in 8.2 above decrease to less than twenty, and not increase again to at least twenty within ninety days of such decrease, the MEMBERS employed by such EMPLOYER will, upon the expiry of the said ninety day period, be reclassified as Individuals and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again employ at least twenty EMPLOYEES who are MEMBERS, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.
10. Should an EMPLOYER referred to in 8.2 above cease to meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will, as from the first day of the month following that wherein the EMPLOYER ceases to meet such criteria, be reclassified as INDIVIDUAL MEMBERS and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

ANNEXURE A4: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE DIAMOND BENEFIT OPTION

1. INDIVIDUALS

Diamond Individuals 2025				
Age Band		Main	Adult	Child
0	25	4,814	3,950	1,747
26	30	5,486	4,457	1,747
31	35	6,133	4,965	1,747
36	40	7,001	5,632	1,747
41	45	7,776	6,270	1,747
46	50	8,488	6,803	1,801
51	55	9,339	7,460	1,801
56	60	10,080	8,033	1,801
61	65	10,852	8,607	1,801
66+		11,621	9,215	1,801

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

2. EMPLOYER GROUPS

Diamond Groups 2025				
Age Band		Main	Adult	Child
0	25	4,814	3,950	1,747
26	30	5,486	4,457	1,747
31	35	6,125	4,867	1,747
36	40	6,857	5,438	1,747
41	45	7,629	6,075	1,747
46	50	8,199	6,498	1,772
51	55	8,886	7,030	1,772
56	60	9,741	7,691	1,772
61	65	10,540	8,312	1,772
66+		10,599	8,349	1,772

LEGEND:

Main	=	PRINCIPAL MEMBER
Adult	=	ADULT DEPENDANT
Child	=	CHILD DEPENDANT

3. CONTRIBUTIONS are payable in accordance with the above CONTRIBUTION tables. Subject to the approval of the REGISTRAR, the FUND may amend the CONTRIBUTIONS by giving one month's written notice to the MEMBER (in the case of an INDIVIDUAL MEMBER) or the EMPLOYER (in the case of its EMPLOYEES who are MEMBERS).
4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen. The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
5. Subject to the provisions of paragraphs 8, 9 and 10 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S age, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
6. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.
7. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category. If the special dependant is a child, the child premium is applicable and if the special dependant is an adult, the adult premium is applicable. If the PRINCIPAL MEMBER is on income based premium, then the premium of the SPECIAL DEPENDANT will be based on the income category of the PRINCIPAL MEMBER.
8. For purposes of this Annexure:
 - 8.1 A MEMBER will be classified as an "INDIVIDUAL" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.
 - 8.2 A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by Advisory Committee (AC)
9. Should the number of MEMBER employed by an EMPLOYER referred to in 9.2 above decrease to less than twenty, and not increase again to at least twenty within ninety days of such decrease, the MEMBERS employed by such EMPLOYER will, upon the expiry of the said ninety day period, be reclassified as Individuals and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again employ at least twenty EMPLOYEES who are MEMBERS, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.
10. Should an EMPLOYER referred to in 8.2 above cease to meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will, as from the first day of the month following that wherein the EMPLOYER ceases to meet such criteria, be reclassified as INDIVIDUAL MEMBERS and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

ANNEXURE A5: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE EMERALD BENEFIT OPTION

1. INDIVIDUALS

Emerald Individuals 2025				
Age Band		Main	Adult	Child
0	25	1,256	794	313
26	30	1,396	894	313
31	35	1,543	997	313
36	40	1,711	1,104	315
41	45	1,874	1,227	315
46	50	2,026	1,335	315
51	55	2,212	1,472	315
56	60	2,371	1,584	315
61	65	2,525	1,699	315
66+		2,695	1,811	315

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

2. EMPLOYER GROUPS

Emerald Groups 2025				
Age Band		Main	Adult	Child
0	25	1,256	794	313
26	30	1,396	894	313
31	35	1,516	935	313
36	40	1,632	997	315
41	45	1,747	1,097	315
46	50	1,896	1,203	315
51	55	1,960	1,258	315
56	60	2,073	1,349	315
61	65	2,247	1,465	315
66+		2,301	1,503	315

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

Emerald Plus Groups 2025				
Age Band		Main	Adult	Child
0	25	1,936	1,270	448
26	30	2,076	1,369	448
31	35	2,223	1,472	448
36	40	2,378	1,570	447
41	45	2,541	1,694	447
46	50	2,693	1,803	447
51	55	2,879	1,940	447
56	60	3,039	2,051	447
61	65	3,191	2,167	447
66+		3,361	2,278	447

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

Emerald Plus Individuals 2025				
Age Band		Main	Adult	Child
0	25	1,936	1,270	448
26	30	2,076	1,369	448
31	35	2,202	1,417	448
36	40	2,321	1,479	447
41	45	2,435	1,577	447
46	50	2,583	1,684	447
51	55	2,645	1,738	447
56	60	2,759	1,829	447
61	65	2,935	1,946	447
66+		2,988	1,984	447

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

3. CONTRIBUTIONS are payable in accordance with the above CONTRIBUTION tables. Subject to the approval of the REGISTRAR, the FUND may amend the CONTRIBUTIONS by giving one month's written notice to the MEMBER (in the case of an individual MEMBER) or the EMPLOYER (in the case of its EMPLOYEES who are MEMBERS). Note: In the event of the first dependant being a child (in the absence of an adult dependant) as per definition the member will receive 5% discount on the premium table.
4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen. The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
5. Subject to the provisions of paragraphs 8, 9 and 10 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S age, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
6. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.
7. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category. If the special dependant is a child, the child premium is applicable and if the special dependant is an adult, the adult premium is applicable. If the PRINCIPAL MEMBER is on income based premium, then the premium of the SPECIAL DEPENDANT will be based on the income category of the PRINCIPAL MEMBER.
8. For purposes of this Annexure:
 - 8.1 A MEMBER will be classified as an "Individual" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.
 - 8.2 A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by Advisory Committee (AC)
9. Should the number of MEMBER employed by an EMPLOYER referred to in 8.2 above decrease to less than twenty, and not increase again to at least twenty within ninety days of such decrease, the MEMBERS employed by such EMPLOYER will, upon the expiry of the said ninety day period, be reclassified as Individuals and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again employ at least twenty EMPLOYEES who are MEMBERS, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.
10. Should an EMPLOYER referred to in 8.2 above cease to meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will, as from the first day of the month following that wherein the EMPLOYER ceases to meet such criteria, be reclassified as INDIVIDUAL MEMBERS and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

ANNEXURE A6: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE AMBER BENEFIT OPTION

1. INDIVIDUALS

Amber Individuals 2025				
Age Band		Main	Adult	Child
0	25	1,677	1,055	377
26	30	1,865	1,193	377
31	35	2,056	1,324	377
36	40	2,279	1,469	379
41	45	2,500	1,634	379
46	50	2,701	1,781	379
51	55	2,950	1,961	379
56	60	3,154	2,117	379
61	65	3,367	2,269	379
66+		3,588	2,418	379

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

2. EMPLOYER GROUPS

Amber Groups 2025				
Age Band		Main	Adult	Child
0	25	1,677	1,055	377
26	30	1,865	1,193	377
31	35	2,022	1,242	377
36	40	2,175	1,329	379
41	45	2,328	1,463	379
46	50	2,533	1,605	379
51	55	2,613	1,679	379
56	60	2,765	1,800	379
61	65	2,996	1,951	379
66+		3,065	2,006	379

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

Amber Plus Groups 2025				
Age Band		Main	Adult	Child
0	25	2,697	1,736	646
26	30	2,884	1,873	646
31	35	3,053	1,930	646
36	40	3,204	2,016	646
41	45	3,359	2,151	646
46	50	3,563	2,292	646
51	55	3,645	2,365	646
56	60	3,794	2,486	646
61	65	4,028	2,638	646
66+		4,096	2,693	646

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

Amber Plus Individuals 2025				
Age Band		Main	Adult	Child
0	25	2,697	1,736	646
26	30	2,884	1,873	646
31	35	3,077	2,003	646
36	40	3,279	2,137	646
41	45	3,500	2,302	646
46	50	3,702	2,447	646
51	55	3,950	2,629	646
56	60	4,155	2,784	646
61	65	4,367	2,937	646
66+		4,587	3,085	646

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

3. CONTRIBUTIONS are payable in accordance with the above CONTRIBUTION tables. Subject to the approval of the REGISTRAR, the FUND may amend the CONTRIBUTIONS by giving one month's written notice to the MEMBER (in the case of an individual MEMBER) or the EMPLOYER (in the case of its EMPLOYEES who are MEMBERS).
4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen. The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
5. Subject to the provisions of paragraphs 8, 9 and 10 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S age, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
6. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.
7. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on the differences between the M1 and M income category: based on the category of the SPECIAL DEPENDANT, either age/income in the case where it is higher than that of the PRINCIPAL MEMBER. Where the age/income of a SPECIAL DEPENDANT is lower than that of the PRINCIPAL MEMBER, the SPECIAL DEPENDANT will pay a premium based on the differences between the M1 and M to that of the PRINCIPAL MEMBER.
8. For purposes of this Annexure:
 - 8.1 A MEMBER will be classified as an "INDIVIDUAL" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.
 - 8.2 A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by; Advisory Committee (AC).
9. Should the number of MEMBER employed by an EMPLOYER referred to in 8.2 above decrease to less than twenty, and not increase again to at least twenty within ninety days of such decrease, the MEMBERS employed by such EMPLOYER will, upon the expiry of the said ninety day period, be reclassified as Individuals and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again employ at least twenty EMPLOYEES who are MEMBERS, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.
10. Should an EMPLOYER referred to in 8.2 above cease to meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will, as from the first day of the month following that wherein the EMPLOYER ceases to meet such criteria, be reclassified as INDIVIDUAL MEMBERS and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

ANNEXURE A7: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE TOPAZ OPTION

(No additional monthly premiums beyond 4 dependents)

1. INDIVIDUALS

Topaz Individuals 2025				
Age Band		Main	Adult	Child
0	25	384	326	154
26	30	407	346	154
31	35	427	364	154
36	40	451	383	154
41	45	476	404	154
46	50	504	426	167
51	55	521	445	167
56	60	543	460	167
61	65	583	496	167
66+		628	532	167

Topaz Plus Individuals 2025				
Age Band		Main	Adult	Child
0	25	723	615	289
26	30	764	648	289
31	35	805	685	289
36	40	837	712	289
41	45	871	739	289
46	50	906	769	304
51	55	953	812	304
56	60	1,006	856	304
61	65	1,082	921	304
66+		1,164	987	304

2. EMPLOYER GROUPS

Topaz Groups 2025				
Age Band		Main	Adult	Child
0	25	346	293	138
26	30	367	312	138
31	35	387	328	138
36	40	407	345	138
41	45	428	366	138
46	50	452	384	152
51	55	471	401	152
56	60	490	416	152
61	65	527	447	152
66+		566	480	152

Topaz Plus Groups 2025				
Age Band		Main	Adult	Child
0	25	634	540	254
26	30	671	570	254
31	35	707	600	254
36	40	735	626	254
41	45	764	649	254
46	50	794	675	266
51	55	837	711	266
56	60	884	752	266
61	65	950	808	266
66+		1,021	868	266

3. STUDENT GROUP

Topaz Plus 2024	
Main	
612	

LEGEND:

Main = PRINCIPAL MEMBER
 Adult = ADULT DEPENDANT
 Child = CHILD DEPENDANT

4. CONTRIBUTIONS are payable in accordance with the above CONTRIBUTION tables. Subject to the approval of the REGISTRAR, the FUND may amend the CONTRIBUTIONS by giving one month's written notice to the MEMBER (in the case of an individual MEMBER) or the EMPLOYER (in the case of its EMPLOYEES who are MEMBERS).
5. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to the number of DEPENDANTS, as well as the BENEFIT OPTION chosen: The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
6. Subject to the provisions of paragraphs 7, 8 and 9 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to the number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
7. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.
8. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on the differences between the M1 and M income category: based on the category of the SPECIAL DEPENDANT, either age/income in the case where it is higher than that of the PRINCIPAL MEMBER. Where the age/income of a SPECIAL DEPENDANT is lower than that of the PRINCIPAL MEMBER, the SPECIAL DEPENDANT will pay a premium based on the differences between the M1 and M to that of the PRINCIPAL MEMBER.
9. For purposes of this Annexure:
 - 9.1 A MEMBER will be classified as an "INDIVIDUAL" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.

- 9.2 A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by; Advisory Committee (AC)
10. Should the number of MEMBER employed by an EMPLOYER referred to in 8.2 above decrease to less than twenty, and not increase again to at least twenty within ninety days of such decrease, the MEMBERS employed by such EMPLOYER will, upon the expiry of the said ninety day period, be reclassified as Individuals and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again employ at least twenty EMPLOYEES who are MEMBERS, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.
11. Should an EMPLOYER referred to in 8.2 above cease to meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will, as from the first day of the month following that wherein the EMPLOYER ceases to meet such criteria, be reclassified as INDIVIDUAL MEMBERS and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. In the case of Topaz, members' membership will change to Individual under the Topaz Option. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.
12. All CONTRIBUTIONS in respect of the STUDENT GROUP has to be paid up front for the financial year, in the case of a foreign student. If a FOREIGN/ NAMIBIAN STUDENT joins during the course of the financial year, then the CONTRIBUTIONS for the balance of that financial year has to be paid up front. A NAMIBIAN STUDENT may pay the annual premium in two instalments, namely at the beginning of the academic year and the second instalment in June of same year. Upon the death of a PRINCIPAL MEMBER herein referred to as STUDENT, CONTRIBUTIONS paid in advance by such deceased PRINCIPAL MEMBER, will be refunded to the estate. If STUDENT resigns, funds will be reimbursed. A FOREIGN STUDENT must present proof of membership of another medical aid fund and/or police declaration stating that he/she is no longer a STUDENT before funds will be reimbursed.

ANNEXURE A8: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE JADE OPTION

1. INDIVIDUALS

Jade Individuals 2025				
Age Band		Main	Adult	Child
0	25	2,231	1,483	661
26	30	2,484	1,677	661
31	35	2,735	1,876	661
36	40	3,085	2,141	661
41	45	3,385	2,381	661
46	50	3,658	2,588	703
51	55	4,002	2,857	703
56	60	4,280	3,070	703
61	65	4,573	3,300	703
66+		4,859	3,523	703

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

2. EMPLOYER GROUPS

Jade Groups 2025				
Age Band		Main	Adult	Child
0	25	2,037	1,329	586
26	30	2,254	1,485	586
31	35	2,409	1,623	586
36	40	2,633	1,797	586
41	45	2,901	2,010	586
46	50	3,089	2,153	599
51	55	3,334	2,356	599
56	60	3,571	2,533	599
61	65	3,787	2,702	599
66+		3,804	2,722	599

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

3. CONTRIBUTIONS are payable in accordance with the above CONTRIBUTION tables. Subject to the approval of the REGISTRAR, the FUND may amend the CONTRIBUTIONS by giving one month's written notice to the MEMBER (in the case of an INDIVIDUAL MEMBER) or the EMPLOYER (in the case of its EMPLOYEES who are MEMBERS).
4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen. The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
5. Subject to the provisions of paragraphs 7, 8 and 9 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S age, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.
6. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.
7. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category. If the special dependant is a child, the child premium is applicable and if the special dependant is an adult, the adult premium is applicable. If the PRINCIPAL MEMBER is on income based premium, then the premium of the SPECIAL DEPENDANT will be based on the income category of the PRINCIPAL MEMBER.
8. For purposes of this Annexure:
 - 8.1 A MEMBER will be classified as an "INDIVIDUAL" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.
 - 8.2 A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by; Advisory Committee (AC).
9. Should the number of MEMBER employed by an EMPLOYER referred to in 8.2 above decrease to less than twenty, and not increase again to at least twenty within ninety days of such decrease, the MEMBERS employed by such EMPLOYER will, upon the expiry of the said ninety day period, be reclassified as Individuals and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again employ at least twenty EMPLOYEES who are MEMBERS, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.
10. Should the number of MEMBER employed by an EMPLOYER referred to in 8.2 above decrease to less than twenty, and not increase again to at least twenty within ninety days of such decrease, the MEMBERS employed by such EMPLOYER will, upon the expiry of the said ninety day period, be reclassified as Individuals and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again employ at least twenty EMPLOYEES who are MEMBERS, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

ANNEXURES B: BENEFITS

The **BENEFITS** payable in terms of **RULE 6.1**
are as set out in Annexures B1 to B8



ANNEXURE B1: BENEFITS PAYABLE UNDER THE TOPAZ BENEFIT OPTION

1. OVERALL ANNUAL LIMIT

Unlimited according to defined primary health care protocols. BENEFITS available only at Network Health Professionals. "Network Health Professionals" means any clinic, pharmacy, general medical practitioner, medical specialist, allied health professionals or hospital contracted to provide primary care services. The list is available on our website, www.nmcfund.com. In the event that MEMBERS find themselves in areas without listed Health Professionals and requiring medical services, authorisation must be requested from the Administrator before the service is provided, should the member choose to pay up front after authorisation said member will be reimbursed on submission of the claim.

1.1 Procedure

In the event that MEMBERS find themselves in areas without listed Health Professionals and requiring medical services, the fund will authorise treatment according to the Topaz and Topaz Plus defined primary health care protocols and approved Rules.

In case of a medical condition that is sudden and, at the time, requires emergency medical treatment where no Network Health Professional is available, the registered member or dependant can be treated by a Non-Network Health Professional.

The Non-Network Health Professional must obtain pre-authorisation immediately or as soon as the member is stabilised. The member or dependant may submit the claim directly to the fund in the case when the Non-Network Health Professional required upfront payment. Reimbursement of claims will be done subject to Annexures B1 and B2 of the rules with reference to benefits payable under the Topaz and Topaz plus benefit options.

2. PRO-RATA BENEFITS

- 2.1 If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS set out in paragraphs 3.2.2, 3.3.1, and 3.3.2 are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.
- 2.2 Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. In such event, the provisions paragraph 2.1 shall apply mutatis mutandis. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: PRIMARY HEALTH CARE BENEFITS

Subject to the overall annual limit set out in paragraph 1. BENEFITS available only at Network Health Professionals.

3.1 NURSE (Registered Nurse)

Subject to annual benefit limit set out in paragraph 3. BENEFITS available only at Network Health Professionals.

3.1.1 Consultations/Visits

Subject to sub-benefit limit in paragraph 3.1. Limited to N\$270 per visit for a Nurse consultations/visit regardless of the time spent on consultation.

3.1.2 Medication/Injections

Subject to sub-benefit limit in paragraph 3.3.1. Limited to 100% of the SCALE OF BENEFITS for acute medicine dispensed by a Nurse.

3.1.3 Procedures

Subject to sub-benefit limit in paragraph 3.1. Limited to 100% of the SCALE OF BENEFITS for primary health care procedures done by a Nurse.

3.2 GENERAL PRACTITIONERS

Subject to annual benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals.

3.2.1 Consultations/Visits Out-of-Hospital

Subject to sub-benefit limit in paragraph 3.2. Limited to N\$385 per first consultation/visit and N\$310 per follow-up consultation/visit for General Practitioner. No BENEFIT shall be paid for extended

consultation.

3.2.2 General Practitioner Virtual/Telephonic Consultation

Subject to sub-benefit limit in paragraph 3.2. Limited to 100% of the SCALE OF BENEFITS and further Limited limited to 3 7 General Practitioner virtual/telephonic consultations per Family Beneficiary per annum. subject to approval by the Board of Trustees during state of emergency pandemic and where members require isolation as a result of contracting infectious disease.

3.2.3 Acute Medication/Injections

Subject to sub-benefit limit in paragraph 3.3.1. Limited to 100% of the SCALE OF BENEFITS for acute medicine dispensed by a General Practitioner.

3.2.4 Chronic Medication/Injections

Subject to sub-benefit limit in paragraph 3.3.2. Limited to 100% of the SCALE OF BENEFITS for chronic medicine dispensed by a General Practitioner.

3.2.5 Procedures (out-of-hospital)

Subject to sub-benefit limit in paragraph 3.2. Limited to 100% of the SCALE OF BENEFITS for basic specified minor procedures done by a General Practitioner in the room. Subject to prior approval.

3.3 PHARMACY

Subject to annual benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals.

3.3.1 Acute Medication/Injections

Subject to sub-benefit limit in paragraph 3.3. Limited to 100% of the SCALE OF BENEFITS for acute medicine dispensed by a Pharmacist, Nurse or General Practitioner. Limited to N\$2 625 per Beneficiary and further limited to N\$4 200 per Family per annum. Limited to N\$252 per claim per Beneficiary per day. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

3.3.2 Chronic Medication/Injections

Subject to sub-benefit limit in paragraph 3.3. Limited to 100% of the SCALE OF BENEFITS for chronic medicine dispensed by a Pharmacist, Nurse or General Practitioner. Limited to N\$3 670 per family per annum. BENEFITS will be paid according toat Maximum Namibia Medicine Price List on generics.

3.3.3 Self-Medication

No BENEFIT shall be paid.

3.4 MEDICAL SPECIALISTS CONSULTATION/VISIT

No BENEFIT shall be paid.

3.5 RADIOLOGY

Subject to annual benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals. Further limited to 100 % of the SCALE OF BENEFIT for basic radiology specific to long bones, chest x-ray and trauma t as per defined list excluding specialised radiology procedures and referral by the treating General Practitioner only:

TARIFF CODE (038)	TARIFF DESCRIPTION
00090	Consumables in radiology procedures
10100	X-ray of the skull
11120	X-ray of the nasal bones
14100	X-ray of the mandible
20100	X-ray of soft tissue of the neck
30100	X-ray of the chest, single view
30110	X-ray of the chest two views, PA and lateral
30120	X-ray of the chest complete with additional views
30150	X-ray of the ribs
30155	X-ray of the chest and ribs

TARIFF CODE (038)	TARIFF DESCRIPTION
34200	Ultrasound study of the breast
40100	X-ray of the abdomen
40105	X-ray of the abdomen supine and erect, or decubitus
40110	X-ray of the abdomen multiple views including chest
40210	Ultrasound study of the whole abdomen including the pelvis
51110	X-ray of the cervical spine, one or two views
51120	X-ray of the cervical spine, more than two views
53110	X-ray of the lumbar spine, one or two views
53120	X-ray of the lumbar spine, more than two views
55100	X-ray of the pelvis
56100	X-ray of the left hip
56110	X-ray of the right hip
56120	X-ray pelvis and hips
61100	X-ray of the left clavicle
61105	X-ray of the right clavicle
61110	X-ray of the left scapula
61115	X-ray of the right scapula
61120	X-ray of the left acromio-clavicular joint
61125	X-ray of the right acromio-clavicular joint
61130	X-ray of the left shoulder
61135	X-ray of the right shoulder
62100	X-ray of the left humerus
62105	X-ray of the right humerus
63100	X-ray of the left elbow
63105	X-ray of the right elbow
64100	X-ray of the left forearm
64105	X-ray of the right forearm
65100	X-ray of the left hand
65105	X-ray of the right hand
65120	X-ray of a finger
65130	X-ray of the left wrist
65135	X-ray of the right wrist
65140	X-ray of the left scaphoid
65145	X-ray of the right scaphoid
71100	X-ray of the left femur
71105	X-ray of the right femur
72100	X-ray of the left knee one or two views

TARIFF CODE (038)	TARIFF DESCRIPTION
72105	X-ray of the right knee one or two views
72110	X-ray of the left knee, more than two views
72115	X-ray of the right knee, more than two views
72120	X-ray of the left knee including patella
72125	X-ray of the right knee including patella
72150	X-ray both knees standing - single view
73100	X-ray of the left lower leg
73105	X-ray of the right lower leg
74100	X-ray of the left ankle
74105	X-ray of the right ankle
74120	X-ray of the left foot
74125	X-ray of the right foot
74130	X-ray of the left calcaneus
74135	X-ray of the right calcaneus
74140	X-ray of both feet - standing - single view
74145	X-ray of a toe

3.6 PATHOLOGY

Subject to overall benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals. Further limited to 100% of the SCALE OF BENEFIT for the following basic pathology tests as per defined list and referral by the treating General Practitioner only.

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
3755	53755	Full blood count
3792	53792	Plasmodium falciparum: Monoclonal immunological identification
3797	53797	Platelet count
3816	53816	T and B-cells markers (per marker)
3865	53865	Parasites in blood smear
3869	53869	Faeces: including parasites
3883	53883	Concentration techniques for parasites
3885	53885	Cytochemical stain
3932	53932	Antibodies to HIV: Elisa
3951	53951	Quantitative Kahn, VDRL or other Flocculation
3999	53999	Albumin
4001	54001	Alkaline phosphatase
4006	54006	Amylase
4009	54009	Bilirubin: Total
4027	54027	Cholesterol: Total
4032	54032	Creatinine
4057	54057	Glucose: Quantitative

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
4064	54064	Glycosylated Haemoglobin: Chromatography
4113	54113	Potassium
4117	54117	Protein: Total
4131	54131	Alanine aminotransferase (ALT)
4134	54134	Gamma glutamyl transferase (GGT)
4147	54147	Triglyceride
4155	54155	Urine acid
4161	54161	Troponin isoforms: each
4182	54182	Quantitative protein estimation: nephelometer or Turbidimetric method
4188	54188	Urine dipstick, per stick (irrespective of the number of tests on stick)
443908	544391	Quantitative PCR - viral load: HIV
4450	54450	HCG: Monoclonal immunological: Qualitative
4519	54519	Prostate specific antigen
453101 - 453109	54531-545320	Hepatitis: per antigen or antibody (Maximum of 3 Antigens)
4566	54566	Pap Smear: Vaginal or cervical smear
4610	54610	Helicobacter pylori stool antigen test

3.7 BASIC DENTISTRY

Subject to annual benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals. Limited to N\$1 880 per Beneficiary and N\$3 730 per family per annum. Further limited to 100 % of the SCALE OF BENEFIT for basic dentistry. Plastic dentures limited to 1 per family per annum.

3.8 OPTICAL

No BENEFIT shall be paid.

3.9 SONAR SCANS

Subject to overall benefit limit set out in paragraph 1. BENEFITS available only at Network Professionals. Further limited to 100% of the SCALE OF BENEFIT and 3 sonars per pregnancy per beneficiary. BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE only. Additional Hospital Benefit Cover excluded.

TARIFF CODE (038)	TARIFF DESCRIPTION
43250	Ultrasound study of the pregnant uterus, first trimester
43260	Ultrasound study of the pregnant uterus, second trimester
43270	Ultrasound study of the pregnant uterus, third trimester, first visit
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit

TARIFF CODE (039 004)	TARIFF DESCRIPTION
390001	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment (Including Doppler and colour Doppler)
390002	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment, including the foetal heart (Including Doppler and colour Doppler)

TARIFF CODE (039 004) TARIFF DESCRIPTION	
390015	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy (Including Doppler and colour Doppler)
390016	Ultrasound after 24 weeks - motivation required (Including Doppler and colour Doppler)

TARIFF CODE (014) TARIFF DESCRIPTION	
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy.
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment. (Note: This code is also referred to as a first trimester scan and is a standalone code that may not be combined with any other codes. The code specifically includes Doppler studies)
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment. (Note: This code is also referred to as a second trimester scan and is a stand-alone code that may not be combined with any other codes. The code specifically includes Doppler studies)
5107	Ultrasound after 24 weeks. (Note: This code is also referred to as a second trimester scan and is a stand-alone code that may not be combined with any other codes. The code specifically includes Doppler studies)

3.10 ANTE-NATAL CONSULTATION

Subject to overall benefit limit set out in paragraph 1. BENEFITS available only at Network Professionals. Further limited to 100% of the SCALE OF BENEFIT and 6 ante-natal consultations per pregnancy per beneficiary. BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Additional Hospital Benefit Cover excluded.

3.11 PARAMEDICAL SERVICES (PSYCHOLOGISTS, PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS)

No BENEFIT shall be paid.

4. CATEGORY B: HIV/AIDS TREATMENT

Subject to the overall annual limit set out in paragraph 1. BENEFITS available only at Network Health Professionals. Further limited according to defined protocols. Subject to beneficiary's registration on HIV/AIDS Disease Management Programme.

4.1 HIV/AIDS TREATMENT

Subject to annual benefit limit set out in paragraph 4. BENEFITS available only at Network Health Professionals. Further limited to 100% of the SCALE OF BENEFIT. Subject to Namibian National Guidelines for Antiretroviral Therapy.

4.1.1 HIV Consultations

Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for HIV/AIDS consultation.

4.1.2 Medication (including vitamins and supplements)

Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for HIV medication including vitamins and supplements. BENEFITS will be paid according to Topaz and Topaz Plus HIV Medicine Formulary and at Maximum Namibia Medicine Price List on generics.

4.1.3 Pathology

Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for baseline and monitoring laboratory tests as detailed in the National Guidelines for Antiretroviral Therapy excluding HIV resistance tests.

4.1.4 Counselling (pre-, post- and adherence)

- Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for counselling. Further limited to 3 sessions such as pre-, post- and adherence counselling.
- 4.1.5 Post Exposure Prophylaxis (PEP) (Rape Cover and Occupational Injuries only)
Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS and according to National Guidelines for Antiretroviral Therapy.
 - 4.1.6 Pre-Exposure Prophylaxis (PrEP)
No BENEFIT shall be paid.
 - 4.1.7 Prevention of Mother-to-Child Transmissions (PMTCT)
Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS and according to National Guidelines for Antiretroviral Therapy excluding formula milk.

5. CATEGORY C: HOSPITALISATION BENEFIT

Subject to overall annual limit set out in paragraph 1. Unlimited hospitalisation at Private Wing of State Hospital. For planned procedures Groups have cover from date of joining. For Individuals, a waiting period of 6 months after joining is applicable. Immediate Cover for emergency cases only.

5.1 STATE HOSPITALISATION

Subject to the overall annual benefit set out in paragraph 5. BENEFITS are paid at 100% of the State Tariffs for private patients.

- 5.1.1 Accommodation in Theatre
Subject to sub-benefit limit in paragraph 5.1. Limited to 100% of the State Tariffs for private patients.
- 5.1.2 Blood Transfusions
Subject to sub-benefit limit in paragraph 5.1. Limited to 100% of the State Tariffs for private patients for the cost of the blood, the apparatus and the operator's fee.
- 5.1.3 Intensive and High Care
Subject to the overall annual benefit set out in paragraph 5.1. Limited to 100% of the State Tariffs for private patients for accommodation in intensive and high care.
- 5.1.4 Medicine, fixed tariff procedures, hospital apparatus and To-Take-Out Medicine
Subject to the overall annual benefit set out in paragraph 5.1. Limited to 100% of the State Tariffs for private patients for medicine, fixed tariff procedures, hospital apparatus and 7 days' supply of To-Take-Out Medicine.
- 5.1.5 Radiology and Pathology (in-hospital)
Subject to the overall annual benefit set out in paragraph 5.1 and further limited to paragraph 5.3. Limited to 100% of the State Tariffs for private patients for x-rays and pathology while in-hospital. Additional Hospital benefit Cover excluded.

5.2 PRIVATE HOSPITALISATION

No BENEFIT shall be paid.

5.3 GENERAL PRACTITIONERS AND SPECIALISTS (IN-HOSPITAL SERVICES)

Subject to the overall annual benefit set out in paragraph 5 and further limited to N\$26 250 per family per annum including Radiology and Pathology (in-Hospital). BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

5.4 OTHER HEALTH PROFESSIONALS (IN-HOSPITAL SERVICES)

No BENEFIT shall be paid.

5.5 MATERNITY

Subject to the overall annual benefit set out in paragraph 5. BENEFITS will be paid at 100% of the SCALE OF BENEFITS for maternity procedures performed by General Practitioners and Medical Specialists and further limited to paragraph 5.3. No BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Hospitalisation in state hospital only. Additional Hospital Benefit Cover excluded.

5.6 AMBULANCE SERVICES

- 5.6.1 Emergency Road Ambulance (Territory: SADC Countries)

BENEFITS are unlimited. Limited to 100% of the SCALE OF BENEFITS. Subject to pre-approval.

5.6.2 Ambulance/Inter-hospital transfer (Subject to pre-approval)

Limited to N\$580 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

5.7 LIFESTYLE MANAGEMENT SCREENING TESTS

Subject to overall annual benefit set out in paragraph 5. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to N\$15 000 per family per annum. Further limited to the specified list of screening tests and conditions as per the clinical guidelines and protocols.

ANNEXURE B2: BENEFITS PAYABLE UNDER THE TOPAZ PLUS BENEFIT OPTION

1. OVERALL ANNUAL LIMIT

Unlimited according to defined primary health care protocols. BENEFITS available only at Network Health Professionals. "Network Health Professionals" means any clinic, pharmacy, general medical practitioner, medical specialist, allied health professionals or hospital contracted to provide primary care services. The list is available on our website, www.nmcfund.com. In the event that MEMBERS find themselves in areas without listed Health Professionals and requiring medical services, authorisation must be requested from the Administrator before the service is provided, should the member choose to pay up front after authorisation said member will be reimbursed on submission of the claim.

1.1 Procedure

In the event that MEMBERS find themselves in areas without listed Health Professionals and requiring medical services, the fund will authorise treatment according to the Topaz and Topaz Plus defined primary health care protocols and approved Rules.

In case of a medical condition that is sudden and, at the time, requires emergency medical treatment where no Network Health Professional is available, the registered member or dependant can be treated by a Non-Network Health Professional.

The Non-Network Health Professional must obtain pre-authorisation immediately or as soon as the member is stabilised. The member or dependant may submit the claim directly to the fund in the case when the Non-Network Health Professional required upfront payment. Reimbursement of claims will be done subject to annexure B1 and B2 of the rules with reference to benefits payable under the Topaz and Topaz plus benefit options.

2. PRO-RATA BENEFITS

- 2.1 If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS set out in paragraphs 3.2.2, 3.3.1, and 3.3.2 are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.
- 2.2 Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. In such event, the provisions paragraph 2.1 shall apply mutatis mutandis. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: PRIMARY HEALTH CARE BENEFITS

Subject to the overall annual limit set out in paragraph 1. BENEFITS available only at Network Health Professionals.

3.1 NURSE (Registered Nurse)

Subject to annual benefit limit set out in paragraph 3. BENEFITS available only at Network Health Professionals.

3.1.1 Consultations/Visits

Subject to sub-benefit limit in paragraph 3.1. Limited to N\$270 per visit for a Nurse consultations/visit regardless of the time spent on consultation..

3.1.2 Medication/Injections

Subject to sub-benefit limit in paragraph 3.3.1. Limited to 100% of the SCALE OF BENEFITS for acute medicine dispensed by a Nurse.

3.1.3 Procedures

Subject to sub-benefit limit in paragraph 3.1. Limited to 100% of the SCALE OF BENEFITS for procedures done by a Nurse.

3.2 GENERAL PRACTITIONERS

Subject to annual benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals.

3.2.1 Consultations/Visits Out-of-Hospital

Subject to sub-benefit limit in paragraph 3.2. Limited to N\$385 per first consultation/visit and N\$310 per follow-up consultation/visit for General Practitioner No BENEFIT shall be paid for extended

consultation.

3.2.2 General Practitioner Virtual/Telephonic Consultation

Subject to sub-benefit limit in paragraph 3.2. Limited to 100% of the SCALE OF BENEFITS and further Limited limited to 3 7 General Practitioner virtual/telephonic consultations per Family Beneficiary per annum.subject to approval by the Board of Trustees during state of emergency pandemic and where members require isolation as a result of contracting infectious disease.

3.2.3 Acute Medication/Injections

Subject to sub-benefit limit in paragraph 3.3.1. Limited to 100% of the SCALE OF BENEFITS for acute medicine dispensed by a General Practitioner.

3.2.4 Chronic Medication/Injections

Subject to sub-benefit limit in paragraph 3.3.2. Limited to 100% of the SCALE OF BENEFITS for chronic medicine dispensed by a General Practitioner. Further limited to N\$3 500 per family per annum. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics. Subject to registration on the Chronic Medication Programme.

3.2.5 Procedures (Out-of-Hospital)

Subject to sub-benefit limit in paragraph 3.2. Limited to 100% of the SCALE OF BENEFITS for basic specified minor procedures done by a General Practitioner in the room. Subject to prior approval.

3.3 PHARMACY

Subject to annual benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals.

3.3.1 Acute Medication/Injections

Subject to sub-benefit limit in paragraph 3.3. Limited to 100% of the SCALE OF BENEFITS for chronic medicine dispensed by a Pharmacist. Limited to N\$3 150 per Beneficiary and further limited to N\$5 250 per family per annum. Limited to N\$252 per claim per Beneficiary per day. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

3.3.2 Chronic Medication/Injections

Subject to sub-benefit limit in paragraph 3.2.4. Limited to 100% of the SCALE OF BENEFITS for chronic medicine dispensed by a Pharmacist. Limited to N\$3 880 per family per annum. BENEFITS will be paid according to Maximum Namibia Medicine Price List on generics.

3.3.3 Self-Medication

Subject to sub-benefit limit in paragraph 3.3. Limited to 100% of the SCALE OF BENEFITS for self-medication dispensed by a Pharmacist. Further limited to N\$126 per claim per Beneficiary per day and N\$735 per family per annum. BENEFITS will be paid according to Maximum Namibia Medicine Price List on generics.

3.4 MEDICAL SPECIALISTS CONSULTATIONS

Subject to annual benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals. Limited to 100% of the SCALE OF BENEFIT and further limited to 5 consultation/visits per family per annum. BENEFIT is applicable only to first consultation and Follow-up consultation in the doctor's room. No BENEFIT shall be paid for extended consultation.

3.5 RADIOLOGY

Subject to annual benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals. Further limited to 100 % of the SCALE OF BENEFIT for basic radiology specific to long bones, chest x-ray and trauma t as per defined list excluding specialised radiology procedures and referral by the treating General Practitioner only:

TARIFF CODE (038)	TARIFF DESCRIPTION
00090	Consumables in radiology procedures
10100	X-ray of the skull
11120	X-ray of the nasal bones
14100	X-ray of the mandible
20100	X-ray of soft tissue of the neck

TARIFF CODE (038)	TARIFF DESCRIPTION
30100	X-ray of the chest, single view
30110	X-ray of the chest two views, PA and lateral
30120	X-ray of the chest complete with additional views
30150	X-ray of the ribs
30155	X-ray of the chest and ribs
34200	Ultrasound study of the breast
40100	X-ray of the abdomen
40105	X-ray of the abdomen supine and erect, or decubitus
40110	X-ray of the abdomen multiple views including chest
40210	Ultrasound study of the whole abdomen including the pelvis
51110	X-ray of the cervical spine, one or two views
51120	X-ray of the cervical spine, more than two views
53110	X-ray of the lumbar spine, one or two views
53120	X-ray of the lumbar spine, more than two views
55100	X-ray of the pelvis
56100	X-ray of the left hip
56110	X-ray of the right hip
56120	X-ray pelvis and hips
61100	X-ray of the left clavicle
61105	X-ray of the right clavicle
61110	X-ray of the left scapula
61115	X-ray of the right scapula
61120	X-ray of the left acromio-clavicular joint
61125	X-ray of the right acromio-clavicular joint
61130	X-ray of the left shoulder
61135	X-ray of the right shoulder
62100	X-ray of the left humerus
62105	X-ray of the right humerus
63100	X-ray of the left elbow
63105	X-ray of the right elbow
64100	X-ray of the left forearm
64105	X-ray of the right forearm
65100	X-ray of the left hand
65105	X-ray of the right hand
65120	X-ray of a finger
65130	X-ray of the left wrist
65135	X-ray of the right wrist

TARIFF CODE (038)	TARIFF DESCRIPTION
65140	X-ray of the left scaphoid
65145	X-ray of the right scaphoid
71100	X-ray of the left femur
71105	X-ray of the right femur
72100	X-ray of the left knee one or two views
72105	X-ray of the right knee one or two views
72110	X-ray of the left knee, more than two views
72115	X-ray of the right knee, more than two views
72120	X-ray of the left knee including patella
72125	X-ray of the right knee including patella
72150	X-ray both knees standing - single view
73100	X-ray of the left lower leg
73105	X-ray of the right lower leg
74100	X-ray of the left ankle
74105	X-ray of the right ankle
74120	X-ray of the left foot
74125	X-ray of the right foot
74130	X-ray of the left calcaneus
74135	X-ray of the right calcaneus
74140	X-ray of both feet - standing - single view
74145	X-ray of a toe

3.6 PATHOLOGY

Subject to overall benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals. Further limited to 100% of the SCALE OF BENEFIT for the following basic pathology tests as per defined list and referral by the treating General Practitioner only.

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
3755	53755	Full blood count
3792	53792	Plasmodium falciparum: Monoclonal immunological identification
3797	53797	Platelet count
3816	53816	T and B-cells markers (per marker)
3865	53865	Parasites in blood smear
3869	53869	Faeces: including parasites
3883	53883	Concentration techniques for parasites
3885	53885	Cytochemical stain
3932	53932	Antibodies to HIV: Elisa
3951	53951	Quantitative Kahn, VDRL or other Flocculation
3999	53999	Albumin
4001	54001	Alkaline phosphatase

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
4006	54006	Amylase
4009	54009	Bilirubin: Total
4027	54027	Cholesterol: Total
4032	54032	Creatinine
4057	54057	Glucose: Quantitative
4064	54064	Glycosylated Haemoglobin: Chromatography
4113	54113	Potassium
4117	54117	Protein: Total
4131	54131	Alanine aminotransferase (ALT)
4134	54134	Gamma glutamyl transferase (GGT)
4147	54147	Triglyceride
4155	54155	Urine acid
4161	54161	Troponin isoforms: each
4182	54182	Quantitative protein estimation: nephelometer or Turbidimetric method
4188	54188	Urine dipstick, per stick (irrespective of the number of tests on stick)
443908	544391	Quantitative PCR - viral load: HIV
4450	54450	HCG: Monoclonal immunological: Qualitative
4519	54519	Prostate specific antigen
453101 - 453109	54531-545320	Hepatitis: per antigen or antibody (Maximum of 3 Antigens)
4566	54566	Pap Smear: Vaginal or cervical smear
4610	54610	Helicobacter pylori stool antigen test

3.7 BASIC DENTISTRY

Subject to annual benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals. Limited to N\$1 985 per Beneficiary and N\$3 830 per family per annum. Further limited to 100 % of the SCALE OF BENEFIT for basic dentistry. Plastic dentures limited to 1 per family per annum.

3.8 OPTICAL

Subject to annual benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals. Limited to 100 % of the SCALE OF BENEFIT and further limited to N\$1 050 per beneficiary every two years, which consists of an eye test, specified frames, non-glass lenses or non-glass bi-focal lenses, the first such two-year period commencing on 01 January 2025. A 6-month waiting period is applicable.

3.8.1 Single Vision (Inclusive of Test, Frame and Lenses)

Subject to the annual sub-benefit limit in paragraph 3.8.

3.8.2 Bifocal (Inclusive of Test, Frame and Lenses)

Subject to the annual sub-benefit limit in paragraph 3.8.

3.9 SONAR SCANS

Subject to overall benefit limit set out in paragraph 1. BENEFITS available only at Network Professionals. Further limited to 100% of the SCALE OF BENEFIT and 3 sonars per pregnancy per beneficiary. BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE only. Additional Hospital Benefit Cover excluded.

TARIFF CODE (038)	TARIFF DESCRIPTION
43250	Ultrasound study of the pregnant uterus, first trimester
43260	Ultrasound study of the pregnant uterus, second trimester
43270	Ultrasound study of the pregnant uterus, third trimester, first visit
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit

TARIFF CODE (039 004)	TARIFF DESCRIPTION
390001	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment (Including Doppler and colour Doppler)
390002	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment, including the foetal heart (Including Doppler and colour Doppler)
390015	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy (Including Doppler and colour Doppler)
390016	Ultrasound after 24 weeks - motivation required (Including Doppler and colour Doppler)

TARIFF CODE (014)	TARIFF DESCRIPTION
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy.
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment. (Note: This code is also referred to as a first trimester scan and is a standalone code that may not be combined with any other codes. The code specifically includes Doppler studies)
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment. (Note: This code is also referred to as a second trimester scan and is a stand-alone code that may not be combined with any other codes. The code specifically includes Doppler studies)
5107	Ultrasound after 24 weeks. (Note: This code is also referred to as a second trimester scan and is a stand-alone code that may not be combined with any other codes. The code specifically includes Doppler studies)

3.10 ANTE-NATAL CONSULTATION

Subject to overall benefit limit set out in paragraph 1. BENEFITS available only at Network Professionals. Further limited to 100% of the SCALE OF BENEFIT and 6 ante-natal consultations per pregnancy per beneficiary. BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Additional Hospital Benefit Cover excluded.

3.11 PARAMEDICAL SERVICES (PSYCHOLOGISTS, PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS)

No BENEFIT shall be paid.

4. CATEGORY B: HIV/AIDS TREATMENT

Subject to the overall annual limit set out in paragraph 1. BENEFITS available only at Network Health Professionals. Further limited according to defined protocols. Subject to beneficiary's registration on HIV/AIDS Disease Management Programme.

4.1 HIV/AIDS TREATMENT

Subject to annual benefit limit set out in paragraph 4. BENEFITS available only at Network Health Professionals. Further limited to 100% of the SCALE OF BENEFIT. Subject to Namibian National Guidelines for Antiretroviral Therapy.

- 4.1.1 HIV Consultations
Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for HIV/AIDS consultation.
- 4.1.2 Medication (including vitamins and supplements)
Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for HIV medication including vitamins and supplements. BENEFITS will be paid according to Topaz and Topaz Plus HIV Medicine Formulary and at Maximum Namibia Medicine Price List on generics.
- 4.1.3 Pathology
Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for baseline and monitoring laboratory tests as detailed in the National Guidelines for Antiretroviral Therapy excluding HIV resistance tests.
- 4.1.4 Counselling (pre-, post- and adherence)
Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for counselling. Further limited to 3 sessions such as pre-, post- and adherence counselling.
- 4.1.5 Post Exposure Prophylaxis (PEP) (Rape Cover and Occupational Injuries only)
Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS and according to National Guidelines for Antiretroviral Therapy.
- 4.1.6 Pre-Exposure Prophylaxis (PrEP)
No BENEFIT shall be paid.
- 4.1.7 Prevention of Mother-to-Child Transmissions (PMTCT)
Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS and according to National Guidelines for Antiretroviral Therapy excluding formula milk.

5. CATEGORY C: HOSPITALISATION BENEFIT

Subject to the overall annual limit set out in paragraph 1. For planned procedures Groups have cover from date of joining. For Individuals, a waiting period of 6 months after joining is applicable. Immediate Cover for emergency cases only.

5.1 STATE HOSPITALISATION

Subject to the overall annual benefit set out in paragraph 5. BENEFITS are paid at 100% of the State Tariffs for private patients. Unlimited hospitalisation at Private Wing of State Hospital.

- 5.1.1 Accommodation in Theatre
Subject to sub-benefit limit in paragraph 5.1. Limited to 100% of the State Tariffs for private patients.
- 5.1.2 Blood Transfusions
Subject to sub-benefit limit in paragraph 5.1. Limited to 100% of the State Tariffs for private patients for the cost of the blood, the apparatus and the operator's fee.
- 5.1.3 Intensive and High Care
Subject to the overall annual benefit set out in paragraph 5.1. Limited to 100% of the State Tariffs for private patients for accommodation in intensive and high care.
- 5.1.4 Medicine, fixed tariff procedures, hospital apparatus and To-Take-Out Medicine
Subject to the overall annual benefit set out in paragraph 5.1. Limited to 100% of the State Tariffs for private patients for medicine, fixed tariff procedures, hospital apparatus and 7 days' supply of To-Take-Out Medicine.
- 5.1.5 Radiology and Pathology (in-hospital)
Subject to the overall annual benefit set out in paragraph 5.1 and further limited to paragraph 5.3. Limited to 100% of the State Tariffs for private patients for x-rays and pathology while in- hospital. Additional Hospital benefit Cover excluded.

5.2 PRIVATE HOSPITALISATION

Subject to the overall annual benefit set out in paragraph 5. BENEFITS are paid at 100% of SCALE OF BENEFITS. Limited to N\$120 750 per family per annum for hospitalisation in private hospital.

- 5.2.1 Accommodation in Theatre

Subject to sub-benefit limit in paragraph 5.2. Limited to 100% of the SCALE OF BENEFITS for accommodation in theatre. Further limited to 15 days per beneficiary for accommodation in private hospital.

5.2.2 Blood Transfusions

Subject to sub-benefit limit in paragraph 5.2. Limited to 100% of the SCALE OF BENEFITS for the cost of the blood, the apparatus and the operator's fee.

5.2.3 Intensive and High Care

Subject to the overall annual benefit set out in paragraph 5.2. Limited to 100% of the SCALE OF BENEFITS accommodation in intensive and high care. Further limited to 3 days for accommodation in an intensive care or a high care unit in private hospital. After 3 days patients must be referred to a State Hospital.

5.2.4 Medicine, fixed tariff procedures, hospital apparatus and To-Take-Out Medicine

Subject to the overall annual benefit set out in paragraph 5.2. Limited to 100% of the SCALE OF BENEFITS medicine, fixed tariff procedures, hospital apparatus and 7 days supply of To Take Out Medicine.

5.2.5 Radiology and Pathology (in-hospital)

Subject to the overall annual benefit set out in paragraph 5.2 and further limited to paragraph 5.3. Limited to 100% of the SCALE OF BENEFITS for x-rays and pathology while in-hospital. Additional Hospital benefit Cover excluded.

5.3 GENERAL PRACTITIONERS AND SPECIALISTS (IN-HOSPITAL SERVICES)

Subject to the overall annual benefit set out in paragraph 5 and further limited to N\$26 250 per family per annum including Radiology and Pathology (in-hospital). BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

5.4 OTHER HEALTH PROFESSIONALS (IN-HOSPITAL SERVICES)

No benefit.

5.5 MATERNITY

Subject to the overall annual benefit set out in paragraph 5. BENEFITS will be paid at 100% of the SCALE OF BENEFITS for maternity procedures performed by General Practitioners and Medical Specialists and further limited to paragraph 5.3. No BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Hospitalisation in state hospital only. Additional Hospital Benefit Cover excluded.

5.6 AMBULANCE SERVICES

5.6.1 Emergency Road Ambulance (Territory: SADC Countries)

BENEFITS are unlimited. Limited to 100% of the SCALE OF BENEFITS. Subject to pre-approval.

5.6.2 Ambulance/Inter-hospital transfer (Subject to pre-approval)

Limited to N\$580 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

5.7 LIFESTYLE MANAGEMENT SCREENING TESTS

Subject to overall annual benefit set out in paragraph 5. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to N\$15 000 per family per annum. Further limited to the specified list of screening tests, restrictions and conditions as per the Lifestyle Management Screening Tests Clinical Guidelines and Protocols on Annexure H.

ANNEXURE B3: BENEFITS PAYABLE UNDER THE OPAL BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

N\$498 500 per beneficiary

N\$748 050 per family

2. PRO-RATA BENEFITS

- 2.1 If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS set out in paragraphs 3.15.2, 3.15.3, 3.20 and 4 (other than paragraph 4.5), are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.
- 2.2 Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. In such event, the provisions paragraph 2.1 shall apply mutatis mutandis. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: HOSPITAL BENEFIT

Subject to the overall annual benefit set out in paragraph 1.

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised by the Fund, no BENEFIT will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional Hospital Benefit Cover for General Practitioners and Medical Specialists and Anaesthetics for in-hospital services are paid up to a maximum of 150% of NAMAF Tariff.

3.1 HOSPITALISATION

3.1.1 ACCOMMODATION AND THEATRE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for:

- Accommodation in a general ward,
- Accommodation in an isolation ward as a result of a contagious disease,

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

Subject to the overall annual benefit set out in paragraph 1. Limited to N\$620 per day per family for accommodation other than a recognised hospital/medical institution. Subject to prior approval and Accommodation Expenses Reimbursement Policy of the FUND.

3.1.3 BLOOD TRANSFUSIONS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of the blood, the apparatus and the operator's fee.

3.1.4 INTENSIVE AND HIGH CARE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for accommodation in an intensive care or a high care unit if prescribed by a medical practitioner for up to 3 days. A separate pre-authorisation is required for admission to intensive care unit or high care unit. Without pre-authorisation, no BENEFIT will be paid excluding emergency hospital admissions and emergencies after-hours, weekends and public holidays. Any claim for such accommodation in excess of 3 days will be paid only if supported by a motivation from a medical practitioner.

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TTO) MEDICINE)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of disinfectants, medicine, (including 7 days' supply of hospital To Take Out (TTO) medicine), injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN-HOSPITAL)
Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for x-rays and pathology. Additional Hospital benefit Cover excluded.

3.1.7 PHYSIOTHERAPY AND BIOKINETICS (IN-HOSPITAL)
Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded. Subject to prior approval.

3.2 POST-REHABILITATION (PHYSIOTHERAPY, BIOKINETICS AND OCCUPATIONAL THERAPY)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$3 700 per Beneficiary per annum. Post rehabilitation benefit is available within 3 months from hospital discharge or once transferred to rehabilitation facility. Additional Hospital benefit Cover excluded. Subject to prior approval.

3.3 SPECIALISED RADIOLGY PROCEDURES (IN- AND OUT-OF-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded. Subject to prior approval. Referral from a Specialist only. Referral from a General Practitioner acceptable in places where there is no Specialist.

3.3.1 MRI AND CT SCANS

Subject to the annual sub-benefit limit in paragraph 3.2 and further limited of N\$17 430 per family annum.

3.3.2 NUCLEAR MEDICINE

Subject to the annual sub-benefit limit in paragraph 3.2.

3.4 GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN-HOSPITAL SERVICES)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$36 100 per family per annum. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 150% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS, Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CT scans (in- and out-of-hospital) and for radiology and pathology (in-hospital), use of equipment and equipment hire fees.

3.5 INTERNAL APPLIANCES AND MATERIALS

Subject to the overall annual benefit set out in paragraph 1 and further subject to the Internal Appliances and Materials Protocols of the FUND. Limited to 100% of costs.

3.6 DIALYSIS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to Dialysis treatment and procedures. Subject to Case Management and Managed Health Care Guidelines.

3.7 ONCOLOGY

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$367 500 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.7.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS.

3.7.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLGY PROCEDURES IN AND OUT-OF- HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

3.7.3 RADIATION ONCOLOGY

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

3.7.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS.

3.7.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS.

3.8 ORGAN TRANSPLANTS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all costs relating to the supply and transportation of the organ, and organ transplants surgically related services, procedures, medical practitioner's fees, anaesthetic services, materials, immunosuppressant drugs, HOSPITALISATION and medical services rendered to the organ donor but subject to the following conditions:

- 3.8.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.
- 3.8.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.
- 3.8.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

Accommodation and travelling costs reimbursement not applicable to the organ donor. Subject to Case Management and Managed Health Care Guidelines.

3.9 CORRECTIVE EYE SURGERY (ALL-INCLUSIVE)

No BENEFITS shall be paid.

3.10 RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY) – FULL PROCEDURE

No BENEFITS shall be paid.

3.11 PRIVATE NURSING/FRAIL CARE/HOSPICE

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$8 700 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.12 PSYCHIATRIC TREATMENT

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval and Managed Health Care Guidelines.

3.12.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.12. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.12.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.12 for psychiatric treatment HOSPITALISATION and further limited to N\$34 500 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.13 ALCOHOLISM/DRUG ADDITION

Subject to the annual sub-benefit limit in paragraph 3.12, 3.12.1 and 3.12.2. Limited to 100% of the SCALE OF BENEFITS.

3.14 SPECIALISED DENTAL SURGERY - HOSPITALISATION

3.14.1 MAXILLO-FACIAL AND ORAL SURGERY (TRAUMA/NON-ELECTIVE) – HOSPITALISATION

No BENEFITS shall be paid.

3.14.2 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE) – ALL-INCLUSIVE

No BENEFITS shall be paid

3.15 MATERNITY

Subject to the overall annual benefit set out in paragraph 1. No BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

3.15.1 CONFINEMENT – FULL PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.15. Limited to 100% of the SCALE OF BENEFITS as set out in paragraphs 3.1, 3.3 and 3.15 hereof: provided that:

- BENEFITS are payable if a CHILD is stillborn,
- BENEFITS are payable only if a male MEMBER'S wife/cohabitant partner was registered as a

DEPENDANT before the date of the confinement,
Subject to pre-authorisation by the Fund.

3.15.2 ANTE-NATAL CONSULTATION

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 12 consultations per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.3 ANTE-NATAL/POST-NATAL CLASSES AND EDUCATION

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.15.4 SONAR SCANS

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 3 scans per beneficiary per pregnancy. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to the annual sub-benefit limit in paragraph 3.15. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.6 MIDWIFERY SERVICE

Subject to the annual sub-benefit limit in paragraph 3.15. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.16 INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$6 800 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.17 STOMALTHERAPY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$17 000 per family per annum. BENEFITS include all cost relating STOMALTHERAPY. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.18 AMBULANCE AND EVACUATION SERVICES

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for road ambulance. Flights (aeromedical transfers) are paid at 100% of cost as per arrangement with the FUND.

3.18.1 EMERGENCY AMBULANCE AND FLIGHTS

BENEFITS are unlimited and will be paid at 100% of cost or 100% of the SCALE OF BENEFITS. Non-emergency ambulance services and all flights are subject to pre-approval.

3.18.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to the annual sub-benefit limit in paragraph 3.18 and further limited to N\$2 600 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.18.3 OTHER TRANSPORT

Subject to the annual sub-benefit limit in paragraph 3.18 and further limited to N\$10 150 per family per annum. Limited to 70% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.19 INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N\$10 000 000 per incident.

Medical cover when travelling to foreign countries. Limited to emergency cases only and not for elective surgery or procedure. Further limited to 90 days cover.

3.20 SPECIFIED ILLNESS CONDITIONS

Subject to the overall annual benefit set out in paragraph 1 and a further maximum annual sub-benefit limit of N\$44 750 per family.

3.20.1 HIV/AIDS

Subject to the annual sub-benefit limit in paragraph 3.20 and further limited to N\$26 350 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

BENEFITS are subject to the beneficiary's registration on HIV/AIDS Disease Management Programme and as per National Guidelines for Antiretroviral Therapy.

3.20.1.1 Medicine

Subject to the annual sub-benefit limit in paragraph 3.20.1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS are paid at the Maximum Namibia Medicine Price List on generics

3.20.1.2 First full HIV Consultation/Assessment

Subject to the annual sub-benefit limit in paragraph 3.20.1. Limited to N\$510 per consultation per HIV/Aids beneficiary. Once off benefit.

3.20.1.3 Consultations (after the first full HIV consultation/assessment)

Subject to the annual sub-benefit limit in paragraph 3.20.1. Limited to six consultations per HIV/Aids beneficiary per annum and further limited to N\$465 per consultation. (GP's only)

3.20.1.4 HIV Counselling

Subject to the annual sub-benefit limit in paragraph 3.20.1 and further limited to N\$1 360 per HIV/Aids beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

3.20.1.5 Pathology Tests

Subject to the annual sub-benefit limit in paragraph 3.20.1 and further limited to N\$5 940 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

3.20.1.6 HIV Resistance Test

Subject to the annual sub-benefit limit in paragraph 3.20.1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20.2 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)

Subject to the annual sub-benefit limit in paragraph 3.20.1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval and as per National Guidelines.

3.20.3 POST-EXPOSURE PROPHYLAXIS (PEP)

Subject to the annual sub-benefit limit in paragraph 3.20.1; Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval and as per National Guidelines.

3.20.4 PRE-EXPOSURE PROPHYLAXIS

Subject to the annual sub-benefit limit in paragraph 3.20.1; Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval and as per National Guidelines.

4. CATEGORY B: DAY-TO-DAY BENEFITS

Subject to the overall annual benefit set out in paragraph 1 and a further maximum annual sub-benefit limits:

N\$19 500 per beneficiary

N\$26 350 per family

4.1 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to the annual sub-benefit limit in paragraph 4 and a further limited to N\$6 800 per family per annum.

4.1.1 VISITS AND CONSULTATIONS

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for visits and consultations.

General Practitioner virtual/telephonic consultations limited to seven (7) per Beneficiary per annum.

4.1.2 SERVICES AND PROCEDURES

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS and OPERATIONS performed outside of hospital.

4.1.3 MATERIALS AND DISPOSABLE ITEMS

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for materials and disposable items.

4.1.4 RADIOLOGY AND PATHOLOGY

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for radiology and pathology. BENEFITS include Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry services. Referral from a Medical Practitioner required.

4.1.5 MRI AND CT SCANS

Subject to the annual sub-benefit limit in paragraph 3.2.1. Limited to 100% of the SCALE OF BENEFITS.

4.2 MEDICINE AND INJECTIONS

No BENEFITS are available during the first three months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

Limited to N\$13 650 per family per annum.

Subject to the annual sub-benefit limit in paragraph 4. BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

4.2.1 ACUTE AND CHRONIC MEDICINE

Subject to the annual sub-benefit limit in paragraph 4.2

Limited to N\$6 500 per beneficiary per annum.

Limited to 100% of the SCALE OF BENEFITS for medicine and injections prescribed by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

Limited to 80% of the SCALE OF BENEFITS for medicine prescribed and dispensed by any legally authorised person in paragraph 4.6.

Limited to 100% of the SCALE OF BENEFITS in respect of the excess of 7 days' supply of hospital TTO medicine.

4.2.2 ESSENTIAL VACCINATION/IMMUNISATION

Subject to the annual sub-benefit limit in paragraph 4.2. BENEFITS will be paid at 100% of the SCALE OF BENEFITS and based on the World Health Organisation's (WHO) list of essential immunisation/vaccination.

4.2.3 SELF MEDICATION

Subject to the annual sub-benefit limit in paragraph 4.2. BENEFITS will be paid at 100% of the SCALE OF BENEFITS Limited to N\$900 per family per annum and further limited to N\$131 per claim per beneficiary per day.

4.3 PRIMARY HEALTH CARE SERVICES

No BENEFITS are available during the first three months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N\$1 050 per Family

Subject to the annual sub-benefit limit in paragraph 4.

4.3.1 CONSULTATIONS AND PROCEDURES

Subject to the annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS for visits, consultations, treatment and non-surgical procedures.

4.3.2 MEDICINE AND INJECTIONS

Subject to the annual sub-benefit limit in paragraph 4.2.1. BENEFITS will be paid at Maximum Namibia

Medicine Price List on generics. BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. Limited to 100% of the SCALE OF BENEFITS for medicine and injections prescribed by any legally authorised person.

4.4 DENTISTRY

No BENEFITS are available during the first three months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N\$4 730 per family.

Subject to the annual sub-benefit limit in paragraph 4.

4.4.1 CONSERVATIVE DENTISTRY

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS for conservative/basic dentistry procedures including Dental Therapy services.

4.4.2 SPECIALISED DENTISTRY

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS for specialised/advanced dentistry procedures.

4.4.3 DENTAL TECHNICIAN

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS.

4.4.4 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS

No BENEFITS shall be paid.

4.4.5 ORTHODONTICS

No BENEFITS shall be paid.

4.5 OPTICAL SERVICES

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N\$3 850 per family.

Subject to the annual sub-benefit limit in paragraph 4.

Limited to 100% of the SCALE OF BENEFITS for spectacles, contact lenses and optical tests, and limited to 100% of cost for frames. Further limited to N\$1 365 per beneficiary every two years, the first such two-year period commencing 01 January 2025. Frames are further limited to N\$545 per frame.

4.6 AUXILIARY SERVICES

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N\$2 490 per family.

Subject to the annual sub-benefit limit in paragraph 4.

4.6.1 CONSULTATIONS AND PROCEDURES

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS for visits, consultations, treatment and procedures by art therapists, biokinetics, Chinese medicine practitioners, chiropractors, clinical technologists, dieticians, hearing aid acousticians, homeopaths, occupational therapists, naturopaths, orthoptists and prosthetists, physiotherapists, phytotherapists, podiatrists and chiropodists, psychological counsellors, clinical psychologists, social workers, speech therapists and audiologists but excluding Chinese Medicine.

4.6.2 MEDICINE

Subject to the annual sub-benefit limit in paragraph 4.2.1. BENEFITS in respect of prescribed medicine will be granted only for one month's supply thereof at a time. Limited to 100% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a chiropractor, homeopath, naturopath, osteopath and phytotherapists or any legally authorised person under paragraph 4.6.

4.7 EXTERNAL APPLIANCES

Subject to the annual sub-benefit limit in paragraph 4 and further limited to N\$2 730 per family per annum for external medical and surgical appliances. Limited to 80% of cost. Subject to Managed Health Care guidelines.

4.8 WHEELCHAIR, ARTIFICIAL LIMBS, ARTIFICIAL EYES, HEARING AIDS AND DEVICES FOR DIABETES MANAGEMENT

No BENEFITS shall be paid.

4.9 BENEFIT BOOSTER

Subject to the annual sub-benefit limit in paragraph 4 and further limited to N\$1 260 per family per annum.

The Benefit Booster in respect of medicine and injections, dentistry, general practitioners and specialists out-of-hospital including casualties and primary health care benefits are applicable only once the annual sub-benefit limit in paragraphs 4.1, 4.2 (excluding 4.2.3), 4.3, 4.4 and 4.6 4.7 are depleted.

4.9.1 MEDICINE AND INJECTIONS (ACUTE AND CHRONIC)

Subject to the annual sub-benefit limit in paragraph 4.9.

BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

Limited to 70% of the SCALE OF BENEFITS for medicine dispensed by a Pharmacist.

Limited to 70% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a General Practitioner.

Benefit booster is not applicable to medicines dispensed by persons other than a Pharmacist and a General Practitioner.

Benefit Booster excludes Self-Medication.

4.9.2 DENTISTRY

Subject to the annual sub-benefit limit in paragraph 4.9. Limited to 70% of the SCALE OF BENEFITS as set out in paragraphs 4.4.1, 4.4.2 and 4.4.3.

4.9.3 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to the annual sub-benefit limit in paragraph 4.9. Limited to 80% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.1.1, 4.1.2, 4.1.3 and 4.1.4.

4.9.4 PRIMARY HEALTH CARE

Subject to the annual sub-benefit limit in paragraph 4.9. Limited to 80% of the SCALE OF BENEFITS as set out in paragraphs 4.3.1 and 4.3.2.

4.9.5 AUXILIARY SERVICES

Subject to the annual sub-benefit limit in paragraph 4.9. Limited to 70% of the SCALE OF BENEFITS as set out in paragraphs 4.6.

4.10 BENEFIT BOOSTER "UP" (VOLUNTARY BUY-UP BENEFIT)

The Benefit Booster "Up" is a Voluntary Buy-Up Benefit to cover for the following out-of-pocket medical related expenses:

- Depleted benefits;
- Charges exceeding benchmark tariffs;
- Exclusions; and
- Other claims that were validly rejected.

4.10.1 MONTHLY VOLUNTARY CONTRIBUTION

Members can choose to enroll in the voluntary Benefit Booster "Up" each year according to the following fixed monthly contributions:

Monthly Voluntary Contribution	Extended Benefit per Annum
N\$300	N\$3 600
N\$600	N\$7 200
N\$900	N\$10 800
N\$1 200	N\$14 400
N\$1 500	N\$18 000

4.10.2 CONDITIONS RELATING TO THE PARTICIPATION ON THE BENEFIT BOOSTER "UP":

The participation on the Benefit Booster "Up" is subject to the following conditions:

- 4.10.2.1 Members can choose to enroll in the voluntary Benefit Booster Up each year before 15 January.
- 4.10.2.2 Members who join the Fund during the year can also opt for the Benefit Booster Up, with prorated adjustments.
- 4.10.2.3 Once opted in, the Extended Benefit Booster cannot be cancelled for the rest of the year.

- 4.10.2.4 The available benefit is equal to the voluntary contributions paid (accumulative).
- 4.10.2.5 95% of the accumulated voluntary contributions will roll over to the next financial year.
- 4.10.2.6 Any unused Benefit Booster Up will be forfeited and will not be refunded if the principal member resigns from the fund or passes away
- 4.10.2.7 Members who choose to switch to a Traditional or Hospital Plan can use their remaining voluntary contributions to fund the Traditional or Hospital Plan Day-to-Day Back Up Benefit.
- 4.10.2.8 Similarly, the remainder can be transferred to any other traditional option.

4.11 LIFESTYLE MANAGEMENT SCREENING TESTS

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to N\$15 000 per family per annum. Further limited to the specified list of screening tests, restrictions and conditions as per the Lifestyle Management Screening Tests Clinical Guidelines and Protocols on Annexure H.

4.12 CATEGORY C: BACK-UP BENEFIT

The Back-up Benefit aims to reward MEMBERS and his/her DEPENDANTS with low claims on specified day-to-day BENEFITS.

4.13 DAY-TO-DAY BENEFITS APPLICABLE TO DETERMINE BACK-UP BENEFIT:

The following Day-to-Day BENEFITS are used to determine the Back-up Benefit:

- Medicine and Injections per Family Limit
- Optical per Family Limit
- Auxiliary Services per Family Limit

If the actual total amount paid by the FUND per family on the Day-to-Day BENEFITS stipulated in paragraph 4.1 for the current BENEFIT YEAR is less than the Threshold Limit, then the MEMBER qualifies for Back-Up Benefit the following year such as the 2026 BENEFIT YEAR.

4.14 THRESHOLD LIMIT:

M: N\$4 940

M+1: N\$5 580

M+2: N\$5 790

M+3: N\$5 990

M+4: N\$6 200

M+5+: N\$6 400

The Back-up Benefit is calculated as 15% of the difference between the Threshold Limit and the actual total amount paid by the Fund on the Day-to-Day BENEFITS stipulated in paragraph 4.1 .

4.15 RULES APPLICABLE TO BACK-UP BENEFIT:

- The a Back-up Benefit will only be calculated at the end of April 2026 to ensure that all day-to-day claims as stipulated in paragraph 4.1 for the current BENEFIT YEAR are included.
- Claims against the Back-up Benefit for the current BENEFIT YEAR will only be processed after the end of April 2026.
- The unused Back-Up Benefit can be accumulated and carried over to the following BENEFIT YEAR.
- If the MEMBER resigns from the FUND, any balance of the Back-Up Benefit will go to the Fund reserves.
- If the MEMBER passes away and his/her DEPENDANTS remain with the FUND, the Back-Up Benefit will be transferred to the remaining DEPENDANTS.
- The Back-up Benefit can be used to pay excess of the NAMAF Tariffs, member co-payments and rejected claims in terms of the FUND rules.
- The Back-Up Benefit cannot be used to pay for claims rejected due to non-compliance to the NAMAF billing rules and guidelines.

ANNEXURE B4: BENEFITS PAYABLE UNDER THE JADE BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

N\$769 900 per beneficiary

N\$1 190 300 per family

2. PRO RATA BENEFITS

- 2.1. If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS for all SERVICES set out in paragraphs 3.15.2, 3.15.3, , 3.20 and 4 (other than in paragraphs 4.5), are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.
- 2.2. Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. In such event, the provisions paragraph 2.1 shall apply mutatis mutandis. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: HOSPITALISATION BENEFIT

Subject to the overall annual benefit set out in paragraph 1.

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised by the FUND, no BENEFIT will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional Hospital Benefit Cover for General Practitioners and Medical Specialists and Anaesthetics for in-hospital services are paid up to a maximum of 150% of NAMAF Tariff.

3.1 HOSPITALISATION

3.1.1 ACCOMMODATION AND THEATRE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for:

- Accommodation in a general ward and accommodation in an isolation ward as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice, the difference between a general ward and a private ward will be subject to N\$5 200 per beneficiary and further limited to N\$10 400 per family per annum. Motivation from medical practitioner required.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

Subject to the overall annual benefit set out in paragraph 1. Limited to N\$620 per day per family for accommodation other than a recognised hospital/medical institution. Subject to prior approval and Accommodation Expenses Reimbursement Policy of the FUND.

3.1.3 BLOOD TRANSFUSIONS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of the blood, the apparatus and the operator's fee.

3.1.4 INTENSIVE AND HIGH CARE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for accommodation in an intensive care or a high care unit if prescribed by a medical practitioner for up to 3 days. A separate pre-authorisation is required for admission to intensive care unit or high care unit. Without pre-authorisation, no BENEFIT will be paid excluding emergency hospital admissions and emergencies after-hours, weekends and public holidays. Any claim for such accommodation in excess of 3 days will be paid only if supported by a motivation from a medical practitioner.

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TTO) MEDICINE)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of disinfectants, medicine (including 7 days' supply of hospital To Take Out (TTO) medicine), injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital

apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for x-rays and pathology. Additional Hospital Benefit Cover excluded.

3.1.7 PHYSIOTHERAPY AND BIOKINETICS (IN-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded. Subject to prior approval.

3.2 POST-REHABILITATION (PHYSIOTHERAPY, BIOKINETICS AND OCCUPATIONAL THERAPY)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$3 700 per Beneficiary per annum. Post rehabilitation benefit is available within 3 months from hospital discharge or once transferred to rehabilitation facility. Additional Hospital benefit Cover excluded. Subject to prior approval.

3.3 SPECIALISED RADIOLGY PROCEDURES (IN- AND OUT-OF-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval. Referral from a Medical Specialist only. Referral from a General Practitioner acceptable in places where there is no Specialist.

3.3.1 MRI AND CT SCANS

Subject to the annual sub-benefit limit in paragraph 3.2. Limited to 100% of the SCALE OF BENEFITS and a further maximum annual sub-benefit limit of N\$21 800 per family.

3.3.2 NUCLEAR MEDICINE

Subject to the annual sub-benefit limit in paragraph 3.2.

3.4 GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN-HOSPITAL SERVICES)

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 150% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in- and out-of-hospital) and for radiology and pathology (in-hospital), use of equipment and equipment hire fees.

3.5 INTERNAL APPLIANCES AND MATERIALS

Subject to the overall annual benefit set out in paragraph 1 and further subject to the Internal Appliances and Materials Protocol of the Fund. BENEFITS will be paid at 100% of cost.

3.6 DIALYSIS

No BENEFITS shall be paid.

3.7 ONCOLOGY

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$472 500 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.7.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS.

3.7.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLGY PROCEDURES IN AND OUT-OF- HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

3.7.3 RADIATION ONCOLOGY

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

3.7.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS.

3.7.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS.

3.8 ORGAN TRANSPLANT

No BENEFITS shall be paid.

3.9 CORRECTIVE EYE SURGERY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.9.1 REFRACTIVE SURGERY

Subject to annual sub-benefit limit in paragraph 3.9. Limited to N\$7 650 per family per annum and further limited to N\$6 450 per beneficiary once off. Limited to 100% of the SCALE OF BENEFITS.

3.9.2 CATARACT SURGERY AND LENS IMPLANTS

Subject to annual sub-benefit limit in paragraph 3.9. Limited to N\$14 700 per eye per Beneficiary once off.

3.10 RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

No BENEFITS shall be paid.

3.11 PRIVATE NURSING/FRAIL CARE/HOSPICE

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$11 450 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.12 PSYCHIATRIC TREATMENT

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval and Managed Health Care Guidelines.

3.12.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.12. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.12.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.12 for psychiatric treatment HOSPITALISATION and further limited to N\$34 500 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.13 ALCOHOLISM/DRUG ADDITION

Subject to the annual sub-benefit limit in paragraph 3.12, 3.12.1 and 3.12.2. Limited to 100% of the SCALE OF BENEFITS.

3.14 SPECIALISED DENTAL SURGERY - HOSPITALISATION

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Additional Hospital Benefit (AHB) excluded. Subject to prior approval.

3.14.1 MAXILLO-FACIAL AND ORAL SURGERY (TRAUMA/NON-ELECTIVE) – HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.14 and further limited to N\$59 850 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.14.2 MAXILLO-FACIAL AND ORAL SURGERY (OTHER/ELECTIVE) – ALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.14. Limited to N\$23 100 per Beneficiary and to N\$28 350 per family per annum for other/ Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, medicine and HOSPITALISATION. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.14.3 MAXILLO-FACIAL AND ORAL SURGERY (OTHER/ELECTIVE) – IN-PRACTICE

Subject to annual sub-benefit limit in paragraph 3.14.2. BENEFITS will be paid at 150% of the SCALE OF BENEFITS. BENEFITS are applicable only to SURGICAL PROCEDURES performed in the doctor's room. Subject to prior approval.

3.14.4 DENTAL IMPLANTS – ALL-INCLUSIVE

No BENEFITS shall be paid.

3.14.5 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

Subject to the annual sub-benefit limit in paragraph 3.4. The benefit excludes dental implant components.

3.15 MATERNITY

Subject to the overall annual benefit set out in paragraph 1. No BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

3.15.1 CONFINEMENT – FULL PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.15. BENEFITS as set out in paragraphs 3.1, 3.3 and 3.15 hereof: provided that:

- BENEFITS are payable if a CHILD is stillborn,
- BENEFITS are payable only if a male MEMBER'S wife was/cohabitant partner registered as a DEPENDANT before the date of the confinement.

Subject to pre-authorisation by the Fund.

3.15.2 ANTE-NATAL CONSULTATION

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 12 consultations per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.3 ANTE-NATAL/POST-NATAL CLASSES AND EDUCATION

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.15.4 SONAR SCANS

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 3 scans per beneficiary per pregnancy. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to the annual sub-benefit limit in paragraph 3.15. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.6 MIDWIFERY SERVICE

Subject to the annual sub-benefit limit in paragraph 3.15. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.16 INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$6 800 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.17 STOMALTHERAPY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$22 100 per family per annum. BENEFITS include all cost relating STOMALTHERAPY. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.18 AMBULANCE AND EVACUATION SERVICES

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for road ambulance. Flights (aeromedical transfers) are paid at 100% of cost as per arrangement with the FUND.

3.18.1 EMERGENCY AMBULANCE AND FLIGHTS

BENEFITS are unlimited and will be paid at 100% of cost or 100% of the SCALE OF BENEFITS. Non-emergency ambulance services and all flights are subject to pre-approval.

3.18.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to the annual sub-benefit limit in paragraph 3.18. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$4 620 per Family per annum. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.18.3 OTHER TRANSPORT

Subject to the annual sub-benefit limit in paragraph 3.18 and further limited to N\$10 150 per family per annum. Limited to 70% of cost. Subject to prior approval and Managed Health Care guidelines.

3.19 INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N\$10 000 000 per incident.

Medical cover when travelling to foreign countries. Limited to emergency cases only and not for elective surgery or procedure. Further limited to 90 days cover.

3.20 SPECIFIED ILLNESS CONDITIONS

Subject to the overall annual benefit set out in paragraph 1 and a further maximum annual sub-benefit limit of N\$44 750 per family.

3.20.1 HIV/AIDS

Subject to the annual sub-benefit limit in paragraph 3.21 and further limited to m\$26 350 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

BENEFITS are subject to the beneficiary's registration on HIV/AIDS Disease Management Programme and as per National Guidelines for Antiretroviral Therapy.

3.20.1.1 Medicine

Subject to the annual sub-benefit limit in paragraph 3.21.1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS are paid at the Maximum Namibia Medicine Price List on generics.

3.20.1.2 First full HIV Consultation/Assessment

Subject to the annual sub-benefit limit in paragraph 3.21.1. Limited to N\$510 per consultation per HIV/Aids beneficiary. Once off benefit.

3.20.1.3 Consultations (after the first full HIV consultation/assessment)

Subject to the annual sub-benefit limit in paragraph 3.21.1. Limited to six consultations per HIV/Aids beneficiary per annum and further limited to N\$465 per consultation. (GP's only)

3.20.1.4 HIV Counselling

Subject to the annual sub-benefit limit in paragraph 3.21.1 and further limited to N\$1 360 per HIV/Aids beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

3.20.1.5 Pathology Tests

Subject to the annual sub-benefit limit in paragraph 3.21.1 and further limited to N\$5 940 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

3.20.1.6 HIV Resistance Test

Subject to the annual sub-benefit limit in paragraph 3.21.1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20.2 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)

Subject to the annual sub-benefit limit in paragraph 3.21.1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval and as per National Guidelines.

3.20.3 POST-EXPOSURE PROPHYLAXIS (PEP)

Subject to the annual sub-benefit limit in paragraph 3.21.1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval and as per National Guidelines.

3.20.4 PRE-EXPOSURE PROPHYLAXIS (PrEP)

Subject to the annual sub-benefit limit in paragraph 3.21.1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval and as per National Guidelines.

4. CATEGORY B: DAY-TO-DAY BENEFITS

Subject to the overall annual benefit set out in paragraph 1.

4.1 GENERAL PRACTITIONERS AND SPECIALISTS

No BENEFITS are available during the first three months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N\$11 900 per family.

Subject to the annual sub-benefit limit in paragraph 4 and a further limited to N\$6 800 per beneficiary per annum.

4.1.1 VISITS AND CONSULTATIONS

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for visits and consultations.

General Practitioner virtual/telephonic consultations limited to seven (7) per Beneficiary per annum.

4.1.2 SERVICES AND PROCEDURES

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS and OPERATIONS performed outside of hospital.

4.1.3 MATERIALS AND DISPOSABLE ITEMS

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for materials and disposable items.

4.1.4 RADIOLOGY AND PATHOLOGY

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for radiology and pathology. BENEFITS include Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry services. Referral from a Medical Practitioner required.

4.1.5 MRI AND CT SCANS

Subject to the annual sub-benefit limit in paragraph 3.3.1. Limited to 100% of the SCALE OF BENEFITS.

4.2 MEDICINE AND INJECTIONS

No BENEFITS are available during the first three months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

Limited to N\$15 400 per family per annum.

Subject to the annual sub-benefit limit in paragraph 4. BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

4.2.1 ACUTE AND CHRONIC MEDICINE

Subject to the annual sub-benefit limit in paragraph 4.2

Limited to N\$7 800 per beneficiary per annum.

Limited to 100% of the SCALE OF BENEFITS for medicine and injections prescribed by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

Limited to 100% of the SCALE OF BENEFITS for medicine prescribed and dispensed by any legally authorised person in paragraph 4.6.

Limited to 100% of the SCALE OF BENEFITS in respect of the excess of 7 days' supply of hospital TTO medicine.

4.2.2 ESSENTIAL VACCINATION/IMMUNISATION

Subject to the annual sub-benefit limit in paragraph 4.2 BENEFITS will be paid at 100% of the SCALE OF BENEFITS and based on the World Health Organization's (WHO) list of essential immunisation/vaccination.

4.2.3 SELF MEDICATION

Subject to the annual sub-benefit limit in paragraph 4.2. Limited to N\$1 020 per family per annum and further limited to N\$158 per claim per beneficiary per day.

BENEFITS will be paid at 100% of the SCALE OF BENEFITS.

4.3 PRIMARY HEALTH CARE SERVICES

No BENEFITS are available during the first three months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N\$1 575 per Family

Subject to the annual sub-benefit limit in paragraph 4 and a further limited to N\$790 per beneficiary per annum.

4.3.1 CONSULTATIONS AND PROCEDURES

Subject to the annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS for visits, consultations, treatment and non-surgical procedures.

4.3.2 MEDICINE AND INJECTIONS

Subject to the annual sub-benefit limit in paragraph 4.2.1. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics. BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. Limited to 100% of the SCALE OF BENEFITS for medicine and injections prescribed by any legally authorised person.

4.4 DENTISTRY

No BENEFITS are available during the first three months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N\$8 300 per family.

Subject to the annual sub-benefit limit in paragraph 4.

4.4.1 CONSERVATIVE DENTISTRY

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS for conservative/basic dentistry procedures including Dental Therapy services.

4.4.2 SPECIALISED DENTISTRY

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS for specialised/advanced dentistry procedures.

4.4.3 DENTAL TECHNICIAN

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS.

4.4.4 DENTAL IMPLANTS

No BENEFITS shall be paid.

4.4.5 ORTHODONTICS

Subject to the annual sub-benefit limit in paragraph 4. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$12 300 per beneficiary once off.

4.4.6 MAXILLO-FACIAL AND ORAL SURGERY

Subject to annual sub-benefit limit in paragraph 4.4. The BENEFIT is available for in-practice consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for elective Maxillo-Facial and Oral Surgery.

4.5 OPTICAL SERVICES

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N\$4 580 per family.

Subject to the annual sub-benefit limit in paragraph 4.

Limited to 100% of the SCALE OF BENEFITS for spectacles, contact lenses and optical tests, and limited to 100% of cost for frames. Further limited to N\$2 460 per beneficiary every two years, the first such two-year period commencing 01 January 2025. Frames are further limited to N\$1 090 per frame.

4.6 AUXILIARY SERVICES

No BENEFITS are available during the first three months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N\$6 150 per family.

Subject to the annual sub-benefit limit in paragraph 4.

4.6.1 CONSULTATIONS AND PROCEDURES

Subject to annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS for visits, consultations, treatment and procedures by art therapists, biokinetics, Chinese medicine practitioners, chiropractors, clinical technologists, dieticians, hearing aid acousticians, homeopaths, occupational therapists, naturopaths, orthotists and prosthetists, physiotherapists, phytotherapists, podiatrists and chiropodists, psychological counsellors, clinical psychologists, social workers, speech therapists and audiologists but excluding Chinese Medicine.

4.6.2 MEDICINE

Subject to the annual sub-benefit limit in paragraph 4.2.1. BENEFITS in respect of prescribed medicine will be granted only for one month's supply thereof at a time. Limited to 100% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a chiropractor, homeopath, naturopath, osteopath and phytotherapist or any legally authorised person under paragraph 4.6.

4.7 EXTERNAL APPLIANCES

Subject to the annual sub-benefit limit in paragraph 4 and further limited to N\$2 830 per family per annum for external medical and surgical appliances. Limited to 80% of cost. Subject to Managed Health Care guidelines.

4.8 WHEELCHAIR, ARTIFICIAL LIMBS, ARTIFICIAL EYES, HEARING AIDS AND DEVICES FOR DIABETES MANAGEMENT

No BENEFITS shall be paid.

4.9 BENEFIT BOOSTER

Subject to the annual sub-benefit limit in paragraph 4 and further limited to N\$2 360 per family per annum.

The Benefit Booster in respect of medicine and injections, dentistry, general practitioners and specialists out-of-hospital including casualties and primary health care benefits are applicable only once the annual sub-benefit limit in paragraphs 4.1, 4.2 (excluding 4.2.3), 4.3, 4.4 (excluding 4.4.5) 4.6 and 4.7 are depleted.

4.9.1 MEDICINE AND INJECTIONS (ACUTE AND CHRONIC)

Subject to the annual sub-benefit limit in paragraph 4.9.

BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

Limited to 70% of the SCALE OF BENEFITS for medicine dispensed by a Pharmacist.

Limited to 70% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a General Practitioner.

Benefit booster is not applicable to medicines dispensed by persons other than a Pharmacist and a General Practitioner.

Benefit Booster excludes Self-Medication.

4.9.2 DENTISTRY

Subject to the annual sub-benefit limit in paragraph 4.9. Limited to 70% of the SCALE OF BENEFITS as set out in paragraphs 4.4.1, 4.4.2 and 4.4.3.

4.9.3 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to the annual sub-benefit limit in paragraph 4.9. Limited to 80% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.1.1, 4.1.2, 4.1.3 and 4.1.4.

4.9.4 PRIMARY HEALTH CARE

Subject to the annual sub-benefit limit in paragraph 4.9. Limited to 80% of the SCALE OF BENEFITS as set out in paragraphs 4.3.1 and 4.3.2.

4.9.5 AUXILIARY SERVICES

Subject to the annual sub-benefit limit in paragraph 4.9. Limited to 70% of the SCALE OF BENEFITS as set out in paragraphs 4.6.

4.10 BENEFIT BOOSTER "UP" (VOLUNTARY BUY-UP BENEFIT)

The Benefit Booster "Up" is a Voluntary Buy-Up Benefit to cover for the following out-of-pocket medical related expenses:

- Depleted benefits;
- Charges exceeding benchmark tariffs;
- Exclusions; and
- Other claims that were validly rejected.

4.10.1 MONTHLY VOLUNTARY CONTRIBUTION

Members can choose to enroll in the voluntary Benefit Booster "Up" each year according to the following fixed monthly contributions:

Monthly Voluntary Contribution	Extended Benefit per Annum
N\$300	N\$3 600
N\$600	N\$7 200
N\$900	N\$10 800
N\$1 200	N\$14 400
N\$1 500	N\$18 000

4.10.2 CONDITIONS RELATING TO THE PARTICIPATION ON THE BENEFIT BOOSTER "UP":

The participation on the Benefit Booster "Up" is subject to the following conditions:

- 4.10.2.1 Members can choose to enroll in the voluntary Benefit Booster Up each year before 15 January.
- 4.10.2.2 Members who join the Fund during the year can also opt for the Benefit Booster Up, with prorated adjustments.
- 4.10.2.3 Once opted in, the Extended Benefit Booster cannot be cancelled for the rest of the year.
- 4.10.2.4 The available benefit is equal to the voluntary contributions paid (accumulative).
- 4.10.2.5 95% of the accumulated voluntary contributions will roll over to the next financial year.
- 4.10.2.6 Any unused Benefit Booster Up will be forfeited and will not be refunded if the principal member resigns from the fund or passes away
- 4.10.2.7 Members who choose to switch to a Traditional or Hospital Plan can use their remaining voluntary contributions to fund the Traditional or Hospital Plan Day-to-Day Back Up Benefit.
- 4.10.2.8 Similarly, the remainder can be transferred to any other traditional option.

4.11 LIFESTYLE MANAGEMENT SCREENING TESTS

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to N\$15 000 per family per annum. Further limited to the specified list of screening tests, restrictions and conditions as per the Lifestyle Management Screening Tests Clinical Guidelines and Protocols on Annexure H.

5. CATEGORY C: BACK-UP BENEFIT

The Back-up Benefit aims to reward MEMBERS and his/her DEPENDANTS with low claims on specified day-to-day BENEFITS.

5.1 DAY-TO-DAY BENEFITS APPLICABLE TO DETERMINE BACK-UP BENEFIT:

The following Day-to-Day BENEFITS are used to determine the Back-up Benefit:

- Medicine and Injections per Family Limit

- Optical per Family Limit
- Auxiliary Services per Family Limit

If the actual total amount paid by the FUND per family on the Day-to-Day BENEFITS stipulated in paragraph 4.1 for the current BENEFIT YEAR is less than the Threshold Limit, then the MEMBER qualifies for Back-Up Benefit the following year such as on 2025 BENEFIT YEAR.

5.2 THRESHOLD LIMIT:

M: N\$6 450

M+1: N\$7 300

M+2: N\$7 570

M+3: N\$7 850

M+4: N\$8 130

M+5+: N\$8 380

The Back-up Benefit is calculated as 15% of the difference between the Threshold Limit and the actual total amount paid by the Fund on the Day-to-Day BENEFITS stipulated in paragraph 4.1 .

5.3 RULES APPLICABLE TO BACK-UP BENEFIT:

- The a Back-up Benefit will only be calculated at the end of April 2026 to ensure that all day-to-day claims as stipulated in paragraph 4.1 for the current BENEFIT YEAR are included.
- Claims against the Back-up Benefit for the current BENEFIT YEAR will only be processed after the end of April 2026.
- The unused Back-Up Benefit can be accumulated and carried over to the following BENEFIT YEAR.
- If the MEMBER resigns from the FUND, any balance of the Back-Up Benefit will go to the Fund reserves.
- If the MEMBER passes away and his/her DEPENDANTS remain with the FUND, the Back-Up Benefit will be transferred to the remaining DEPENDANTS.
- The Back-up Benefit can be used to pay excess of the NAMAF Tariffs, member co-payments and rejected claims in terms of the FUND rules.
- The Back-Up Benefit cannot be used to pay for claims rejected due to non-compliance to the NAMAF billing rules and guidelines.

ANNEXURE B5: BENEFITS PAYABLE UNDER THE RUBY BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

N\$1 575 000 per beneficiary

N\$1 890 000 per family

2. PRO-RATA BENEFITS

- 2.1 If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS for all SERVICES set out in paragraphs 3.15.2, 3.15.3, and 4 (other than in paragraphs 4.4), are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.
- 2.2 Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. In such event, the provisions paragraph 2.1 shall apply mutatis mutandis. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: HOSPITALISATION BENEFIT

Subject to the overall annual benefit set out in paragraph 1.

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised by the FUND, no BENEFIT will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional Hospital Benefit Cover for General Practitioners and Medical Specialists and Anaesthetics for in-hospital services are paid up to a maximum of 150% of NAMAF Tariff.

3.1 HOSPITALISATION

3.1.1 ACCOMMODATION AND THEATRE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for:

- Accommodation in a general ward and accommodation in private an isolation ward as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice, the difference between a general ward and a private ward will be subject to N\$7 500 per beneficiary and further limited to N\$16 500 per family per annum. Motivation from medical practitioner required.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

Subject to the overall annual benefit set out in paragraph 1. Limited to N\$620 per day per family for accommodation other than a recognised hospital/medical institution. Subject to prior approval and Accommodation Expenses Reimbursement Policy of the FUND.

3.1.3 BLOOD TRANSFUSIONS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of the blood, the apparatus and the operator's fee.

3.1.4 INTENSIVE AND HIGH CARE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for accommodation in an intensive care or a high care unit if prescribed by a medical practitioner for up to 3 days. A separate pre-authorisation is required for admission to intensive care unit or high care unit. Without pre-authorisation, no BENEFIT will be paid excluding emergency hospital admissions and emergencies after-hours, weekends and public holidays. Any claim for such accommodation in excess of 3 days will be paid only if supported by a motivation from a medical practitioner.

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TTO) MEDICINE)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of disinfectants, medicine (including 7 days' supply of hospital To Take Out (TTO) medicine), injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN-HOSPITAL)
Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for x-rays and pathology. Additional Hospital Benefit Cover excluded.

3.1.7 PHYSIOTHERAPY AND BIOKINETICS (IN-HOSPITAL)
Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded. Subject to prior approval.

3.2 POST-REHABILITATION (PHYSIOTHERAPY, BIOKINETICS AND OCCUPATIONAL THERAPY)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$5 250 per Beneficiary per annum. Post rehabilitation benefit is available within 3 months from hospital discharge or once transferred to rehabilitation facility. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.3 SPECIALISED RADIOLoGY PROCEDURES (IN- AND OUT-OF-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval. Referral from a Specialist only. Referral from a General Practitioner acceptable in places where there is no Specialist.

3.3.1 MRI AND CT SCANS

Subject to the annual sub-benefit limit in paragraph 3.2, and a further maximum annual sub-benefit limit of N\$28 400 per family.

3.3.2 NUCLEAR MEDICINE

Subject to the annual sub-benefit limit in paragraph 3.2.

3.4 GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN-HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 150% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in- and out-of-hospital), radiology and pathology (in-hospital), use of equipment and equipment hire fees.

3.5 INTERNAL APPLIANCES AND MATERIALS

Subject to the overall annual benefit set out in paragraph 1 and further subject to the Internal Appliances and Materials Protocol of the Fund. BENEFITS will be paid at 100% of cost.

3.6 DIALYSIS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to Dialysis treatment and procedures. Subject to Case Management and Managed Health Care Guidelines.

3.7 ONCOLOGY

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$630 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.7.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS.

3.7.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLoGY PROCEDURES IN AND OUT-OF- HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

3.7.3 RADIATION ONCOLOGY

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

- 3.7.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)
Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS.
- 3.7.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL
Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS.

3.8 ORGAN TRANSPLANT

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all costs relating to the supply and transportation of the organ, surgically related services, procedures, medical practitioner's fees, anaesthetic services, materials, immunosuppressant's drugs, HOSPITALISATION and medical services rendered to the organ donor but subject to the following conditions:

- 3.8.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.
- 3.8.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.
- 3.8.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

Accommodation and travelling costs reimbursement not applicable to the organ donor. Subject to Case Management and Managed Health Care Guidelines.

3.9 CORRECTIVE EYE SURGERY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.9.1 REFRACTIVE SURGERY

Subject to annual sub-benefit limit in paragraph 3.9. Limited to N\$18 650 per family per annum and further limited to N\$14 550 per beneficiary once off.

3.9.2 CATARACT SURGERY AND LENS IMPLANTS

Subject to annual sub-benefit limit in paragraph 3.9. Limited to N\$19 700 per eye per beneficiary once off.

3.10 RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

Subject to the overall annual benefit set out in paragraph 1 for reconstructive surgery due to medical necessity. No BENEFITS are available during the first two years following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval and strict Managed Health Care Guidelines.

3.10.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.9 and further limited to N\$7 100 per family per annum. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.10.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.9. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to HOSPITALISATION.

3.11 PRIVATE NURSING/FRAIL CARE/HOSPICE

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$22 850 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.12 PSYCHIATRIC TREATMENT

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval and Managed Health Care Guidelines.

3.12.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.12. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.12.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.12 for psychiatric treatment HOSPITALISATION and further limited to N\$34 500 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.13 ALCOHOLISM/DRUG ADDITION

Subject to the annual sub-benefit limit in paragraph 3.12, 3.12.1 and 3.12.2. Limited to 100% of the SCALE OF BENEFITS.

3.14 SPECIALISED DENTAL SURGERY - HOSPITALISATION

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.14.1 MAXILLO-FACIAL AND ORAL SURGERY (TRAUMA/NON-ELECTIVE) – HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.14 and further limited to N\$97 150 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.14.2 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE) – ALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.14. Limited to N\$30 750 per Beneficiary and further limited to N\$38 100 per family per annum for other/Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, medicine and HOSPITALISATION. Limited to N\$5 000 for all implant component per tooth.

3.14.3 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE) – IN-PRACTICE

Subject to annual sub-benefit limit in parapgraph 3.14.2. BENEFITS will be paid at 150% of the SCALE OF BENEFITS. BENEFITS are applicable only to SURGICAL PROCEDURES performed in the doctor's room. Subject to prior approval.

3.14.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

Subject to the annual sub-benefit limit in paragraph 3.5. The benefit excludes dental implant components.

3.15 MATERNITY

Subject to the overall annual benefit set out in paragraph 1. No BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

3.15.1 CONFINEMENT – FULL PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.15. BENEFITS as set out in paragraphs 3.1, 3.3 and 3.15 hereof: provided that:

- BENEFITS are payable if a CHILD is stillborn,
- BENEFITS are payable only if a male MEMBER'S wife/cohabitant partner was registered as a DEPENDANT before the date of the confinement,

Subject to pre-authorisation by the Fund.

3.15.2 ANTE-NATAL CONSULTATION

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 12 consultations per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.3 ANTE-NATAL/POST-NATAL CLASSESS AND EDUCATION

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.15.4 SONAR SCANS

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 3 scans per beneficiary per pregnancy. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to the annual sub-benefit limit in paragraph 3.15. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.6 MIDWIFERY SERVICE

Subject to the annual sub-benefit limit in paragraph 3.15. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.16 INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$6 800 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.17 STOMALTHERAPY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$28 750 per family per annum. BENEFITS include all cost relating STOMALTHERAPY. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.18 AMBULANCE AND EVACUATION SERVICES

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for road ambulance. Flights (aeromedical transfers) are paid at 100% of cost as per arrangement with the FUND.

3.18.1 EMERGENCY AMBULANCE AND FLIGHTS

BENEFITS are unlimited and will be paid at 100% of cost or 100% of the SCALE OF BENEFITS. Non-emergency ambulance services and all flights are subject to pre-approval.

3.18.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to annual sub-benefit limit in paragraph 3.18 and further limited to N\$5 780 per Beneficiary per annum.. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.18.3 OTHER TRANSPORT

Subject to the annual sub-benefit limit in paragraph 3.18 and further limited to N\$10 150 per family per annum. Limited to 70% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.19 INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N\$10 000 000 per incident.

Medical cover when travelling to foreign countries. Limited to emergency cases only and not for elective surgery or procedure. Further limited to 90 days cover.

4. CATEGORY B: DAY-TO-DAY BENEFITS

Subject to the overall annual benefit set out in paragraph 1.

4.1 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits:

M: N\$9 450

M+1: N\$12 400

M+2: N\$12 900

M+3: N\$13 150

M+4: N\$13 400

M+5+: N\$13 650

4.1.1 SERVICES AND PROCEDURES

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS and OPERATIONS performed outside of hospital.

General Practitioner virtual/telephonic consultations limited to seven (7) per Beneficiary per annum.

4.1.2 MATERIALS AND DISPOSABLE ITEMS

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for materials and disposable items.

4.1.3 RADIOLOGY AND PATHOLOGY

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for radiology and pathology. BENEFITS include Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry services. Referral from a Medical Practitioner required.

4.1.4 MRI AND CT SCANS

Subject to the annual sub-benefit limit in paragraph 3.2.1. Limited to 100% of the SCALE OF BENEFITS.

4.2 DENTISTRY

Subject to the annual sub-benefit limit in paragraph 4.

4.2.1 CONSERVATIVE & SPECIALISED DENTISTRY including Dental Technician Services

Subject to the annual sub-benefit limit in paragraph 4.2 and a further maximum annual sub-benefit limits:

N\$11 050 per beneficiary per annum.

N\$15 250 per Family per annum.

Limited to 100% of the SCALE OF BENEFITS for conservative/basic dentistry procedures, specialised/advanced dentistry procedures including the dental technician and Dental Therapy services.

4.2.2 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS

Subject to annual sub-benefit limit in paragraph 4.2.1. Limited to 100% of the SCALE OF BENEFITS. The BENEFIT is available for in-practice consultations and non-surgical procedures.

4.2.3 ORTHODONTICS

Subject to the annual sub-benefit limit in paragraph 4.2 and further limited to N\$17 850 per beneficiary once off. Limited to 100% of costs. Subject to prior approval and Managed Health Care Guidelines.

4.3 MEDICINE AND INJECTIONS

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits:

M: N\$15 440

M+1: N\$17 040

M+2: N\$17 560

M+3: N\$18 210

M+4: N\$18 870

M+5+: N\$19 480

BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

4.3.1 ACUTE MEDICINE

Subject to the annual sub-benefit limit in paragraph 4.3 and a further maximum annual sub-benefit limits:

M: N\$5 700

M+1: N\$6 000

M+2: N\$6 200

M+3: N\$6 450

M+4: N\$6 700

M+5+: N\$6 950

Limited to N\$5 700 per beneficiary per annum.

Limited to 85% of the SCALE OF BENEFITS for medicine prescribed by any legally authorised person and dispensed by a Pharmacy.

Limited to 85% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

Limited to 85% of the SCALE OF BENEFITS for medicine prescribed and dispensed by any legally authorised person in paragraph 4.6.

Limited to 100% of the SCALE OF BENEFITS in respect of the excess of 7 days' supply of hospital TTO medicine.

4.3.2 CHRONIC MEDICINE

Subject to the annual sub-benefit limit in paragraph 4.3 and a further maximum annual sub-benefit limits:

M: N\$8 550

M+1: N\$9 750

M+2: N\$9 900

M+3: N\$10 150

M+4: N\$10 400

M+5+: N\$10 650

4.3.2.1 Members Aged 65 and Below

Limited to 85% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed by any legally authorised person for longer than 3 months for the treatment of a chronic conditions listed in Annexure D and dispensed by a Pharmacist.

Limited to 85% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed and dispensed for longer than 3 months for the treatment of a chronic conditions listed in Annexure D by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

BENEFITS are subject to the beneficiary's registration on Chronic Medication Programme.

4.3.2.2 Members Aged 66 and Above

Limited to 100% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed by any legally authorised person for longer than 3 months for the treatment of a chronic conditions listed in Annexure D and dispensed by a Pharmacist.

Limited to 100% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed and dispensed for longer than 3 months for the treatment of a chronic conditions listed in Annexure D by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

BENEFITS are subject to the beneficiary's registration on Chronic Medication Programme.

4.3.3 ESSENTIAL VACCINATION/IMMUNISATION

Subject to the annual sub-benefit limit in paragraph 4.3. BENEFITS will be paid at 100% of the SCALE OF BENEFITS and based on the World Health Organisation's (WHO) list of essential immunisation/vaccination.

4.3.4 SELF MEDICATION

Subject to the annual sub-benefit limit in paragraph 4.3 and a further maximum annual

Sub-benefit limit:

M: N\$1 190

M+1: N\$1 290

M+2: N\$1 460

M+3: N\$1 610

M+4: N\$1 770

M+5+: N\$1 880

Limited to N\$192 per claim per beneficiary per day. BENEFITS will be paid at 100% of the SCALE OF BENEFITS.

4.4 OPTICAL SERVICES

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits: N\$3 500 per beneficiary every two years, including frames, the first such two-year period commencing on 01 January 2025.

N\$7 880 per family per annum.

4.4.1 OPTICAL TESTS

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS for optical tests.

4.4.2 SPECTACLES AND LENSES

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS for spectacles and contact lenses.

4.4.3 READERS SPECTACLES

Subject to the annual sub-benefit limit in paragraph 4.4. BENEFITS will be paid at 100% of cost subject to a maximum of N\$105 per family per annum. MEMBERS are required to first personally settle any account in respect of Reader Spectacles and must submit a detailed certified account to the FUND in order to qualify for a refund.

4.4.4 FRAMES

Subject to the annual sub-benefit limit in paragraph 4.4. BENEFITS will be paid at 100% of cost subject to a maximum of N\$1 140 per frame.

4.5 PRIMARY HEALTH CARE SERVICES

Subject to the annual sub-benefit limit in paragraph 4.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

M: N\$1 050

M+1: N\$1 260

M+2: N\$1 420

M+3: N\$1 575

M+4: N\$1 730

M+5+: N\$1 885

Subject to the annual sub-benefit limit in paragraph 4.5 and a further limited to N\$1 050 per beneficiary per annum.

4.5.1 CONSULTATIONS

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS for visits, consultations, treatment and non-surgical procedures.

4.5.2 MEDICINE AND INJECTIONS

BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at the Maximum Namibia Medicine Price List for generics.

Subject to the annual sub-benefit limit in paragraph 4.3.1. Limited to 85% of the SCALE OF BENEFITS for medicine and injections prescribed by any legally authorised person.

4.6 AUXILIARY SERVICES

Subject to the annual sub-benefit limit in paragraph 4.1 and a further maximum annual sub-benefit limits:

M: N\$12 450

M+1: N\$13 650

M+2: N\$13 800

M+3: N\$14 050

M+4: N\$14 300

M+5+: N\$14 550

Limited to N\$12 450 per beneficiary per annum.

4.6.1 ART THERAPY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

4.6.2 AUDIOLOGY AND SPEECH THERAPY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

4.6.3 BIOKINETICS

Subject to the annual sub-benefit limit in paragraph 4.6 and further limited to N\$4 250 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.6.4 CHINESE MEDICINE

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N\$4 250 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.6.5 CHIROPRACTOR

4.6.5.1 Consultations and Procedures

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS for visits, consultations, treatment and procedures.

4.6.5.2 Medicine

Subject to the annual sub-benefit limit in paragraph 4.3.1. BENEFITS in respect of prescribed medicine will be granted only for one month's supply thereof at a time. Limited to 85% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a chiropractor.

4.6.6 CLINICAL PSYCHOLOGY/PSYCHOLOGICAL COUNSELLOR

Subject to the annual sub-benefit limit in paragraph 4.6 and further limited to N\$4 250 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.6.7 CLINICAL TECHNOLOGY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

4.6.8 DIETICIAN

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

4.6.9 HEARING AID ACOUSTICIAN

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

4.6.10 HOMEOPATHY/NATUROPATHY/PHYTOTHERAPY

4.6.10.1 Consultations and Procedures

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS for visits, consultations, treatment and procedures.

4.6.10.2 Medicine

Subject to the annual sub-benefit limit in paragraph 4.3.1. BENEFITS in respect of prescribed medicine will be granted only for one month's supply thereof at a time. Limited to 85% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a homeopath, naturopath, phytotherapist or osteopath.

4.6.11 OCCUPATIONAL THERAPY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

4.6.12 ORTHOTIST/PROSTHETIST

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

4.6.13 PHYSIOTHERAPY

Subject to the annual sub-benefit limit in paragraph 4.6 and further limited to N\$4 250 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.6.14 PODIATRY/CHIROPODY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

4.6.15 SOCIAL WORKERS

Subject to the annual sub-benefit limit in paragraph 4.6 and further limited to N\$4 250 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.7 WHEELCHAIR

Subject to the overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum of N\$9 300 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2024. Subject to prior approval. The benefit is inclusive of wheelchair repair and maintenance.

4.8 ARTIFICIAL LIMBS

Subject to the overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum of N\$19 350 per beneficiary every 2 years, the first such two-year period commencing on 01 January 2024. Subject to prior approval.

4.9 ARTIFICIAL EYES

Subject to the overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum cover of N\$6 000 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2024. Subject to prior approval.

4.10 HEARING AID APPARATUS

Subject to the overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum of N\$29 400 per family every 3 years for both ears, the first such three-year period commencing on 01 January 2023. The BENEFITS include the supply, repair and maintenance of hearing aid apparatus. Subject to prior approval.

4.11 APPLIANCES (EXTERNAL)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$4 780 per family per annum. Limited to 80% of the cost of any external medical and surgical appliance other than hearing aid apparatus. Subject to Managed Health Care guidelines.

4.12 MEDICAL DEVICES FOR DIABETES MANAGEMENT

Subject to the overall annual benefit set out in paragraph 1. Limited to 80% of the SCALE BENEFITS. Subject to prior approval and Managed Health Care guidelines.

4.12.1 Insulin Pumps

Subject to the annual sub-benefit limit in paragraph 4.12 and further limited to N\$36 750 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2023.

4.12.2 Other Diabetes Devices and Related Consumables

Subject to annual sub-benefit limit in paragraph 4.12 and further limited to N\$53 550 per Beneficiary per annum.

4.13 SPECIFIED ILLNESS CONDITIONS

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits:

M: N\$32 550

M+1+: N\$47 000

4.13.1 HIV/AIDS

Subject to the annual sub-benefit limit in paragraph 4.13 and further limited to N\$32 550 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

BENEFITS are subject to the beneficiary's registration on HIV/AIDS Disease Management Programme and as per National Guidelines for Antiretroviral Therapy.

4.13.1.1 Medicine

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

4.13.1.2 First full HIV Consultation/Assessment

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to N\$510 per consultation per HIV-Aids beneficiary. Once off benefit.

4.13.1.3 Consultations (after the first full HIV consultation)

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to six consultation per HIV/Aids beneficiary per annum and further limited N\$465 per consultation. (GP's only).

4.13.1.4 HIV Counselling

Subject to the annual sub-benefit limit in paragraph 4.13.1 and further limited to N\$1 370 per HIV/Aids beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

4.13.1.5 Pathology Tests

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$6 250 per beneficiary per annum.

4.13.1.6 HIV Resistance Test

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

4.13.2 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS.
Subject to prior approval.

4.13.3 POST-EXPOSURE PROPHYLAXIS (PEP)

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS.
Subject to prior approval.

4.13.4 PRE-EXPOSURE PROPHYLAXIS (PrEP)

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS.
Subject to prior approval.

4.14 BENEFIT BOOSTER

Subject to the annual sub-benefit limit in paragraph 4.

Limited to N\$3 150 per family per annum and further limited to N\$2 035 per beneficiary per annum.

The Benefit Booster in respect of medicine and injections, general practitioners and specialists out-of-hospital including casualties, primary health care, dentistry benefits and auxiliary services is applicable only once the annual sub-benefit limit in paragraphs 4.1 (excluding 4.1.5), 4.2 (excluding 4.2.3 and 4.2.4), 4.3 (excluding 4.3.4), 4.5 and 4.6 are depleted.

4.14.1 MEDICINE AND INJECTIONS (ACUTE AND CHRONIC)

Subject to the annual sub-benefit limit in paragraph 4.14.

BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

Limited to 70% of the SCALE OF BENEFITS for medicine dispensed by a Pharmacist.

Limited to 70% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a General Practitioner.

Benefit booster is not applicable to medicine and injections dispensed by persons other than a Pharmacist and a General Practitioner.

Benefit Booster excludes Self-Medication.

4.14.2 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to the annual sub-benefit limit in paragraph 4.14. Limited to 85% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.1.1, 4.1.2, 4.1.3 and 4.1.4.

4.14.3 PRIMARY HEALTH CARE

Subject to the annual sub-benefit limit in paragraph 4.14. Limited to 85% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.5.1 and 4.5.2.

4.14.4 DENTISTRY (EXCLUDING ORTHODONTICS AND MAXILLO-FACIAL AND ORAL SURGERY)

Subject to the annual sub-benefit limit in paragraph 4.14. Limited to 70% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.2.1 and 4.2.2.

4.14.5 AUXILIARY SERVICES

Subject to the annual sub-benefit limit in paragraph 4.14. Limited to 70% of the SCALE OF BENEFITS for BENEFITS as set out in paragraph 4.6.

4.15 BENEFIT BOOSTER "UP" (VOLUNTARY BUY-UP BENEFIT)

The Benefit Booster "Up" is a Voluntary Buy-Up Benefit to cover for the following out-of-pocket medical related expenses:

- Depleted benefits;
- Charges exceeding benchmark tariffs;
- Exclusions; and
- Other claims that were validly rejected.

4.15.1 MONTHLY VOLUNTARY CONTRIBUTION

Members can choose to enroll in the voluntary Benefit Booster "Up" each year according to the following fixed monthly contributions:

Monthly Voluntary Contribution	Extended Benefit per Annum
N\$300	N\$3 600
N\$600	N\$7 200
N\$900	N\$10 800
N\$1 200	N\$14 400
N\$1 500	N\$18 000

4.15.2 CONDITIONS RELATING TO THE PARTICIPATION ON THE BENEFIT BOOSTER "UP":

The participation on the Benefit Booster "Up" is subject to the following conditions:

- 4.15.2.1 Members can choose to enroll in the voluntary Benefit Booster Up each year before 15 January.
- 4.15.2.2 Members who join the Fund during the year can also opt for the Benefit Booster Up, with prorated adjustments.
- 4.15.2.3 Once opted in, the Extended Benefit Booster cannot be cancelled for the rest of the year.
- 4.15.2.4 The available benefit is equal to the voluntary contributions paid (accumulative).
- 4.15.2.5 95% of the accumulated voluntary contributions will roll over to the next financial year.
- 4.15.2.6 Any unused Benefit Booster Up will be forfeited and will not be refunded if the principal member resigns from the fund or passes away
- 4.15.2.7 Members who choose to switch to a Traditional or Hospital Plan can use their remaining voluntary contributions to fund the Traditional or Hospital Plan Day-to-Day Back Up Benefit.
- 4.15.2.8 Similarly, the remainder can be transferred to any other traditional option.

4.16 LIFESTYLE MANAGEMENT SCREENING TESTS

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to N\$15 000 per family per annum. Further limited to the specified list of screening tests, restrictions and conditions as per the Lifestyle Management Screening Tests Clinical Guidelines and Protocols on Annexure H.

5. CATEGORY C: BACK-UP BENEFIT

The Back-up Benefit aims to reward MEMBERS and his/her DEPENDANTS with low claims on specified day-to-day BENEFITS.

5.1 DAY-TO-DAY BENEFITS APPLICABLE TO DETERMINE BACK-UP BENEFIT:

The following Day-to-Day BENEFITS are used to determine the Back-up Benefit:

- Medicine and Injections per Family Limit
- Optical per Family Limit
- Auxiliary Services per Family Limit

If the actual total amount paid by the FUND per family on the Day-to-Day BENEFITS stipulated in paragraph 4.1 for the current BENEFIT YEAR is less than the Threshold Limit, then the MEMBER qualifies for Back-Up Benefit the following year such as on 2026 BENEFIT YEAR.

5.2 THRESHOLD LIMIT:

M: N\$5 520

M+1: N\$6 250

M+2: N\$6 480

M+3: N\$6 720

M+4: N\$6 950

M+5+: N\$7 180

The Back-up Benefit is calculated as 25% of the difference between the Threshold Limit and the actual total amount paid by the Fund on the Day-to-Day BENEFITS stipulated in paragraph 4.1 .

5.3 RULES APPLICABLE TO BACK-UP BENEFIT:

- The a Back-up Benefit will only be calculated at the end of April 2026 to ensure that all day-to-day claims as stipulated in paragraph 4.1 for the current BENEFIT YEAR are included.
- Claims against the Back-up Benefit for the current BENEFIT YEAR will only be processed after the end of April 2026.
- The unused Back-Up Benefit can be accumulated and carried over to the following BENEFIT YEAR.
- If the MEMBER resigns from the FUND, any balance of the Back-Up Benefit will go to the Fund reserves.
- If the MEMBER passes away and his/her DEPENDANTS remain with the FUND, the Back-Up Benefit will be transferred to the remaining DEPENDANTS.
- The Back-up Benefit can be used to pay excess of the NAMAF Tariffs, member co-payments and rejected claims in terms of the FUND rules.
- The Back-Up Benefit cannot be used to pay for claims rejected due to non-compliance to the NAMAF billing rules and guidelines.

ANNEXURE B6: BENEFITS PAYABLE UNDER THE SAPPHIRE BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

Unlimited benefit

2. PRO RATA BENEFITS

- 2.1 If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS for all SERVICES set out in paragraphs 3.15.2 3.15.3, and 4 (other than in paragraphs 4.4), are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.
- 2.2 Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. In such event, the provisions paragraph 2.1 shall apply mutatis mutandis. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: HOSPITALISATION BENEFIT

Subject to the overall annual benefit set out in paragraph 1.

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised by the Fund, No BENEFIT will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional Hospital Benefit Cover for General Practitioners, Medical Specialists and anaesthetics for in-hospital services are paid up to a maximum of 150% of NAMAF Tariff.

3.1 HOSPITALISATION

3.1.1 ACCOMMODATION AND THEATRE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for:

- Accommodation in a general ward and accommodation in an isolation ward as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice, the difference between a general ward and a private ward will be subject to N\$10 900 per beneficiary and further limited to N\$23 900 per family per annum.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

Subject to the overall annual benefit set out in paragraph 1. Limited to N\$620 per day per family for accommodation other than a recognised hospital/medical institutions. Subject to prior approval and Accommodation Expenses Reimbursement Policy of the FUND.

3.1.3 BLOOD TRANSFUSIONS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of the blood, the apparatus and the operator's fee.

3.1.4 INTENSIVE AND HIGH CARE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for accommodation in an intensive care or a high care unit if prescribed by a medical practitioner for up to 3 days. A separate pre-authorisation is required for admission to intensive care unit or high care unit. Without pre-authorisation, no BENEFIT will be paid excluding emergency hospital admissions and emergencies after-hours, weekends and public holidays. Any claim for such accommodation in excess of 3 days will be paid only if supported by a motivation from a medical practitioner.

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TTO) MEDICINE)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of disinfectants, medicine (including 7 days supply of hospital To Take Out (TTO) medicine), injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for x-rays and pathology. Additional Hospital Benefit Cover excluded.

3.1.7 PHYSIOTHERAPY AND BIOKINETICS (IN-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.1.7.1 Physiotherapy and Biokinetics (In-hospital Rehabilitation)

Subject to the annual sub-benefit limit in paragraph 3.1.7. Limited to 100% of the SCALE OF BENEFITS.

3.1.7.2 Physiotherapy and Biokinetics (Post-Rehabilitltation)

Subject to the annual sub-benefit limit in paragraph 3.1.7. Limited to 100% of the SCALE OF BENEFITS and further limited to 9 sessions/visits per beneficiary. Post-rehabilitation benefit available within 3 months from hospital discharge. Subject to prior approval.

3.2 POST-REHABILITATION (PHYSIOTHERAPY, BIOKINETICS AND OCCUPATIONAL THERAPY)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$5 250 per Beneficiary per annum. Post rehabilitation benefit is available within 3 months from hospital discharge or once transferred to rehabilitation facility. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.3 SPECIALISED RADIOLoGY PROCEDURES (IN- AND OUT-OF-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval. Referral from a Specialist only. Referral from a General Practitioner acceptable in places where there is no Specialist.

3.3.1 MRI AND CT SCANS

Subject to the annual sub-benefit limit in paragraph 3.2.and a further maximum annual sub-benefit limit of N\$41 500 per family.

3.3.2 NUCLEAR MEDICINE

Subject to the annual sub-benefit limit in paragraph 3.2.

3.4 GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN-HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 150% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in- and out-of-hospital), radiology and pathology (in-hospital), use of equipment and equipment hire fees.

3.5 INTERNAL APPLIANCES AND MATERIALS

Subject to the overall annual benefit set out in paragraph 1 and further subject to the Internal Appliances and Materials Protocol of the Fund. BENEFITS will be paid at 100% of cost.

3.6 DIALYSIS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to Dialysis treatment and procedures. Subject to Case Management and Managed Health Care Guidelines.

3.7 ONCOLOGY

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$787 500 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.7.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS.

3.7.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLoGY PROCEDURES IN AND OUT-OF- HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

3.7.3 RADIATION ONCOLOGY

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE OF BENEFITS. Referral from Medical Specialists required.

3.7.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE OF BENEFITS.

3.7.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS.

3.8 ORGAN TRANSPLANT

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all costs relating to the supply and transportation of the organ, surgically related services, procedures, medical practitioner's fees, anaesthetic services, materials, immunosuppressants drugs, HOSPITALISATION and medical services rendered to the organ donor but subject to the following conditions:

- 3.8.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.
- 3.8.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.
- 3.8.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

Accommodation and travelling costs reimbursement not applicable to the organ donor. Subject to Case Management and Managed Health Care Guidelines.

3.9 CORRECTIVE EYE SURGERY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1. Limited to N\$29 600 per family per annum and further limited to N\$23 100 per beneficiary once off. Limited to 100% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case, of a MEMBER, other than an EMPLOYEE. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.9.1 REFRACTIVE SURGERY

Subject to annual sub-benefit limit in paragraph 3.9. Limited to N\$31 100 per family per annum and further limited to N\$24 250 per beneficiary once off.

3.9.2 CATARACT SURGERY AND LENS IMPLANTS

Subject to annual sub-benefit limit in paragraph 3.9. Limited to N\$26 250 per eye per beneficiary once off.

3.10 RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

Subject to the overall annual benefit set out in paragraph 1 for reconstructive surgery due to medical necessity. No BENEFITS are available during the first two years following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval and strict Managed Health Care Guidelines.

3.10.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.9 and further limited to N\$15 250 per family per annum. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.10.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.9. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to HOSPITALISATION.

3.11 PRIVATE NURSING/FRAIL CARE/HOSPICE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$40 600 per family per annum. Subject to Case Management.

3.12 PSYCHIATRIC TREATMENT

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval and Managed Health Care Guidelines.

3.12.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.12. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.12.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.12 for psychiatric treatment HOSPITALISATION and further limited to N\$34 500 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.13 ALCOHOLISM/DRUG ADDITION

Subject to the annual sub-benefit limit in paragraph 3.12, 3.12.1 and 3.12.2. Limited to 100% of the SCALE OF BENEFITS.

3.14 SPECIALISED DENTAL SURGERY - HOSPITALISATION

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.14.1 MAXILLO-FACIAL AND ORAL SURGERY (TRAUMA/NON-ELECTIVE) – HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.14 and further limited to N\$138 600 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases.

3.14.2 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE) – HOSPITALISATION ALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.14. Limited to N\$41 000 per Beneficiary and further Limited limited to N\$51 000 per family per annum for Other/ Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, medicine and HOSPITALISATION. Limited to N\$5 000 for all implant component per tooth.

3.14.2 DENTAL IMPLANTS - HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.14.2 for Dental Implant HOSPITALISATION.

3.14.3 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE) – IN-PRACTICE

Subject to annual sub-benefit limit in parapgraph 3.14.2. BENEFITS will be paid at 150% of the SCALE OF BENEFITS. BENEFITS are applicable only to SURGICAL PROCEDURES performed in the doctor's room. Subject to prior approval.

3.14.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

Subject to the annual sub-benefit limit in paragraph 3.5. The benefit excludes dental implant components.

3.15 MATERNITY

Subject to the overall annual benefit set out in paragraph 1. No BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

3.15.1 CONFINEMENTS

Subject to the annual sub-benefit limit in paragraph 3.15. BENEFITS as set out in paragraphs 3.1, 3.3 and 3.15 hereof: provided that:

- BENEFITS are payable if a CHILD is stillborn,
- BENEFITS are payable only if a male MEMBER'S wife/cohabitant partner was registered as a DEPENDANT before the date of the confinement,

Subject to pre-authorisation by the Fund.

3.15.2 ANTE-NATAL CONSULTATION

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 12 consultations per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.3 ANTE-NATAL/POST-NATAL CLASSESS AND EDUCATION

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.15.4 SONAR SCANS

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 3 scans per beneficiary per pregnancy. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to the annual sub-benefit limit in paragraph 3.15. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.6 MIDWIFERY SERVICE

Subject to the annual sub-benefit limit in paragraph 3.15. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.16 INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$6 800 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.17 STOMALTHERAPY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$28 750 per family per annum. BENEFITS include all cost relating STOMALTHERAPY. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.18 AMBULANCE AND EMERGENCY EVACUATION SERVICES

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for road ambulance. Flights (aeromedical transfers) are paid at 100% of cost as per arrangement with the FUND.

3.18.1 EMERGENCY AMBULANCE AND FLIGHTS

BENEFITS are unlimited and will be paid at 100% of cost or 100% of the SCALE BENEFITS. Non-emergency ambulance services and all flights are subject to pre-approval.

3.18.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to annual sub-benefit limit in paragraph 3.18 and further limited to N\$5 780 per Beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.18.3 OTHER TRANSPORT

Subject to the annual sub-benefit limit in paragraph 3.18 and further limited to N\$10 150 per family per annum. Limited to 70% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.19 INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N\$10 000 000 per incident.

Medical cover when travelling to foreign countries. Limited to emergency cases only and not for elective surgery or procedure. Further limited to 90 days cover.

4. CATEGORY B: DAY-TO-DAY BENEFITS

Subject to the overall annual benefit set out in paragraph 1.

4.1 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits:

M: N\$15 750

M+1: N\$20 250

M+2: N\$22 250

M+3: N\$22 500

M+4: N\$22 750

M+5+: N\$23 000

4.1.1 SERVICES AND PROCEDURES

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS and OPERATIONS performed outside of hospital.

General Practitioner virtual/telephonic consultations limited to seven (7) per Beneficiary per annum.

4.1.2 MATERIALS AND DISPOSABLE ITEMS

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for materials and disposable items.

4.1.3 RADIOLOGY AND PATHOLOGY

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for radiology and pathology. BENEFITS include Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry services. Referral from a Medical Practitioner required.

4.1.4 MRI AND CT SCANS

Subject to the annual sub-benefit limit in paragraph 3.2.1. Limited to 100% of the SCALE OF BENEFITS.

4.2 DENTISTRY

Subject to the annual sub-benefit limit in paragraph 4.

4.2.1 CONSERVATIVE & SPECIALISED DENTISTRY

Subject to the annual sub-benefit limit in paragraph 4.2. and a further maximum annual sub-benefit limits:

N\$16 600 per beneficiary per annum.

N\$23 500 per family per annum.

Limited to 100% of the SCALE OF BENEFITS for conservative/basic dentistry procedures, specialised/advanced dentistry procedures including the dental technician and Dental Therapy services.

4.2.2 MAXILLO- FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS

Subject to annual sub-benefit limit in paragraph 4.2.1. Limited to 100% of the SCALE OF BENEFITS. The BENEFIT is available for in-practice consultations and non-surgical procedures.

4.2.3 ORTHODONTICS

Subject to the annual sub-benefit limit in paragraph 4.2 and further limited to N\$23 000 per beneficiary once off. Limited to 100% of costs. Subject to prior approval and Managed Health Care Guidelines.

4.3 MEDICINE AND INJECTIONS

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits:

M: N\$32 090

M+1: N\$50 000

M+2: N\$54 060

M+3: N\$54 810

M+4: N\$55 730

M+5+: N\$56 400

BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

4.3.1 ACUTE MEDICINE

Subject to the annual sub-benefit limit in paragraph 4.3 and a further maximum annual sub-benefit limits:

M: N\$8 800

M+1: N\$13 400

M+2: N\$16 300

M+3: N\$16 750

M+4: N\$17 100

M+5+: N\$17 350

Limited to N\$8 800 per beneficiary per annum.

Limited to 85% of the SCALE OF BENEFITS for medicine prescribed by any legally authorised person and dispensed by a Pharmacy.

Limited to 85% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

Limited to 85% of the SCALE OF BENEFITS for medicine prescribed and dispensed by any legally authorised person in paragraph 4.6.

Limited to 100% of the SCALE OF BENEFITS in respect of the excess of 7 days supply of hospital TTO medicine.

4.3.2 CHRONIC MEDICINE

Subject to the annual sub-benefit limit in paragraph 4.3 and a further maximum annual sub-benefit limits:

M: N\$21 300

M+1: N\$34 450

M+2: N\$35 450

M+3: N\$35 600

M+4: N\$36 000

M+5+: N\$36 250

4.3.2.1 Members Aged 65 and Below

Limited to 85% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed by any legally authorised person for longer than 3 months for the treatment of a chronic conditions listed in Annexure D and dispensed by a Pharmacist.

Limited to 85% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed and dispensed for longer than 3 months for the treatment of a chronic conditions listed in Annexure D by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

BENEFITS are subject to the beneficiary's registration on Chronic Medication Programme.

4.3.2.2 Members Aged 66 and Above

Limited to 100% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed by any legally authorised person for longer than 3 months for the treatment of a chronic conditions listed in Annexure D and dispensed by a Pharmacist.

Limited to 100% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed and dispensed for longer than 3 months for the treatment of a chronic conditions listed in Annexure D by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

BENEFITS are subject to the beneficiary's registration on Chronic Medication Programme.

4.3.3 ESSENTIAL VACCINATION/IMMUNISATION

Subject to the annual sub-benefit limit in paragraph 4.3. BENEFITS will be paid at 100% of the SCALE OF BENEFITS and based on the World Health Organisation's (WHO) list of essential immunisation/vaccination.

4.3.4 SELF MEDICATION

Subject to the annual sub-benefit limit in paragraph 4.3 and a further maximum annual sub-benefit limit:

M: N\$1 990
M+1: N\$2 150
M+2: N\$2 310
M+3: N\$2 460
M+4: N\$2 630
M+5+: N\$2 800

Limited to N\$235 per claim per beneficiary per day. BENEFITS will be paid at 100% of the SCALE OF BENEFITS.

4.4 OPTICAL SERVICES

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits: N\$5 150 per beneficiary every two years, including frames, the first such two-year period commencing on 01 January 2025.

N\$11 550 per family per annum.

4.4.1 OPTICAL TESTS

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS for optical tests

4.4.2 SPECTACLES AND LENSES

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS for spectacles and contact lenses.

4.4.3 READERS SPECTACLES

Subject to the annual sub-benefit limit in paragraph 4.4. BENEFITS will be paid at 100% of cost subject to a maximum of N\$105 per family per annum. MEMBERS are required to first personally settle any account in respect of Reader Spectacles and must submit a detailed certified account to the FUND in order to qualify for a refund.

4.4.4 FRAMES

Subject to the annual sub-benefit limit in paragraph 4.4. BENEFITS will be paid at 100% of cost subject to a maximum N\$1 870 per frame.

4.5 PRIMARY HEALTH CARE SERVICES

Subject to the annual sub-benefit limit in paragraph 4.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

M: N\$1 310
M+1: N\$1 570
M+2: N\$1 780
M+3: N\$1 990
M+4: N\$2 200
M+5+: N\$2 410

Subject to the annual sub-benefit limit in paragraph 4.5 and a further limited to N\$1 310 per beneficiary per annum.

4.5.1 CONSULTATIONS AND PROCEDURES

Subject to the annual sub-benefit limit in paragraph 4.5 Limited to 100% of the SCALE OF BENEFITS for visits, consultations, treatment and non-surgical procedures.

4.5.2 MEDICINE & INJECTIONS

BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at Maximum Namibia medicine Price List on generics.

Subject to the annual sub-benefit limit in paragraph 4.3.1. Limited to 85% of the SCALE OF BENEFITS for medicine and injections prescribed by any legally authorised person.

4.6 AUXILIARY SERVICES

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits:

M: N\$16 100

M+1: N\$25 750

M+2: N\$27 850

M+3: N\$29 100

M+4: N\$29 650

M+5+: N\$30 150

N\$16 100 per beneficiary per annum.

4.6.1 ART THERAPY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

4.6.2 AUDIOLOGY AND SPEECH THERAPY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

4.6.3 BIOKINETICS

Subject to the annual sub-benefit limit in paragraph 4.6 and further limited to N\$7 940 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.6.4 CHINESE MEDICINE

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N\$7 940 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.6.5 CHIROPRACTOR

4.6.5.1 Consultations and Procedures

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS for visits, consultations, treatment and procedures.

4.6.5.2 Medicine

Subject to the annual sub-benefit limit in paragraph 4.3.1. BENEFITS in respect of prescribed medicine will be granted only for one month's supply thereof at a time. Limited to 85% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a chiropractor.

4.6.6 CLINICAL PSYCHOLOGY/PSYCHOLOGICAL COUNSELLOR

Subject to the annual sub-benefit limit in paragraph 4.6 and further limited to N\$7 940 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.6.7 CLINICAL TECHNOLOGY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

4.6.8 DIETICIAN

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

4.6.9 HEARING AID ACOUSTICIAN

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

4.6.10 HOMEOPATHY/NATUROPATHY/PHYTOTHERAPY

4.6.10.1 Consultations and Procedures

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS for visits, consultations, treatment and procedures.

4.6.10.2 Medicine

Subject to the annual sub-benefit limit in paragraph 4.3.1. BENEFITS in respect of prescribed medicine will be granted only for one month's supply thereof at a time. Limited to 85% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a homeopath, naturopath, phytotherapist or osteopath.

4.6.11 OCCUPATIONAL THERAPY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.

- 4.6.12 ORTHOTIST/PROSTHETIST
Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.
- 4.6.13 PHYSIOTHERAPY
Subject to the annual sub-benefit limit in paragraph 4.6 and further limited to N\$7 940 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.
- 4.6.14 PODIATRY/CHIROPODY
Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 100% of the SCALE OF BENEFITS.
- 4.6.15 SOCIAL WORKER
Subject to the annual sub-benefit limit in paragraph 4.6 and further limited to N\$7 940 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.7 WHEELCHAIR

Subject to the overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum cover of N\$18 650 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2024. Subject to prior approval. The benefit is inclusive of wheelchair repair and maintenance.

4.8 ARTIFICIAL LIMBS

Subject to the overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum cover of N\$38 600 per beneficiary every 2 years, the first such two-year period commencing on 01 January 2024. Subject to prior approval.

4.9 ARTIFICIAL EYES

Subject to the overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum cover of N\$18 100 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2024. Subject to prior approval.

4.10 HEARING AID APPARATUS

Subject to the overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum of N\$36 750 per family every 3 years for both ears, the first such three-year period commencing on 01 January 2023. The BENEFITS include the supply, repair and maintenance of hearing aid apparatus. Subject to prior approval.

4.11 APPLIANCES (EXTERNAL)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$5 400 family per annum. Limited to 80% of the cost of any external medical and surgical appliance, other than hearing aid apparatus. Subject to Managed Health Care guidelines.

4.12 MEDICAL DEVICES FOR DIABETES MANAGEMENT

Subject to the overall annual benefit set out in paragraph 1. Limited to 80% of the SCALE OF BENEFITS. Subject to prior approval and Managed Health Care guidelines.

- 4.12.1 Insulin Pumps
Subject to the annual sub-benefit limit in paragraph 4.12 and further limited to N\$42 000 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2023.
- 4.12.2 Other Diabetes Devices and Related Consumables
Subject to the annual sub-benefit limit in paragraph 4.12 and further limited to N\$58 800 per Beneficiary per annum.

4.13 SPECIFIED ILLNESS CONDITIONS

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits:

M: N\$37 900

M+1+: N\$75 800

- 4.13.1 HIV/AIDS
Subject to the annual sub-benefit limit in paragraph 4.13 and further limited to N\$37 900 per beneficiary per annum. Limited to 100% of the Scale of Benefits.
BENEFITS are subject to the beneficiary's registration on HIV/AIDS Disease Management Programme and as per National Guidelines for Antiretroviral Therapy.

4.13.1.1 Medicine

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

4.13.1.2 First full HIV Consultation/Assessment

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to N\$510 per consultation per HIV/Aids beneficiary. Once off benefit.

4.13.1.3 Consultations (after the first full HIV consultation/assessment)

Subject to the annual sub-benefit limit in paragraph 4.13.1 Limited to six consultations per HIV/Aids beneficiary per annum and further limited to N\$465 per consultation. (GP's only)

4.13.1.4 HIV Counselling

Subject to the annual sub-benefit limit in paragraph 4.13.1 and further limited to N\$1 370 per HIV/Aids beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

4.13.1.5 Pathology Tests

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$8 200 per beneficiary per annum.

4.13.1.6 HIV Resistance Test

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

4.13.2 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval and as per National Guidelines.

4.13.3 POST-EXPOSURE PROPHYLAXIS (PEP)

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval and as per National Guidelines.

4.13.4 PRE-EXPOSURE PROPHYLAXIS (PrEP)

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval and as per National Guidelines.

4.14 BENEFIT BOOSTER

Subject to the annual sub-benefit limit in paragraph 4.

Limited to N\$4 950 per family per annum and further limited to N\$2 680 per beneficiary per annum.

The Benefit Booster in respect of medicine and injections, general practitioners and specialists out-of-hospital including casualties, primary health care, dentistry benefits and auxiliary services is applicable only once the annual sub-benefit limit in paragraphs 4.1 (excluding 4.1.5), 4.2 (excluding 4.2.3 and 4.2.4), 4.3 (excluding 4.3.4), 4.5 and 4.6 are depleted.

4.14.1 MEDICINE AND INJECTIONS (ACUTE AND CHRONIC)

Subject to the annual sub-benefit limit in paragraph 4.14.

BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

Limited to 70% of the SCALE OF BENEFITS for medicine dispensed by a Pharmacist.

Limited to 70% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a General Practitioner.

Benefit booster is not applicable to medicine and injections dispensed by persons other than a Pharmacist and a General Practitioner.

Benefit Booster excludes Self-Medication.

4.14.2 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to the annual sub-benefit limit in paragraph 4.14. Limited to 85% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.1.1, 4.1.2, 4.1.3 and 4.1.4.

4.14.3 PRIMARY HEALTH CARE

Subject to the annual sub-benefit limit in paragraph 4.14. Limited to 85% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.5.1 and 4.5.2.

4.14.4 DENTISTRY (EXCLUDING ORTHODONTICS AND MAXILLO-FACIAL AND ORAL SURGERY)

Subject to the annual sub-benefit limit in paragraph 4.14. Limited to 70% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.2.1 and 4.2.2.

4.14.5 AUXILIARY SERVICES

Subject to the annual sub-benefit limit in paragraph 4.14. Limited to 70% of the SCALE OF BENEFITS for BENEFITS as set out in paragraph 4.6.

4.15 BENEFIT BOOSTER "UP" (VOLUNTARY BUY-UP BENEFIT)

The Benefit Booster "Up" is a Voluntary Buy-Up Benefit to cover for the following out-of-pocket medical related expenses:

- Depleted benefits;
- Charges exceeding benchmark tariffs;
- Exclusions; and
- Other claims that were validly rejected.

4.15.1 MONTHLY VOLUNTARY CONTRIBUTION

Members can choose to enroll in the voluntary Benefit Booster "Up" each year according to the following fixed monthly contributions:

Monthly Voluntary Contribution	Extended Benefit per Annum
N\$300	N\$3 600
N\$600	N\$7 200
N\$900	N\$10 800
N\$1 200	N\$14 400
N\$1 500	N\$18 000

4.15.2 CONDITIONS RELATING TO THE PARTICIPATION ON THE BENEFIT BOOSTER "UP":

The participation on the Benefit Booster "Up" is subject to the following conditions:

- 4.15.2.1 Members can choose to enroll in the voluntary Benefit Booster Up each year before 15 January.
- 4.15.2.2 Members who join the Fund during the year can also opt for the Benefit Booster Up, with prorated adjustments.
- 4.15.2.3 Once opted in, the Extended Benefit Booster cannot be cancelled for the rest of the year.
- 4.15.2.4 The available benefit is equal to the voluntary contributions paid (accumulative).
- 4.15.2.5 95% of the accumulated voluntary contributions will roll over to the next financial year.
- 4.15.2.6 Any unused Benefit Booster Up will be forfeited and will not be refunded if the principal member resigns from the fund or passes away
- 4.15.2.7 Members who choose to switch to a Traditional or Hospital Plan can use their remaining voluntary contributions to fund the Traditional or Hospital Plan Day-to-Day Back Up Benefit.
- 4.15.2.8 Similarly, the remainder can be transferred to any other traditional option.

4.16 LIFESTYLE MANAGEMENT SCREENING TESTS

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to N\$15 000 per family per annum. Further limited to the specified list of screening tests, restrictions and conditions as per the Lifestyle Management Screening Tests Clinical Guidelines and Protocols on Annexure H.

ANNEXURE B7: BENEFITS PAYABLE UNDER THE DIAMOND BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

Unlimited benefit

2. PRO-RATA BENEFITS

- 2.1 If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS for all SERVICES set out in paragraphs 3.15.2 3.15.3, and 4 (other than in paragraph 4.4), are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.
- 2.2 Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. In such event, the provisions paragraph 2.1 shall apply mutatis mutandis. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: HOSPITALISATION BENEFIT

Subject to the overall annual benefit set out in paragraph 1.

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND If not pre-authorised by the Fund, No BENEFIT will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional Hospital Benefit cover for General Practitioners and Medical Specialists and Anaesthetics are paid to a maximum of 150% of NAMAF Tariff.

3.1 HOSPITALISATION

3.1.1 ACCOMMODATION AND THEATRE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for:

- Accommodation in a general ward and accommodation in an isolation ward as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice, the difference between a general ward and a private ward will be subject to N\$15 300 per beneficiary and further limited to N\$29 900 per family per annum.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

Subject to the overall annual benefit set out in paragraph 1. Limited to N\$620 per day per family for accommodation other than a recognised hospital/medical institution. Subject to prior approval and Accommodation Expenses Reimbursement Policy of the FUND.

3.1.3 BLOOD TRANSFUSIONS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of the blood, the apparatus and the operator's fee.

3.1.4 INTENSIVE AND HIGH CARE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for accommodation in an intensive care or a high care unit if prescribed by a medical practitioner for up to 3 days. A separate pre-authorisation is required for admission to intensive care unit or high care unit. Without pre-authorisation, no BENEFIT will be paid excluding emergency hospital admissions and emergencies after-hours, weekends and public holidays. Any claim for such accommodation in excess of 3 days will be paid only if supported by a motivation from a medical practitioner.

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TTO) MEDICINE)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of disinfectants, medicine (including 7 days supply of hospital To Take Out (TTO) medicine), injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN-HOSPITAL)
Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for x-rays and pathology. Additional Hospital Benefit Cover excluded.

3.1.7 PHYSIOTHERAPY AND BIOKINETICS (IN-HOSPITAL)
Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.2 POST-REHABILITATION (PHYSIOTHERAPY, BIOKINETICS AND OCCUPATIONAL THERAPY)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$5 250 per Beneficiary per annum. Post rehabilitation benefit is available within 3 months from hospital discharge or once transferred to rehabilitation facility. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.3 SPECIALISED RADIOLGY PROCEDURES (IN- AND OUT-OF-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval. Referral from a Specialist only. Referral from a General Practitioner acceptable in places where there is no Specialist.

3.3.1 MRI AND CT SCANS

Subject to the annual sub-benefit limit in paragraph 3.2 and a further maximum annual sub-benefit limit of N\$45 850 per family.

3.3.2 NUCLEAR MEDICINE

Subject to the annual sub-benefit limit in paragraph 3.2.

3.4 GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN-HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 130% of the SCALE OF BENEFITS limited to a maximum of 150% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in- and out-of-hospital), radiology and pathology (in-hospital), use of equipment and equipment hire fees.

3.5 INTERNAL APPLIANCES AND MATERIALS

Subject to the overall annual benefit set out in paragraph 1 and further subject to the Internal Appliances and Materials Protocol of the FUND. BENEFITS will be paid at 100% of cost.

3.6 DIALYSIS

Subject to the overall annual benefit set out in paragraph 1. Limited to 130% of the SCALE OF BENEFITS. BENEFITS include all cost relating to Dialysis treatment and procedure. Subject to Case Management and Managed Health Care Guidelines.

3.7 ONCOLOGY

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$945 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.7.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS.

3.7.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLGY PROCEDURES IN AND OUT-OF- HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

3.7.3 RADIATION ONCOLOGY

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

3.7.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)

Subject to the annual sub-benefit limit in paragraph 3.6. Limited to 100% of the SCALE of BENEFITS.

3.7.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS.

3.8 ORGAN TRANSPLANT

Subject to the overall annual benefit set out in paragraph 1 and Limited to 130% of the SCALE OF BENEFITS. BENEFITS include all costs relating to the supply and transportation of the organ, surgically related services, procedures, medical practitioner's fees, anaesthetic services, materials, immunosuppressants drugs, HOSPITALISATION and medical services rendered to the organ donor but subject to the following conditions:

- 3.8.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.
- 3.8.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.
- 3.8.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

Accommodation and travelling costs reimbursement not applicable to the organ donor. Subject to Case Management and Managed Health Care Guidelines.

3.9 CORRECTIVE EYE SURGERY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1. Limited to N\$36 100 per family per annum and further limited to N\$30 400 per beneficiary once off. Limited to 130% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval and Managed Health Care Guidelines.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.9.1 REFRACTIVE SURGERY

Subject to annual sub-benefit limit in paragraph 3.9. Limited to N\$37 900 per family per annum and further limited to N\$31 900 per beneficiary once off.

3.9.2 CATARACT SURGERY AND LENS IMPLANTS

Subject to annual sub-benefit limit in paragraph 3.9. Limited to N\$31 500 per eye per Beneficiary once off.

3.10 RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

Subject to the overall annual benefit set out in paragraph 1 for reconstructive surgery due to medical necessity. No BENEFITS are available during the first two years following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval and strict Managed Health Care Guidelines.

3.10.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.9 and further limited to N\$17 750 family per annum. Limited to 130% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.10.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.9. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to HOSPITALISATION.

3.11 PRIVATE NURSING/FRAIL CARE/HOSPICE

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$57 350 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.12 PSYCHIATRIC TREATMENT

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval and Managed Health Care Guidelines.

3.12.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.12. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.12.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.12 for psychiatric treatment HOSPITALISATION and further limited to N\$34 500 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.13 ALCOHOLISM/DRUG ADDITION

Subject to the annual sub-benefit limit in paragraph 3.12, 3.12.1 and 3.12.2. Limited to 100% of the SCALE OF BENEFITS.

3.14 SPECIALISED DENTAL SURGERY - HOSPITALISATION

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.14.1 MAXILLO-FACIAL AND ORAL SURGERY (TRAUMA/NON-ELECTIVE) – HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.14 and further limited to N\$166 700 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases.

3.14.2 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE) – ALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.14. Limited to N\$51 200 per Beneficiary and further limited to N\$63 600 per family per annum for Other/ Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, medicine and HOSPITALISATION. Subject to prior approval. Limited to N\$5 000 for all implant component per tooth.

3.14.3 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE) – IN-PRACTICE

Subject to annual sub-benefit limit in paragraph 3.14.2. BENEFITS will be paid at 150% of the SCALE OF BENEFITS. BENEFITS are applicable only to SURGICAL PROCEDURES performed in the doctor's room. Subject to prior approval.

3.14.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

Subject to the annual sub-benefit limit in paragraph 3.5. The benefit excludes dental implant components.

3.15 MATERNITY

Subject to the overall annual benefit set out in paragraph 1. No BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

3.15.1 CONFINEMENTS

Subject to the annual sub-benefit limit in paragraph 3.15. BENEFITS as set out in paragraphs 3.1, 3.3 and 3.15 hereof: provided that:

- BENEFITS are payable if a CHILD is stillborn,
- BENEFITS are payable only if a male MEMBER'S wife/cohabitant partner was registered as a DEPENDANT before the date of the confinement.

Subject to pre-authorisation by the Fund.

3.15.2 ANTE-NATAL CONSULTATION

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 12 consultations per beneficiary. Limited to 130% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.3 ANTE-NATAL/POST-NATAL CLASSESS AND EDUCATION

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 130% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.15.4 SONAR SCANS

Subject to the annual sub-benefit limit in paragraph 3.15 and further limited to 3 scans per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to the annual sub-benefit limit in paragraph 3.15. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.6 MIDWIFERY SERVICE

Subject to the annual sub-benefit limit in paragraph 3.15. Limited to 130% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.16 INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$6 800 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.17 STOMALTHERAPY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$28 750 per family per annum. BENEFITS include all cost relating STOMALTHERAPY. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.18 AMBULANCE AND EVACUATION SERVICES

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for road ambulance. Flights (aeromedical transfers) are paid at 100% of cost as per arrangement with the FUND.

3.18.1 EMERGENCY AMBULANCE AND FLIGHTS

BENEFITS are unlimited and will be paid at 100% of cost or 100% of the SCALE OF BENEFITS. Non-emergency ambulance services and all flights are subject to pre-approval.

3.18.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to the annual sub-benefit limit in paragraph 3.18 and further limited to N\$5 780 per Beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.18.3 OTHER TRANSPORT

Subject to the annual sub-benefit limit in paragraph 3.18 and further limited to N\$10 150 per family per annum. Limited to 70% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.19 INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N\$10 000 000 per incident.

Medical cover when travelling to foreign countries. Further limited to 90 days cover.

4. CATEGORY B: DAY-TO-DAY BENEFITS

Subject to the overall annual benefit set out in paragraph 1.

4.1 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits:

M: N\$20 350

M+1: N\$23 850

M+2: N\$25 850

M+3: N\$26 350

M+4: N\$26 600

M+5+: N\$26 850

4.1.1 SERVICES AND PROCEDURES

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 130% of the SCALE OF BENEFITS for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS and OPERATIONS performed outside of hospital.

General Practitioner virtual/telephonic consultations limited to seven (7) per Beneficiary per annum.

4.1.2 MATERIALS AND DISPOSABLE ITEMS

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS

for materials and disposable items.

4.1.3 RADIOLOGY AND PATHOLOGY

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for radiology and pathology. BENEFITS include Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry services. Referral from a Medical Practitioner required.

4.1.4 MRI AND CT SCANS

Subject to the annual sub-benefit limit in paragraph 3.2.1. Limited to 100% of the SCALE OF BENEFITS.

4.2 DENTISTRY

Subject to the annual sub-benefit limit in paragraph 4.

4.2.1 CONSERVATIVE & SPECIALISED DENTISTRY

Subject to the annual sub-benefit limit in paragraph 4.2. and a further maximum annual sub-benefit limits:

N\$19 000 per beneficiary per annum.

N\$25 400 per family per annum.

Limited to 130% of the SCALE OF BENEFITS for conservative/basic dentistry procedures, specialised/advanced dentistry procedures including the dental technician and Dental Therapy services.

4.2.2 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS

Subject to annual sub-benefit limit in paragraph 4.2.1. Limited to 130% of the SCALE OF BENEFITS. The BENEFIT is available for in-practice consultations and non-surgical procedures.

4.2.3 ORTHODONTICS

Subject to the annual sub-benefit limit in paragraph 4.2 and further limited to N\$36 000 per beneficiary once off. Limited to 100% of costs. Subject to prior approval and Managed Health Care Guidelines.

4.3 MEDICINES AND INJECTIONS

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits:

M: N\$38 350

M+1: N\$61 720

M+2: N\$64 080

M+3: N\$65 240

M+4: N\$66 440

M+5+: N\$67 400

BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

4.3.1 ACUTE MEDICINE

Subject to the annual sub-benefit limit in paragraph 4.3 and a further maximum annual sub-benefit limits:

M: N\$10 200

M+1: N\$16 450

M+2: N\$18 000

M+3: N\$18 500

M+4: N\$19 050

M+5+: N\$19 300

Limited to N\$10 200 per beneficiary per annum.

Limited to 85% of the SCALE OF BENEFITS for medicine prescribed by any legally authorised person and dispensed by a Pharmacist.

Limited to 85% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a General

Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

Limited to 85% of the SCALE OF BENEFITS for medicine prescribed and dispensed by any legally authorised person in paragraph 4.6.

Limited to 100% of the SCALE OF BENEFITS in respect of the excess of 7 days supply of hospital TTO medicine.

4.3.2 CHRONIC MEDICINE

Subject to the annual sub-benefit limit in paragraph 4.3 and a further maximum annual sub-benefit limits:

M: N\$26 150

M+1: N\$43 100

M+2: N\$43 750

M+3: N\$44 250

M+4: N\$44 750

M+5+: N\$45 300

4.3.2.1 MEMBERS Aged 65 and Below

Limited to 85% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed by any legally authorised person for longer than 3 months for the treatment of a chronic conditions listed in Annexure D and dispensed by a Pharmacist.

Limited to 85% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed and dispensed for longer than 3 months for the treatment of a chronic conditions listed in Annexure D by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

BENEFITS are subject to the beneficiary's registration on Chronic Medication Programme.

4.3.2.2 Members Aged 66 and Above

Limited to 100% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed by any legally authorised person for longer than 3 months for the treatment of a chronic conditions listed in Annexure D and dispensed by a Pharmacist.

Limited to 100% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed and dispensed for longer than 3 months for the treatment of a chronic conditions listed in Annexure D by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

BENEFITS are subject to the beneficiary's registration on Chronic Medication Programme.

4.3.3 SELF MEDICATION

Subject to the annual sub-benefit limit in paragraph 4.2 and a further maximum annual sub-benefit limit:

M: N\$2 000

M+1: N\$2 170

M+2: N\$2 330

M+3: N\$2 490

M+4: N\$2 640

M+5+: N\$2 800

Limited to N\$240 per claim per beneficiary per day. BENEFITS will be paid at 100% of the SCALE OF BENEFITS.

4.3.4 ESSENTIAL VACCINATION/IMMUNISATION

Subject to the annual sub-benefit limit in paragraph 4.3. BENEFITS will be paid at 100% of the SCALE

OF BENEFITS and based on the World Health Organisation's (WHO) list of essential immunisation/vaccination.

4.4 OPTICAL SERVICES

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits:
N\$6 200 per beneficiary every two years, including frames, the first such two-year period commencing on 01 January 2025.
N\$14 125 per family per annum.

4.4.1 OPTICAL TESTS

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS for optical tests

4.4.2 SPECTACLES AND LENSES

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS for spectacles and contact lenses.

4.4.3 READERS SPECTACLES

Subject to the annual sub-benefit limit in paragraph 4.4. BENEFITS will be paid at 100% of cost subject to a maximum of N\$110 per family per annum. MEMBERS are required to first personally settle any account in respect of Reader Spectacles and must submit a detailed certified account to the FUND in order to qualify for a refund.

4.4.4 FRAMES

Subject to the annual sub-benefit limit in paragraph 4.4. BENEFITS will be paid at 100% of cost subject to a maximum of N\$2 370 per frame.

4.5 PRIMARY HEALTH CARE SERVICES

Subject to the annual sub-benefit limit in paragraph 4.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

M: N\$1 575

M+1: N\$1 840

M+2: N\$2 100

M+3: N\$2 310

M+4: N\$2 520

M+5+: N\$2 730

Subject to the annual sub-benefit 4.5 and further limited to N\$1 575 per beneficiary per annum.

4.5.1 CONSULTATIONS AND PROCEDURES

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 130% of the SCALE OF BENEFITS for visits, consultations, treatment and non-surgical procedures.

4.5.2 MEDICINE & INJECTIONS

BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

Subject to the annual sub-benefit limit in paragraph 4.3.1. Limited to 85% of the SCALE OF BENEFITS for medicine and injections prescribed by any legally authorised person, including hospital TTO medicine.

4.6 AUXILIARY SERVICES

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits:

M: N\$21 550

M+1: N\$31 000

M+2: N\$37 100

M+3: N\$37 900

M+4: N\$38 400

M+5+: N\$38 950

Limited to N\$21 550 per beneficiary per annum.

4.6.1 ART THERAPY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.2 AUDIOLOGY AND SPEECH THERAPY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.3 BIOKINETICS

Subject to the annual sub-benefit limit in paragraph 4.6 and further limited to N\$10 500 per beneficiary. Limited to 130% of the SCALE OF BENEFITS.

4.6.4 CHINESE MEDICINE

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N\$10 500 per beneficiary. Limited to 130% of the SCALE OF BENEFITS.

4.6.5 CHIROPRACTOR

4.6.5.1 Consultations and Procedures

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS for visits, consultations, treatment and procedures.

4.6.5.2 Medicine

Subject to the annual sub-benefit limit in paragraph 4.3.1. BENEFITS in respect of prescribed medicine will be granted only for one month's supply thereof at a time. Limited to 85% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a chiropractor.

4.6.6 CLINICAL PSYCHOLOGY/PSYCHOLOGICAL COUNSELLOR

Subject to the annual sub-benefit limit in paragraph 4.6 and further limited to N\$10 500 per beneficiary. Limited to 130% of the SCALE OF BENEFITS.

4.6.7 CLINICAL TECHNOLOGY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.8 DIETICIAN

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.9 HEARING AID ACOUSTICIAN

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.10 HOMEOPATHY/NATUROPATHY/PHYTOTHERAPY

4.6.10.1 Consultations and Procedures

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS for visits, consultations, treatment and procedures.

4.6.10.2 Medicine

Subject to the annual sub-benefit limit in paragraph 4.3.1. BENEFITS in respect of prescribed medicine will be granted only for one month's supply thereof at a time. Limited to 85% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a homeopath, naturopath, phytotherapist or osteopath.

4.6.11 OCCUPATIONAL THERAPY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.12 ORTHOTIST/PROSTHETIST

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.13 PHYSIOTHERAPY

Subject to the annual sub-benefit limit in paragraph 4.6 and further limited to N\$10 500 per beneficiary. Limited to 130% of the SCALE OF BENEFITS.

4.6.14 PODIATRY/CHIROPODY

Subject to the annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.15 SOCIAL WORKERS

Subject to the annual sub-benefit limit in paragraph 4.6 and further limited to N\$10 500 per beneficiary. Limited to 130% of the SCALE OF BENEFITS.

4.7 WHEELCHAIR

Subject to the overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum cover of N\$18 650 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2024. Subject to prior approval. The benefit is inclusive of wheelchair repair and maintenance.

4.8 ARTIFICIAL LIMBS

Subject to the overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum cover of N\$38 600 per beneficiary every 2 years, the first such two-year period commencing on 01 January 2024. Subject to prior approval.

4.9 ARTIFICIAL EYES

Subject to the overall annual benefit set out in paragraph 1 and further limited to 100% of cost with maximum cover of N\$18 100 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2024. Subject to prior approval.

4.10 HEARING AID APPARATUS

Subject to the overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum of N\$43 400 per family every 3 years for both ears, the first such three-year period commencing on 01 January 2023. The BENEFITS include the supply, repair and maintenance of hearing aid apparatus. Subject to prior approval.

4.11 APPLIANCES (EXTERNAL)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$6 550 family per annum. Limited to 80% of the cost of any external medical and surgical appliance, other than hearing aid apparatus. Subject to Managed Health Care guidelines.

4.12 MEDICAL DEVICES FOR DIABETES MANAGEMENT

Subject to the overall annual benefit set out in paragraph 1 Limited to 80% of the SCALE OF BENEFITS. Subject to prior approval according to Managed Health Care guidelines.

4.12.1 Insulin Pumps

Subject to the annual sub-benefit limit in paragraph 4.12 and further limited to N\$44 600 per Beneficiary every 4 years, the first such four-year period commencing on 01 January 2023.

4.12.2 Other Diabetes Devicesand Related Consumables

Subject to annual sub-benefit limit in paragraph 4.12 and further limited to N\$64 000 per Beneficiary per annum.

4.13 SPECIFIED ILLNESS CONDITIONS

Subject to the annual sub-benefit limit in paragraph 4 and a further maximum annual sub-benefit limits:

M: N\$37 900

M+1+: N\$75 800

4.13.1 HIV/AIDS

Subject to the annual sub-benefit limit in paragraph 4.13 and further limited to N\$37 900 per beneficiary per annum. Limited to 100% of the Scale of Benefits.

BENEFITS are subject to the beneficiary's registration on HIV/AIDS Disease Management Programme and as per National Guidelines for Antiretroviral Therapy.

4.13.1.1 Medicine

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

4.13.1.2 First full HIV Consultation/Assessment

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 130% of the SCALE OF BENEFITS per consultation per HIV/Aids beneficiary. Once off benefit.

4.13.1.3 Consultations (after the first HIV consultation/assessment)

Subject to the annual sub-benefit limit in paragraph 4.13.1 Limited to six consultations per HIV/Aids beneficiary per annum and further limited to 130% of the SCALE OF BENEFITS. (GP's only)

4.13.1.4 HIV Counselling

Subject to the annual sub-benefit limit in paragraph 4.13.1 and further limited to N\$1 370 per HIV/Aids beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

4.13.1.5 Pathology Tests

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$8 200 per beneficiary per annum.

4.13.1.6 HIV Resistance Test

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS.

4.13.2 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS.
Subject to prior approval and as per National Guidelines.

4.13.3 POST-EXPOSURE PROPHYLAXIS (PEP)

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS.
Subject to prior approval and as per National Guidelines.

4.13.4 PRE-EXPOSURE PROPHYLAXIS (PrEP)

Subject to the annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS.
Subject to prior approval and as per National Guidelines.

4.14 BENEFIT BOOSTER

Subject to the annual sub-benefit limit in paragraph 4.

Limited to N\$5 850 per family per annum and further limited to N\$3 350 per beneficiary per annum.

The Benefit Booster in respect of medicine and injections, general practitioners and specialists out-of-hospital including casualties, primary health care, dentistry and auxiliary services benefits is applicable only once the annual sub-benefit limit in paragraphs 4.1 (excluding 4.1.5), 4.2 (excluding 4.2.3 and 4.2.4), 4.3 (excluding 4.4.3), 4.5 and 4.6 are depleted.

4.14.1 MEDICINE AND INJECTIONS (ACUTE AND CHRONIC)

Subject to the annual sub-benefit limit in paragraph 4.14.

BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at Namibia Reference Price List on generics.

Limited to 70% of the SCALE OF BENEFITS for medicine dispensed by a Pharmacist.

Limited to 70% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a General Practitioner.

Benefit booster is not applicable to medicine and injections dispensed by persons other than a Pharmacist and a General Practitioner.

Benefit Booster excludes Self-Medication.

4.14.2 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to the annual sub-benefit limit in paragraph 4.14. Limited to 85% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.1.1, 4.1.2, 4.1.3 and 4.1.4.

4.14.3 PRIMARY HEALTH CARE

Subject to the annual sub-benefit limit in paragraph 4.14. Limited to 85% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.5.1 and 4.5.2.

4.14.4 DENTISTRY (EXCLUDING ORTHODONTICS)

Subject to the annual sub-benefit limit in paragraph 4.14. Limited to 70% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.2.1 and 4.2.2

4.14.5 AUXILIARY SERVICES

Subject to the annual sub-benefit limit in paragraph 4.14. Limited to 70% of the SCALE OF BENEFITS for BENEFITS as set out in paragraph 4.6.

4.15 BENEFIT BOOSTER "UP" (VOLUNTARY BUY-UP BENEFIT)

The Benefit Booster "Up" is a Voluntary Buy-Up Benefit to cover for the following out-of-pocket medical related expenses:

- Depleted benefits;
- Charges exceeding benchmark tariffs;
- Exclusions; and
- Other claims that were validly rejected.

4.15.1 MONTHLY VOLUNTARY CONTRIBUTION

Members can choose to enroll in the voluntary Benefit Booster "Up" each year according to the following fixed monthly contributions:

Monthly Voluntary Contribution	Extended Benefit per Annum
N\$300	N\$3 600
N\$600	N\$7 200
N\$900	N\$10 800
N\$1 200	N\$14 400
N\$1 500	N\$18 000

4.15.2 CONDITIONS RELATING TO THE PARTICIPATION ON THE BENEFIT BOOSTER "UP":

The participation on the Benefit Booster "Up" is subject to the following conditions:

- 4.15.2.1 Members can choose to enroll in the voluntary Benefit Booster Up each year before 15 January.
- 4.15.2.2 Members who join the Fund during the year can also opt for the Benefit Booster Up, with prorated adjustments.
- 4.15.2.3 Once opted in, the Extended Benefit Booster cannot be cancelled for the rest of the year.
- 4.15.2.4 The available benefit is equal to the voluntary contributions paid (accumulative).
- 4.15.2.5 95% of the accumulated voluntary contributions will roll over to the next financial year.
- 4.15.2.6 Any unused Benefit Booster Up will be forfeited and will not be refunded if the principal member resigns from the fund or passes away
- 4.15.2.7 Members who choose to switch to a Traditional or Hospital Plan can use their remaining voluntary contributions to fund the Traditional or Hospital Plan Day-to-Day Back Up Benefit.
- 4.15.2.8 Similarly, the remainder can be transferred to any other traditional option.

4.16 LIFESTYLE MANAGEMENT SCREENING TESTS

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to N\$15 000 per family per annum. Further limited to the specified list of screening tests, restrictions and conditions as per the Lifestyle Management Screening Tests Clinical Guidelines and Protocols on Annexure H.

ANNEXURE B8: BENEFITS PAYABLE UNDER THE EMERALD BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

N\$1 575 000 per beneficiary

N\$1 890 000 per family

2. PRO RATA BENEFITS

- 2.1 If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS set out in paragraphs 3.17.2 3.17.3and 4, are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.
- 2.2 Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: BENEFITS FOR MAJOR MEDICAL EXPENSES (Paid from Core Contribution)

Subject to the overall annual benefit set out in paragraph 1.

3.1 HOSPITALISATION

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised, no BENEFITS will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional in-Hospital Benefit Cover for General Practitioners and Medical Specialists and Anaesthetics are paid to a maximum of 150% of NAMAF tariff.

3.1.1 ACCOMMODATION AND THEATRE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for:

- Accommodation in a general ward but excluding casualties and accommodation in an isolation ward as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice the difference between a general ward and a private ward will be subject to N\$7 500 per beneficiary and further limited to N\$16 500 per family per annum.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

Subject to the overall annual benefit set out in paragraph 1. Limited to N\$620 per day per family for accommodation other than a recognised hospital/medical institution. Subject to prior approval and Accommodation Expenses Reimbursement Policy of the FUND.

3.1.3 BLOOD TRANSFUSIONS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of the blood, the apparatus and the operator's fee.

3.1.4 INTENSIVE AND HIGH CARE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for accommodation in an intensive care or a high care unit if prescribed by a medical practitioner for up to 3 days. A separate pre-authorisation is required for admission to intensive care unit or high care unit. Without pre-authorisation, no BENEFIT will be paid excluding emergency hospital admissions and emergencies after-hours, weekends and public holidays. Any claim for such accommodation in excess of 3 days will be paid only if supported by a motivation from a medical practitioner.

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TTO) MEDICINE)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of disinfectants, medicine (including 7 days' supply of hospital To Take Out (TTO) medicine), injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for x-rays and pathology. Additional Hospital Benefit Cover excluded.

3.1.7 PHYSIOTHERAPY AND BIOKINETICS (IN-HOSPITAL)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.2 POST-REHABILITATION (PHYSIOTHERAPY, BIOKINETICS AND OCCUPATIONAL THERAPY)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$5 250 per Beneficiary per annum. Post rehabilitation benefit is available within 3 months from hospital discharge or once transferred to rehabilitation facility. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.3 SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT OF HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval. Referral from a Specialist only. Referral from a General Practitioner acceptable in places where there is no Specialist.

3.3.1 MRI AND CT SCANS (IN- AND OUT-OF-HOSPITAL)

Subject to the annual sub-benefit limit in paragraph 3.2 and a further maximum annual sub-benefit limit of N\$31 500 per family.

3.3.2 NUCLEAR MEDICINE

Subject to the annual sub-benefit limit in paragraph 3.2.

3.4 GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN-HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 150% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in- and out-of-hospital), radiology and pathology (in-hospital), use of equipment and equipment hire fees.

3.5 MEDICAL & SURGICAL APPLIANCES (EXTERNAL)

No BENEFITS shall be paid.

3.6 INTERNAL APPLIANCES AND MATERIALS

Subject to the overall annual benefit set out in paragraph 1 and further subject to the Internal Appliances and Materials Protocol of the Fund. BENEFITS will be paid at 100% of cost

3.7 DIALYSIS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to Dialysis treatment and procedure. Subject to Case Management and Managed Health Care Guidelines.

3.8 ONCOLOGY

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$630 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.8.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS.

3.8.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLOGY PROCEDURES IN AND OUT-OF- HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

3.8.3 RADIATION ONCOLOGY

Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

- 3.8.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)
Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS.
- 3.8.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL
Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS.

3.9 ORGAN TRANSPLANT

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all costs relating to the supply and transportation of the organ, surgically related services, procedures, medical practitioner's fees, anaesthetic services, materials, immunosuppressant's drugs, HOSPITALISATION and medical services rendered to the organ donor but subject to the following conditions:

- 3.9.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.
- 3.9.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.
- 3.9.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

Accommodation and travelling costs reimbursement not applicable to the organ donor. Subject to Case Management and Managed Health Care Guidelines.

3.10 CORRECTIVE EYE SURGERY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1. Limited to N\$7 500 per family per annum and further limited to N\$6 200 per beneficiary once off. Limited to 100% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval and Managed Health Care Guidelines.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.10.1 REFRACTIVE SURGERY

Subject to annual sub-benefit limit in paragraph 3.10. Limited to N\$18 650 per family per annum and further limited to N\$14 550 per beneficiary once off.

3.10.2 CATARACT SURGERY AND LENS IMPLANTS

Subject to annual sub-benefit limit in paragraph 3.10. Limited to N\$19 700 per eye per Beneficiary per annum once off.

3.11 RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

Subject to the overall annual benefit set out in paragraph 1 for reconstructive surgery due to medical necessity. No BENEFITS are available during the first two years following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval and strict Managed Health Care Guidelines.

3.11.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.11 and further limited to N\$7 100 per family per annum. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.11.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.11. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to HOSPITALISATION.

3.12 PRIVATE NURSING/FRAIL CARE/HOSPICE

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$22 850 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.13 PSYCHIATRIC TREATMENT

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval and Managed Health Care Guidelines.

3.13.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.13. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.13.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.13 for psychiatric treatment HOSPITALISATION and further limited to N\$34 500 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.14 ALCOHOLISM/DRUG ADDITION

Subject to the annual sub-benefit limit in paragraph 3.13, 3.13.1 and 3.13.2. Limited to 100% of the SCALE OF BENEFITS.

3.15 MEDICATION & INJECTIONS – CHRONIC

No BENEFITS shall be paid.

3.16 SPECIALISED DENTAL SURGERY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.16.1 MAXILLO-FACIAL AND ORAL SURGERY (TRAUMA/NON-ELECTIVE) ALL-INCLUSIVE

Subject to the annual sub-benefit limit in paragraph 3.16 and further limited to N\$97 150 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine and HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases and is subject to strict Managed Health Care guidelines.

3.16.2 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE) – ALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.16 Limited to N\$30 750 per beneficiary and further limited to N\$38 100 per family per annum for other/Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, medicine and HOSPITALISATION. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval. Limited to N\$5 000 for all implant component per tooth.

3.16.3 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE) – IN-PRACTICE

Subject to annual sub-benefit limit in paragraph 3.16.2. BENEFITS will be paid at 150% of the SCALE OF BENEFITS. BENEFITS are applicable only to SURGICAL PROCEDURES performed in the doctor's room. Subject to prior approval.

3.16.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

Subject to the annual sub-benefit limit in paragraph 3.6. The benefit excludes dental implant components.

3.17 MATERNITY

Subject to the overall annual benefit set out in paragraph 1. No BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

3.17.1 CONFINEMENTS

Subject to the annual sub-benefit limit in paragraph 3.17. BENEFITS as set out in paragraphs 3.1, 3.3 and 3.17 hereof: provided that:

- BENEFITS are payable if a CHILD is stillborn,
- BENEFITS are payable only if a male MEMBER'S wife was registered as a DEPENDANT before the date of the confinement.

Subject to pre-authorisation by the Fund.

3.17.2 ANTE-NATAL CONSULTATION

Subject to the annual sub-benefit limit in paragraph 3.17. and further limited to 12 consultations per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.3 ANTE-NATAL/POST-NATAL CLASSES AND EDUCATION

Subject to the annual sub-benefit limit in paragraph 3.17. and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 130% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.17.4 SONAR SCANS

Subject to the annual sub-benefit limit in paragraph 3.17. and further limited to 2 scans per beneficiary per pregnancy. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to the annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.6 MIDWIFERY SERVICE

Subject to the annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.18 INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$6 800 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.19 STOMALTHERAPY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$28 750 per family per annum. BENEFITS include all cost relating STOMALTHERAPY. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20 AMBULANCE AND EVACUATION SERVICES

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for road ambulance. Flights (aeromedical transfers) are paid at 100% of cost as per arrangement with the FUND.

3.20.1 EMERGENCY AMBULANCE AND FLIGHTS

BENEFITS are unlimited and will be paid at 100% or 100% of the SCALE OF BENEFITS. Non-emergency ambulance services and all flights are subject to pre-approval.

3.20.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to the annual sub-benefit limit in paragraph 3.20 and further limited to N\$5 780 per Beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20.3 OTHER TRANSPORT

Subject to the annual sub-benefit limit in paragraph 3.20 and further limited to N\$10 150 per family per annum. Limited to 70% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.21 INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N\$10 000 000 per incident.

Medical cover when travelling to foreign countries. Limited to emergency cases only and not for elective surgery or procedure. Further limited to 90 days cover.

3.22 LIFESTYLE MANAGEMENT SCREENING TESTS

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to N\$15 000 per family per annum. Further limited to the specified list of screening tests, restrictions and conditions as per the Lifestyle Management Screening Tests Clinical Guidelines and Protocols on Annexure H.

ANNEXURE B9: BENEFITS PAYABLE UNDER THE EMERALD PLUS BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

N\$1 575 000 per beneficiary

N\$1 890 000 per family

2. PRO RATA BENEFITS

- 2.1 If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS set out in paragraphs 3.17.2 3.17.3and 4, are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.
- 2.2 Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: BENEFITS FOR MAJOR MEDICAL EXPENSES (Paid from Core Contribution)

Subject to the overall annual benefit set out in paragraph 1.

3.1 HOSPITALISATION

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised, no BENEFITS will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional in-Hospital Benefit Cover for General Practitioners and Medical Specialists and Anaesthetics are paid to a maximum of 150% of NAMAF tariff.

3.1.1 ACCOMMODATION AND THEATRE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for:

- Accommodation in a general ward but excluding casualties and accommodation in an isolation ward as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice the difference between a general ward and a private ward will be subject to N\$7 500 per beneficiary and further limited to N\$16 500 per family per annum.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

Subject to the overall annual benefit set out in paragraph 1. Limited to N\$620 per day per family for accommodation other than a recognised hospital/medical institution. Subject to prior approval and Accommodation Expenses Reimbursement Policy of the FUND.

3.1.3 BLOOD TRANSFUSIONS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of the blood, the apparatus and the operator's fee.

3.1.4 INTENSIVE AND HIGH CARE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for accommodation in an intensive care or a high care unit if prescribed by a medical practitioner for up to 3 days. A separate pre-authorisation is required for admission to intensive care unit or high care unit. Without pre-authorisation, no BENEFIT will be paid excluding emergency hospital admissions and emergencies after-hours, weekends and public holidays. Any claim for such accommodation in excess of 3 days will be paid only if supported by a motivation from a medical practitioner.

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TTO) MEDICINE)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of disinfectants, medicine (including 7 days' supply of hospital To Take Out (TTO) medicine), injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for x-rays and pathology. Additional Hospital Benefit Cover excluded.

3.1.7 PHYSIOTHERAPY AND BIOKINETICS (IN-HOSPITAL)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.2 POST-REHABILITATION (PHYSIOTHERAPY, BIOKINETICS AND OCCUPATIONAL THERAPY)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$5 250 per Beneficiary per annum. Post rehabilitation benefit is available within 3 months from hospital discharge or once transferred to rehabilitation facility. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.3 SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT OF HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval. Referral from a Specialist only. Referral from a General Practitioner acceptable in places where there is no Specialist.

3.3.1 MRI AND CT SCANS (IN- AND OUT-OF-HOSPITAL)

Subject to the annual sub-benefit limit in paragraph 3.2 and a further maximum annual sub-benefit limit of N\$31 500 per family.

3.3.2 NUCLEAR MEDICINE

Subject to the annual sub-benefit limit in paragraph 3.2.

3.4 GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN-HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 150% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in- and out-of-hospital), radiology and pathology (in-hospital), use of equipment and equipment hire fees.

3.5 MEDICAL & SURGICAL APPLIANCES (EXTERNAL)

No BENEFITS shall be paid.

3.6 INTERNAL APPLIANCES AND MATERIALS

Subject to the overall annual benefit set out in paragraph 1 and further subject to the Internal Appliances and Materials Protocol of the Fund. BENEFITS will be paid at 100% of cost

3.7 DIALYSIS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to Dialysis treatment and procedure. Subject to Case Management and Managed Health Care Guidelines.

3.8 ONCOLOGY

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$630 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.8.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS.

3.8.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLOGY PROCEDURES IN AND OUT-OF- HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

3.8.3 RADIATION ONCOLOGY

Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

- 3.8.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)
Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS.
- 3.8.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL
Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS.

3.9 ORGAN TRANSPLANT

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all costs relating to the supply and transportation of the organ, surgically related services, procedures, medical practitioner's fees, anaesthetic services, materials, immunosuppressant's drugs, HOSPITALISATION and medical services rendered to the organ donor but subject to the following conditions:

- 3.9.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.
- 3.9.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.
- 3.9.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

Accommodation and travelling costs reimbursement not applicable to the organ donor. Subject to Case Management and Managed Health Care Guidelines.

3.10 CORRECTIVE EYE SURGERY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1. Limited to N\$7 500 per family per annum and further limited to N\$6 200 per beneficiary once off. Limited to 100% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval and Managed Health Care Guidelines.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.10.1 REFRACTIVE SURGERY

Subject to annual sub-benefit limit in paragraph 3.10. Limited to N\$18 650 per family per annum and further limited to N\$14 550 per beneficiary once off.

3.10.2 CATARACT SURGERY AND LENS IMPLANTS

Subject to annual sub-benefit limit in paragraph 3.10. Limited to N\$19 700 per eye per Beneficiary per annum once off.

3.11 RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

Subject to the overall annual benefit set out in paragraph 1 for reconstructive surgery due to medical necessity. No BENEFITS are available during the first two years following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval and strict Managed Health Care Guidelines.

3.11.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.11 and further limited to N\$7 100 per family per annum. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.11.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.11. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to HOSPITALISATION.

3.12 PRIVATE NURSING/FRAIL CARE/HOSPICE

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$22 850 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.13 PSYCHIATRIC TREATMENT

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval and Managed Health Care Guidelines.

3.13.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.13. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.13.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.13 for psychiatric treatment HOSPITALISATION and further limited to N\$34 500 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.14 ALCOHOLISM/DRUG ADDITION

Subject to the annual sub-benefit limit in paragraph 3.13, 3.13.1 and 3.13.2. Limited to 100% of the SCALE OF BENEFITS.

3.15 MEDICATION & INJECTIONS – CHRONIC

No BENEFITS shall be paid.

3.16 SPECIALISED DENTAL SURGERY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.16.1 MAXILLO-FACIAL AND ORAL SURGERY (TRAUMA/NON-ELECTIVE) ALL-INCLUSIVE

Subject to the annual sub-benefit limit in paragraph 3.16 and further limited to N\$97 150 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine and HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases and is subject to strict Managed Health Care guidelines.

3.16.2 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE) – ALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.16 Limited to N\$30 750 per beneficiary and further limited to N\$38 100 per family per annum for other/Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, medicine and HOSPITALISATION. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval. Limited to N\$5 000 for all implant component per tooth.

3.16.3 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE) – IN-PRACTICE

Subject to annual sub-benefit limit in paragraph 3.16.2. BENEFITS will be paid at 150% of the SCALE OF BENEFITS. BENEFITS are applicable only to SURGICAL PROCEDURES performed in the doctor's room. Subject to prior approval.

3.16.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

Subject to the annual sub-benefit limit in paragraph 3.6. The benefit excludes dental implant components.

3.17 MATERNITY

Subject to the overall annual benefit set out in paragraph 1. No BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

3.17.1 CONFINEMENTS

Subject to the annual sub-benefit limit in paragraph 3.17. BENEFITS as set out in paragraphs 3.1, 3.3 and 3.17 hereof: provided that:

- BENEFITS are payable if a CHILD is stillborn,
- BENEFITS are payable only if a male MEMBER'S wife was registered as a DEPENDANT before the date of the confinement.

Subject to pre-authorisation by the Fund.

3.17.2 ANTE-NATAL CONSULTATION

Subject to the annual sub-benefit limit in paragraph 3.17. and further limited to 12 consultations per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.3 ANTE-NATAL/POST-NATAL CLASSES AND EDUCATION

Subject to the annual sub-benefit limit in paragraph 3.17. and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 130% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.17.4 SONAR SCANS

Subject to the annual sub-benefit limit in paragraph 3.17. and further limited to 2 scans per beneficiary per pregnancy. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to the annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.6 MIDWIFERY SERVICE

Subject to the annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.18 INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$6 800 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.19 STOMALTHERAPY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$28 750 per family per annum. BENEFITS include all cost relating STOMALTHERAPY. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20 AMBULANCE AND EVACUATION SERVICES

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for road ambulance. Flights (aeromedical transfers) are paid at 100% of cost as per arrangement with the FUND.

3.20.1 EMERGENCY AMBULANCE AND FLIGHTS

BENEFITS are unlimited and will be paid at 100% or 100% of the SCALE OF BENEFITS. Non-emergency ambulance services and all flights are subject to pre-approval.

3.20.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to the annual sub-benefit limit in paragraph 3.20 and further limited to N\$5 780 per Beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20.3 OTHER TRANSPORT

Subject to the annual sub-benefit limit in paragraph 3.20 and further limited to N\$10 150 per family per annum. Limited to 70% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.21 INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N\$10 000 000 per incident.

Medical cover when travelling to foreign countries. Limited to emergency cases only and not for elective surgery or procedure. Further limited to 90 days cover.

3.22 LIFESTYLE MANAGEMENT SCREENING TESTS

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to N\$15 000 per family per annum. Further limited to the specified list of screening tests, restrictions and conditions as per the Lifestyle Management Screening Tests Clinical Guidelines and Protocols on Annexure H.

4. CATEGORY B: EMERALD PLUS DAY-TO-DAY BACK-UP BENEFIT (OUT-OF-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1 and further limited to:

Member Only	N\$8 050
Member + Adult	N\$13 700
Member + Child	N\$9 650
Member + Adult+ Child	N\$15 300
Each additional Child	N\$1 600

Ninety-five percent (95%) of unused Day-to-Day Back-Up benefit will be carried over to the following financial year effective 01 January 2023. If a member uses less than the full benefit, then 95% of the unused benefit will be accumulated over to the next year.

The unused benefit will be forfeited and cannot be paid back to the MEMBERS upon the PRINCIPAL MEMBER's resignation from the FUND, or the PRINCIPAL MEMBER's death or the PRINCIPAL MEMBER's migration to Traditional option.

The total amount is available for the family and is not limited per beneficiary.

4.1 GENERAL PRACTITIONERS AND SPECIALISTS (OUT OF HOSPITAL INCLUDING CASUALTIES)

Subject to the annual sub-benefit limit in paragraph 4.

4.1.1 CONSULTATIONS/VISITS

Subject annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS. BENEFIT includes General Practitioner virtual/telephonic consultations.

4.1.2 PROCEDURES/SERVICES

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS.

4.1.3 MATERIALS AND DISPOSABLE ITEMS

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS.

4.1.4 RADIOLOGY AND PATHOLOGY

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS. Referral from Medical Practitioner required. BENEFITS include Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry services. Referral from a Medical Practitioner required.

4.2 DENTISTRY

Subject to the annual sub-benefit limit in paragraph 4.

4.2.1 CONSERVATIVE AND SPECIALISED DENTISTRY (INCLUDING DENTAL THERAPY)

Subject to the annual sub-benefit limit in paragraph 4.2. Limited to 100% of the SCALE OF BENEFITS.

4.2.2 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (IN-HOSPITAL AND IN-PRACTICE)

Subject annual sub-benefit limit in paragraph 4.2. BENEFIT is available for in-practice consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS.

4.2.3 ORTHODONTICS

Subject to the annual sub-benefit limit in paragraph 4.2. Limited to 100% of the SCALE OF BENEFITS.

4.3 MEDICINE AND INJECTIONS

Subject to the annual sub-benefit limit in paragraph 4.

BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

4.3.1 ACUTE MEDICINE & INJECTIONS

Subject to the annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS for medicine prescribed and/or dispensed by any legally authorised person.

Limited to 100% of the SCALE OF BENEFITS in respect of the excess of 7 days supply of hospital TTO medicine.

4.3.2 CHRONIC MEDICINE & INJECTIONS

Subject to the annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS for medicine prescribed and/or dispensed by any legally authorised person.

4.3.3 ESSENTIAL VACCINATION/IMMUNISATION

Subject to the annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS.

4.3.4 SELF MEDICATION

Subject to the annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS.

4.4 PRIMARY HEALTH CARE SERVICES

Subject to the annual sub-benefit limit in paragraph 4.

4.4.1 CONSULTATIONS AND PROCEDURES

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS.

4.4.2 MEDICINE AND INJECTIONS

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

4.5 AUXILIARY SERVICES (SUPPLEMENTARY SERVICES)

Subject to the annual sub-benefit limit in paragraph 4.

4.5.1 ART THERAPY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.2 AUDIOLOGY/SPEECH THERAPY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.3 BIOKINETICIST

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.4 CHINESE MEDICINE

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.5 CHIROPRACTOR

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.6 CLINICAL PSYCHOLOGY/PSYCHOLOGICAL COUNSELLOR

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.7 CLINICAL TECHNOLOGY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.8 DIETICIAN

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.9 HEARING AID ACOUSTICIAN

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.10 HOMEOPATHY/NATUROPATHY/PHYTOTHERAPY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.11 OCCUPATIONAL THERAPY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.12 ORTHOTIST/PROSTHETIST

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.13 PHYSIOTHERAPY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.14 PODIATRY/CHIROPODY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.15 SOCIAL WORKER

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.6 MEDICAL AND SURGICAL APPLIANCES (EXTERNAL)

Subject to the annual sub-benefit limit in paragraph 4. Limited to 100% of the cost.

4.7 OPTICAL

Subject to the annual sub-benefit limit in paragraph 4.

4.7.1 OPTICAL TESTS

Subject to the annual sub-benefit limit in paragraph 4.7. Limited to 100% of the SCALE OF BENEFITS.

4.7.2 SPECTACLES AND LENSES

Subject to the annual sub-benefit limit in paragraph 4.7. Limited to 100% of the SCALE OF BENEFITS.

4.7.3 FRAME

Subject to the annual sub-benefit limit in paragraph 4.7. BENEFITS will be paid at 100% of cost.

4.7.4 READER SPECTACLES

Subject to the annual sub-benefit limit in paragraph 4.7. BENEFITS will be paid at 100% of cost.

ANNEXURE B10: BENEFITS PAYABLE UNDER THE AMBER BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

Unlimited benefit

2. PRO-RATA BENEFITS

- 2.1 If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS set out in paragraphs 3.17.2, 3.17.3 and 4 are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.
- 2.2 Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: BENEFITS FOR MAJOR MEDICAL EXPENSES (Paid from Core Contribution)

Subject to the overall annual benefit set out in paragraph 1.

3.1 HOSPITALISATION

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised, no BENEFITS will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional in-Hospital Benefit Cover for General Practitioners, Medical Specialists and Anaesthetics services are paid to a maximum of 150% of NAMAF tariff.

3.1.1 ACCOMMODATION AND THEATRE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for:

- Accommodation in a general ward but excluding casualties and accommodation in an isolation ward as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice the difference between a general ward and a private ward will be subject to N\$10 900 per beneficiary and further limited to N\$23 900 per family per annum.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

Subject to the overall annual benefit set out in paragraph 1. Limited to N\$620 per day per family for accommodation other than a recognised hospital/medical institution. Subject to prior approval and Accommodation Expenses Reimbursement Policy of the FUND.

3.1.3 BLOOD TRANSFUSIONS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of the blood, the apparatus and the operator's fee.

3.1.4 INTENSIVE AND HIGH CARE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for accommodation in an intensive care or a high care unit if prescribed by a medical practitioner for up to 3 days. A separate pre-authorisation is required for admission to intensive care unit or high care unit. Without pre-authorisation, no BENEFIT will be paid excluding emergency hospital admissions and emergencies after-hours, weekends and public holidays. Any claim for such accommodation in excess of 3 days will be paid only if supported by a motivation from a medical practitioner.

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TTO) MEDICINE)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of disinfectants, medicine (including 7 days' supply of hospital To Take Out (TTO) medicine), injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN-HOSPITAL)
Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for x-rays and pathology. Additional Hospital Benefit Cover excluded.

3.1.7 PHYSIOTHERAPY AND BIOKINETICS (IN-HOSPITAL)
Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.2 POST-REHABILITATION (PHYSIOTHERAPY, BIOKINETICS AND OCCUPATIONAL THERAPY)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$5 250 per Beneficiary per annum. Post rehabilitation benefit is available within 3 months from hospital discharge or once transferred to rehabilitation facility. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.3 SPECIALISED RADIOLGY PROCEDURES (IN- AND OUT-OF-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval. Referral from a Specialist only. Referral from a General Practitioner acceptable in places where there is no Specialist.

3.3.1 MRI AND CT SCANS

Subject to the annual sub-benefit limit in paragraph 3.2 and a further maximum annual sub-benefit limit of N\$41 500 per family.

3.3.2 NUCLEAR MEDICINE

Subject to the annual sub-benefit limit in paragraph 3.2.

3.4 GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN-HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 150% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in- and out-of-hospital), radiology and pathology (in-hospital), use of equipment and equipment hire fees.

3.5 MEDICAL & SURGICAL APPLIANCES (EXTERNAL)

No BENEFITS shall be paid.

3.6 INTERNAL APPLIANCES AND MATERIALS

Subject to the overall annual benefit set out in paragraph 1 and further subject to the Internal Appliances and Materials Protocol. BENEFITS will be paid at 100% of cost.

3.7 DIALYSIS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to Dialysis treatment and procedure. Subject to Case Management and Managed Health Care Guidelines.

3.8 ONCOLOGY

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$787 500 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.8.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS.

3.8.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLGY PROCEDURES IN AND OUT-OF- HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

3.8.3 RADIATION ONCOLOGY

Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

- 3.8.5 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)
Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS.
- 3.8.6 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL
Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS.

3.9 ORGAN TRANSPLANT

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all costs relating to the supply and transportation of the organ, surgically related services, procedures, medical practitioner's fees, anaesthetic services, materials, immunosuppressant's drugs, HOSPITALISATION and medical services rendered to the organ donor but subject to the following conditions:

- 3.9.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.
 - 3.9.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.
 - 3.9.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.
- Accommodation and travelling costs reimbursement not applicable to the organ donor. Subject to Case Management and Managed Health Care Guidelines.

3.10 CORRECTIVE EYE SURGERY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.10.1 REFRACTIVE SURGERY

Subject to annual sub-benefit limit in paragraph 3.10. Limited to N\$31 100 per family per annum and further limited to N\$24 250 per beneficiary once off.

3.10.2 CATARACT SURGERY AND LENS IMPLANTS

Subject to annual sub-benefit limit in paragraph 3.10. Limited to N\$26 250 per eye per Beneficiary once off.

3.11 RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY) ALL-INCLUSIVE

Subject to the overall annual benefit set out in paragraph 1 for reconstructive surgery due to medical necessity. No BENEFITS are available during the first two years following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval and strict Managed Health Care Guidelines.

3.11.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.11 and further limited to N\$15 250 per family per annum. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.11.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.11. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to HOSPITALISATION.

3.12 PRIVATE NURSING/FRAIL CARE/HOSPICE

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$40 600 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.13 PSYCHIATRIC TREATMENT

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval and Managed Health Care Guidelines.

3.13.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.13. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.13.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.13 for psychiatric treatment HOSPITALISATION and further limited to N\$34 500 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.14 ALCOHOLISM/DRUG ADDITION

Subject to the annual sub-benefit limit in paragraph 3.13, 3.13.1 and 3.13.2. Limited to 100% of the SCALE OF BENEFITS.

3.15 MEDICATION & INJECTIONS – CHRONIC

No BENEFITS shall be paid.

3.16 SPECIALISED DENTAL SURGERY

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.16.1 MAXILLO-FACIAL AND ORAL SURGERY (TRAUMA/NON-ELECTIVE) ALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.16 and further limited to N\$138 600 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, medicine and HOSPITALISATION. BENEFITS applicable to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.16.2 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE)– HOSPITALISATIONALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.16. Limited to N\$41 000 per Beneficiary and further Limited limited to N\$51 000 per family per annum for other/Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, medicine and HOSPITALISATION. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval and strict Managed Health Care guidelines. Limited to N\$5 000 for all implant component per tooth.

3.16.3 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE) – IN-PRACTICE

Subject to annual sub-benefit limit in parapgraph 3.16.2. BENEFITS will be paid at 150% of the SCALE OF BENEFITS. BENEFITS are applicable only to SURGICAL PROCEDURES performed in the doctor's room. Subject to prior approval.

3.16.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

Subject to the annual sub-benefit limit in paragraph 3.5. The benefit excludes dental implant components.

3.17 MATERNITY

Subject to the overall annual benefit set out in paragraph 1. No BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

3.17.1 CONFINEMENTS

Subject to the annual sub-benefit limit in paragraph 3.17. BENEFITS as set out in paragraphs 3.1, 3.3 and 3.17 hereof: provided that:

- BENEFITS are payable if a CHILD is stillborn,
- BENEFITS are payable only if a male MEMBER'S wife was registered as a DEPENDANT before the date of the confinement.

Subject to pre-authorisation by the Fund.

3.17.2 ANTE-NATAL CONSULTATION

Subject to the annual sub-benefit limit in paragraph 3.17 and further limited to 12 consultations per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.3 ANTE-NATAL/POST-NATAL CLASSESS AND EDUCATION

Subject to the annual sub-benefit limit in paragraph 3.17 and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.17.4 SONAR SCANS

Subject to the annual sub-benefit limit in paragraph 3.17 and further limited to 2 scans per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to the annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.6 MIDWIFERY SERVICE

Subject to the annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.18 INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$6 800 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.19 STOMALTHERAPY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$28 750 per family per annum. BENEFITS include all cost relating STOMALTHERAPY. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20 AMBULANCE AND EVACUATION SERVICES

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for road ambulance. Flights (aeromedical transfers) are paid at 100% of cost as per arrangement with the FUND.

3.20.1 EMERGENCY AMBULANCE AND FLIGHTS

BENEFITS are unlimited and will be paid at 100% of cost or 100% of the SCALE OF BENEFITS. Non-emergency ambulance services and all flights are subject to pre-approval.

3.20.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to annual sub-benefit limit in paragraph 3.20 and further limited to N\$5 780 per Beneficiary. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20.3 OTHER TRANSPORT

Subject to the annual sub-benefit limit in paragraph 3.20 and further limited to N\$10 150 per family per annum. Limited to 70% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.21 INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N\$10 000 000 per incident.

Medical cover when travelling to foreign countries. Limited to emergency cases only and not for elective surgery or procedure. Further limited to 90 days cover.

3.22 LIFESTYLE MANAGEMENT SCREENING TESTS

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to N\$15 000 per family per annum. Further limited to the specified list of screening tests, restrictions and conditions as per the Lifestyle Management Screening Tests Clinical Guidelines and Protocols on Annexure H.

ANNEXURE B11: BENEFITS PAYABLE UNDER THE AMBER PLUS BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

Unlimited benefit

2. PRO-RATA BENEFITS

- 2.1 If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS set out in paragraphs 3.17.2, 3.17.3 and 4 are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.
- 2.2 Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: BENEFITS FOR MAJOR MEDICAL EXPENSES (Paid from Core Contribution)

Subject to the overall annual benefit set out in paragraph 1.

3.1 HOSPITALISATION

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised, no BENEFITS will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional in-Hospital Benefit Cover for General Practitioners, Medical Specialists and Anaesthetics services are paid to a maximum of 150% of NAMAF tariff.

3.1.1 ACCOMMODATION AND THEATRE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for:

- Accommodation in a general ward but excluding casualties and accommodation in an isolation ward as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice the difference between a general ward and a private ward will be subject to N\$10 900 per beneficiary and further limited to N\$23 900 per family per annum.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

Subject to the overall annual benefit set out in paragraph 1. Limited to N\$620 per day per family for accommodation other than a recognised hospital/medical institution. Subject to prior approval and Accommodation Expenses Reimbursement Policy of the FUND.

3.1.3 BLOOD TRANSFUSIONS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of the blood, the apparatus and the operator's fee.

3.1.4 INTENSIVE AND HIGH CARE

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for accommodation in an intensive care or a high care unit if prescribed by a medical practitioner for up to 3 days. A separate pre-authorisation is required for admission to intensive care unit or high care unit. Without pre-authorisation, no BENEFIT will be paid excluding emergency hospital admissions and emergencies after-hours, weekends and public holidays. Any claim for such accommodation in excess of 3 days will be paid only if supported by a motivation from a medical practitioner.

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TTO) MEDICINE)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of disinfectants, medicine (including 7 days' supply of hospital To Take Out (TTO) medicine), injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN-HOSPITAL)
Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for x-rays and pathology. Additional Hospital Benefit Cover excluded.

3.1.7 PHYSIOTHERAPY AND BIOKINETICS (IN-HOSPITAL)
Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.2 POST-REHABILITATION (PHYSIOTHERAPY, BIOKINETICS AND OCCUPATIONAL THERAPY)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS and further limited to N\$5 250 per Beneficiary per annum. Post rehabilitation benefit is available within 3 months from hospital discharge or once transferred to rehabilitation facility. Additional Hospital Benefit Cover excluded. Subject to prior approval.

3.3 SPECIALISED RADIOLGY PROCEDURES (IN- AND OUT-OF-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded. Subject to prior approval. Referral from a Specialist only. Referral from a General Practitioner acceptable in places where there is no Specialist.

3.3.1 MRI AND CT SCANS

Subject to the annual sub-benefit limit in paragraph 3.2 and a further maximum annual sub-benefit limit of N\$41 500 per family.

3.3.2 NUCLEAR MEDICINE

Subject to the annual sub-benefit limit in paragraph 3.2.

3.4 GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN-HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 150% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in- and out-of-hospital), radiology and pathology (in-hospital), use of equipment and equipment hire fees.

3.5 MEDICAL & SURGICAL APPLIANCES (EXTERNAL)

No BENEFITS shall be paid.

3.6 INTERNAL APPLIANCES AND MATERIALS

Subject to the overall annual benefit set out in paragraph 1 and further subject to the Internal Appliances and Materials Protocol. BENEFITS will be paid at 100% of cost.

3.7 DIALYSIS

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to Dialysis treatment and procedure. Subject to Case Management and Managed Health Care Guidelines.

3.8 ONCOLOGY

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$787 500 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.8.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS.

3.8.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLGY PROCEDURES IN AND OUT-OF- HOSPITAL

Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

3.8.3 RADIATION ONCOLOGY

Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS. Referral from Medical Specialists required.

- 3.8.5 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)
Subject to the annual sub-benefit limit in paragraph 3.7. Limited to 100% of the SCALE of BENEFITS.
- 3.8.6 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL
Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS.

3.9 ORGAN TRANSPLANT

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all costs relating to the supply and transportation of the organ, surgically related services, procedures, medical practitioner's fees, anaesthetic services, materials, immunosuppressant's drugs, HOSPITALISATION and medical services rendered to the organ donor but subject to the following conditions:

- 3.9.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.
- 3.9.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.
- 3.9.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

Accommodation and travelling costs reimbursement not applicable to the organ donor. Subject to Case Management and Managed Health Care Guidelines.

3.10 CORRECTIVE EYE SURGERY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.10.1 REFRACTIVE SURGERY

Subject to annual sub-benefit limit in paragraph 3.10. Limited to N\$31 100 per family per annum and further limited to N\$24 250 per beneficiary once off.

3.10.2 CATARACT SURGERY AND LENS IMPLANTS

Subject to annual sub-benefit limit in paragraph 3.10. Limited to N\$26 250 per eye per Beneficiary once off.

3.11 RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY) ALL-INCLUSIVE

Subject to the overall annual benefit set out in paragraph 1 for reconstructive surgery due to medical necessity. No BENEFITS are available during the first two years following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval and strict Managed Health Care Guidelines.

3.11.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.11 and further limited to N\$15 250 per family per annum. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.11.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.11. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to HOSPITALISATION.

3.12 PRIVATE NURSING/FRAIL CARE/HOSPICE

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$40 600 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.13 PSYCHIATRIC TREATMENT

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval and Managed Health Care Guidelines.

3.13.1 CONSULTATION AND PROCEDURE

Subject to the annual sub-benefit limit in paragraph 3.13. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.13.2 HOSPITALISATION

Subject to the annual sub-benefit limit in paragraph 3.13 for psychiatric treatment HOSPITALISATION and further limited to N\$34 500 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.14 ALCOHOLISM/DRUG ADDITION

Subject to the annual sub-benefit limit in paragraph 3.13, 3.13.1 and 3.13.2. Limited to 100% of the SCALE OF BENEFITS.

3.15 MEDICATION & INJECTIONS – CHRONIC

No BENEFITS shall be paid.

3.16 SPECIALISED DENTAL SURGERY

Subject to the overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.16.1 MAXILLO-FACIAL AND ORAL SURGERY (TRAUMA/NON-ELECTIVE) ALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.16 and further limited to N\$138 600 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, medicine and HOSPITALISATION. BENEFITS applicable to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.16.2 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE)– HOSPITALISATIONALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.16. Limited to N\$41 000 per Beneficiary and further Limited limited to N\$51 000 per family per annum for other/Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, medicine and HOSPITALISATION. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval and strict Managed Health Care guidelines. Limited to N\$5 000 for all implant component per tooth.

3.16.3 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS (OTHER/ELECTIVE) – IN-PRACTICE

Subject to annual sub-benefit limit in parapgraph 3.16.2. BENEFITS will be paid at 150% of the SCALE OF BENEFITS. BENEFITS are applicable only to SURGICAL PROCEDURES performed in the doctor's room. Subject to prior approval.

3.16.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

Subject to the annual sub-benefit limit in paragraph 3.5. The benefit excludes dental implant components.

3.17 MATERNITY

Subject to the overall annual benefit set out in paragraph 1. No BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE.

3.17.1 CONFINEMENTS

Subject to the annual sub-benefit limit in paragraph 3.17. BENEFITS as set out in paragraphs 3.1, 3.3 and 3.17 hereof: provided that:

- BENEFITS are payable if a CHILD is stillborn,
- BENEFITS are payable only if a male MEMBER'S wife was registered as a DEPENDANT before the

date of the confinement.

Subject to pre-authorisation by the Fund.

3.17.2 ANTE-NATAL CONSULTATION

Subject to the annual sub-benefit limit in paragraph 3.17 and further limited to 12 consultations per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.3 ANTE-NATAL/POST-NATAL CLASSES AND EDUCATION

Subject to the annual sub-benefit limit in paragraph 3.17 and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.17.4 SONAR SCANS

Subject to the annual sub-benefit limit in paragraph 3.17 and further limited to 2 scans per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to the annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.6 MIDWIFERY SERVICE

Subject to the annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.18 INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$6 800 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

BENEFITS include surgically related services, procedures, materials, medical practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.19 STOMALTHERAPY (ALL-INCLUSIVE)

Subject to the overall annual benefit set out in paragraph 1 and further limited to N\$28 750 per family per annum. BENEFITS include all cost relating STOMALTHERAPY. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20 AMBULANCE AND EVACUATION SERVICES

Subject to the overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for road ambulance. Flights (aeromedical transfers) are paid at 100% of cost as per arrangement with the FUND.

3.20.1 EMERGENCY AMBULANCE AND FLIGHTS

BENEFITS are unlimited and will be paid at 100% of cost or 100% of the SCALE OF BENEFITS. Non-emergency ambulance services and all flights are subject to pre-approval.

3.20.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to annual sub-benefit limit in paragraph 3.20 and further limited to N\$5 780 per Beneficiary. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20.3 OTHER TRANSPORT

Subject to the annual sub-benefit limit in paragraph 3.20 and further limited to N\$10 150 per family per annum. Limited to 70% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.21 INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N\$10 000 000 per incident.

Medical cover when travelling to foreign countries. Limited to emergency cases only and not for elective surgery or procedure. Further limited to 90 days cover.

3.22 LIFESTYLE MANAGEMENT SCREENING TESTS

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to N\$15 000 per family per annum. Further limited to the specified list of screening tests, restrictions and conditions as per the Lifestyle Management Screening Tests Clinical Guidelines and Protocols on Annexure H.

4. CATEGORY B: AMBER PLUS DAY-TO-DAY BACK-UP BENEFIT (OUT-OF-HOSPITAL)

Subject to the overall annual benefit set out in paragraph 1 and further limited to:

Member Only	N\$12 100
Member + Adult	N\$20 150
Member + Child	N\$15 300
Member + Adult+ Child	N\$23 350
Each additional Child	N\$3 200

Ninety-five percent (95%) of unused Day-to-Day Back-Up benefit will be carried over to the following financial year effective 01 January 2023. If a member uses less than the full benefit, then 95% of the unused benefit will be accumulated over to the next year.

The unused benefit will be forfeited and cannot be paid back to the MEMBERS upon the PRINCIPAL MEMBER's resignation from the FUND, or the PRINCIPAL MEMBER's death or the PRINCIPAL MEMBER's migration to Traditional option.

The total amount is available for the family and is not limited per beneficiary.

4.1 GENERAL PRACTITIONERS AND SPECIALISTS (OUT OF HOSPITAL INCLUDING CASUALTIES)

Subject to the annual sub-benefit limit in paragraph 4.

4.1.1 CONSULTATIONS/VISITS

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS. BENEFIT includes General Practitioner virtual/telephonic consultations.

4.1.2 PROCEDURES/SERVICES

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS.

4.1.3 MATERIALS AND DISPOSABLE ITEMS

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS.

4.1.4 RADIOLOGY AND PATHOLOGY

Subject to the annual sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS. Referral from Medical Practitioner required. BENEFITS include Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry services. Referral from a Medical Practitioner required.

4.2 DENTISTRY

Subject to the annual sub-benefit limit in paragraph 4.

4.2.1 CONSERVATIVE AND SPECIALISED DENTISTRY (INCLUDING DENTAL THERAPY)

Subject to the annual sub-benefit limit in paragraph 4.2. Limited to 100% of the SCALE OF BENEFITS.

4.2.2 MAXILLO-FACIAL AND ORAL SURGERY AND DENTAL IMPLANTS

Subject annual sub-benefit limit in paragraph 4.2. BENEFIT is available for in-practice consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS.

4.2.3 ORTHODONTICS

Subject to the annual sub-benefit limit in paragraph 4.2. Limited to 100% of the SCALE OF BENEFITS.

4.3 MEDICINE AND INJECTIONS

Subject to the annual sub-benefit limit in paragraph 4.

BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. BENEFITS will be paid at the Maximum Namibia Medicine Price List on generics.

4.3.1 ACUTE MEDICINE & INJECTIONS

Subject to the annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS for medicine prescribed and/or dispensed by any legally authorised person.

Limited to 100% of the SCALE OF BENEFITS in respect of the excess of 7 days supply of hospital TTO medicine.

4.3.2 CHRONIC MEDICINE & INJECTIONS

Subject to the annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS for medicine prescribed and/or dispensed by any legally authorised person.

4.3.3 ESSENTIAL VACCINATION/IMMUNISATION

Subject to the annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS

4.3.4 SELF MEDICATION

Subject to the annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS.

4.4 PRIMARY HEALTH CARE SERVICES

Subject to the annual sub-benefit limit in paragraph 4.

4.4.1 CONSULTATIONS AND PROCEDURES

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS.

4.4.2 MEDICINE AND INJECTIONS

Subject to the annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

4.5 AUXILIARY SERVICES (SUPPLEMENTARY SERVICES)

Subject to the annual sub-benefit limit in paragraph 4.

4.5.1 ART THERAPY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.2 AUDIOLOGY/SPEECH THERAPY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.3 BIORHETONIST

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.4 CHINESE MEDICINE

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.5 CHIROPRACTOR

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.6 CLINICAL PSYCHOLOGY/PSYCHOLOGICAL COUNSELLOR

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.7 CLINICAL TECHNOLOGY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.8 DIETICIAN

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.9 HEARING AID ACOUSTICIAN

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.10 HOMEOPATHY/NATUROPATHY/PHYTOTHERAPY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.11 OCCUPATIONAL THERAPY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.12 ORTHOTIST/PROSTHETIST

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.13 PHYSIOTHERAPY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.14 PODIATRY/CHIROPODY

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.15 SOCIAL WORKER

Subject to the annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.6 MEDICAL AND SURGICAL APPLIANCES (EXTERNAL)

Subject to the annual sub-benefit limit in paragraph 4. Limited to 100% of the cost.

4.7 OPTICAL

Subject to the annual sub-benefit limit in paragraph 4.

4.7.1 OPTICAL TESTS

Subject to the annual sub-benefit limit in paragraph 4.7. Limited to 100% of the SCALE OF BENEFITS.

4.7.2 SPECTACLES AND LENSES

Subject to the annual sub-benefit limit in paragraph 4.7. Limited to 100% of the SCALE OF BENEFITS.

4.7.3 FRAME

Subject to the annual sub-benefit limit in paragraph 4.7. BENEFITS will be paid at 100% of cost.

4.7.4 READER SPECTACLES

Subject to the annual sub-benefit limit in paragraph 4.7. BENEFITS will be paid at 100% of cost.

ANNEXURE C: EXCLUSIONS

Notwithstanding any contrary provision contained elsewhere in the Rules, the provisions of paragraphs 1 and 2 shall apply to all MEMBERS and their DEPENDANTS.

1. Unless the BOARD determines otherwise, costs in respect of the following medicines are excluded from BENEFITS:
 - 1.1 Preparations used specifically to treat and/or prevent obesity or overweight or any slimming preparations.
 - 1.2 Patent and secret medicines and preparations, household remedies, and preventative preparations generally promoted to the public to increase consumption including essential and non-essential fatty acids.
 - 1.3 Household type bandages and dressings, cotton wool, syringes, needles and diagnostic agents unless used as part of chronic disease management, surgical devices and appliances and diagnostic appliances and similar requisites unless supplied to or used in a clinic or doctor's room or during the patient's stay in a hospital or a nursing home.
 - 1.4 Nutritional supplements including patent foodstuffs, baby food and special formulas.
 - 1.5 Medicines used specifically for the treatment of sterility, impotence and infertility.
 - 1.6 Preparations or device generally purported to improve or increase libido, or to induce, enhance, maintain and promote penile erection or to address erectile dysfunction, such as erectile appliances, auto injectors, and including, but not limited to, drugs such as Viagra.
 - 1.7 Anti-smoking preparations; all preparations designed to treat or stop the smoking habit
 - 1.8 Soaps, shampoos, and other topical applications (of a cosmetic nature including topical acne preparations) medicated or otherwise: Items other than those intended for the treatment of lice, scabies and other parasitic infestations or fungal infections, as indicated by the doctor's diagnosis.
 - 1.9 Sun screening agents unless prescribed by a dermatologist for medical reasons (full motivation letter required) and tanning agents.
 - 1.10 Anabolic Steroids, unless prescribed for medical reasons (full motivation letter required).
 - 1.11 Vitamins, multivitamins, vitamin combinations and tonics, unless:
 - 1.11.1 prescribed for members older than 50 years of age,
 - 1.11.2 prescribed for children aged 5 and younger,
 - 1.11.3 prescribed for supplementation during pregnancy and lactation,
 - 1.11.4 injections (unless prescribed for the treatment of obesity),
 - 1.11.5 Haematinics,
 - 1.11.6 claimed as self-medication.
 - 1.12 Single or combined mineral preparations and electrolytes: Oral preparations intended as dietary supplements when intake is considered inadequate unless prescribed together with diuretics e.g. Slow K (full motivation required), prescribed for Electrolyte replacement therapy with diarrhoea (full motivation required), prescribed together with hormonal replacement therapy in the case of calcium supplements, prescribed for osteoporosis in the case of calcium supplements or prescribed for patients older than 50 years of age (full motivation required).
 - 1.13 Contact lens preparations specifically used for the care and cleaning process of contact lenses, including wetting agents.
 - 1.14 Cosmetic and toilet preparations, medicated or otherwise.
 - 1.15 Immunosuppressives, allergens, growth hormones, immune sera, immunoglobulins, erythropoietin, unless prescribed by a medical specialist and with prior approval.
 - 1.16 Medicines used specifically to treat Acquired Immune Deficiency Syndrome (AIDS), unless the patient is registered for Case Management.
 - 1.17 Contraceptive Devices: Foam preparations, jellies and condoms.
 - 1.18 Preparations not easily classified.
 - 1.19 STOMALTHERAPY products, unless the patient is registered for Case Management.
 - 1.20 Stimulants for the non-medicinal purposes such as increasing alertness and wakefulness during studying or examination period.
 - 1.21 New indication for existing medicines, new medicines and specialised drugs defined as exclusions by the relevant Managed Healthcare Programme unless reviewed and pre-authorised.
 - 1.22 Medical expenses of donor if recipient is not a member of the Fund.
2. Unless the BOARD determines otherwise, direct or indirect costs in respect of the following treatments are excluded from BENEFITS:

- 2.1 Suicide, attempted suicide or intentional self-inflicted injury, unless the patient qualifies in terms of the self-inflicted injury protocol of the Fund. The benefit is payable from the Psychiatric Treatment limit.
- 2.2 Routine physical examinations, procedures and treatment, any procedure of a purely diagnostic nature, any other examination where there is no objective indication of impairment in normal health or no actual presumed illness exists, and laboratory diagnostics or x-ray examinations, except in the course of a disability establishment by prior call or attendance of a medical practitioner.
- 2.3 Plastic surgery and cosmetic treatments (excluding dental implants and refractive surgeries) of a member's own choice or which are recommended for psychological reasons only or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery.
- 2.4 Examinations, investigations, treatment or surgery for obesity and overweight including gastric bypass, reversal of gastric bypass and any procedures performed in combination with gastric bypass. Except if the patient qualifies in terms of the gastric bypass protocol of the Fund.
- 2.5 Examinations, investigations, treatment or surgery for infertility, sterility, impotence and artificial insemination or hormone treatment for infertility including all costs relating to surrogacy.
- 2.6 Telephonic and virtual consultations other than those provided by General Practitioners and telephonic and virtual prescriptions unless approved by the Board of Trustees during state of emergency pandemic and where members require isolation as a result of contracting infectious disease.
- 2.7 Appointments with a supplier of services not kept by the patient and charged for by such supplier of services.
- 2.8 Breathing exercises.
- 2.9 Holidays for recuperative purposes, whether deemed medically necessary or not.
- 2.10 Traditional healing.
- 2.11 Forensics.
- 2.12 Acupressure, Reflexology and Masseurs.
- 2.13 Accommodation in old age homes and similar institutions.
- 2.14 Hospitalisation or accommodation in an institution similar to a hospital for breastfeeding mothers for the sole benefit of their newborn babies.
- 2.15 All costs pertaining to pregnancies for the first 9 months of membership in the case of members who are registered as individuals.
- 2.16 All costs incurred for treatment of injuries that are actually paid for by another party, unless the Rules provide otherwise.
- 2.17 Ophthalmic examinations by anyone other than an eye specialist or registered optician.
- 2.18 Group Counselling/Group Therapy/Group Rehabilitation/Group Assessment/Group Screening/Group Immunisation including services provided to individual member in a group setting such as in schools and companies.
- 2.19 Sunglasses and spectacle cases.
- 2.20 Tinting of prescription lenses by 35% or more.
- 2.21 The purchases or hire of External Appliances other than those specified in Annexure E.
- 2.22 Dental exclusions:
 - 2.22.1 Gold in dentures and fillings;
 - 2.22.2 Dental devices and materials such as dental floss, tooth brush and tooth paste;
 - 2.22.3 Bleaching of teeth or any dental procedures that are recommended for cosmetic purposes;
 - 2.22.4 Oral hygiene instructions;
 - 2.22.5 Nutritional counselling;
 - 2.22.6 Tobacco counselling;
 - 2.22.7 Laboratory cost where the associated dental procedure is not covered.
- 2.23 SPECIFIC EXCLUSIONS upon entry to the Fund:
 - 2.23.1 Hypno-Therapy.
 - 2.23.2 Any procedure intended to induce, enhance, maintain and promote penile erection or to address erectile dysfunction.
 - 2.23.3 Accommodation and treatment in stress-relief clinics, spas and resorts whether deemed medically necessary or not.
 - 2.23.4 Accommodation other than a recognised hospital/medical institution for treatment, investigation, operation and procedure outside the borders of Namibia unless such treatment, investigation, operation and procedure cannot be done in Namibia, as part of Case Management and with prior approval.

- 2.23.5 Cost incurred in respect of any medical condition (whether chronic or otherwise) or a combination thereof, which in the exclusive opinion of the BOARD, warrants to be excluded from the BENEFITS including medical expenses by members who were subjected to risk rating and incurred within three months upon joining the Fund due to non-disclosure of pre-existing condition.
 - 2.23.6 Cost incurred in respect of medical services provided by disciplines other than those set out in Annexure B.
 - 2.23.7 Medical, travel and accommodation expenses for any planned or non-emergency consultations, examinations, procedures and treatment incurred in foreign countries other than in the Republic of South Africa as per the Fund Accommodation and Travelling Expenses Reimbursement Policies.
 - 2.23.8 Subsistence, travel and accommodation expenses incurred during unexpected medical treatment while in foreign countries resulting in prolonged stay.
 - 2.23.9 Travelling and accommodation expenses incurred by the organ donor.
 - 2.23.10 Dreaded diseases or critical illnesses which are not listed on the NMC Chronic Disease Management Programme.
 - 2.23.11 Cryo-Save Stem Cell harvesting, preparation and storage.
3. Notwithstanding the provisions of paragraphs 1 and 2 hereof, the BOARD may, upon application by a MEMBER to have a BENEFIT paid in respect of an EXCLUSION (other than a SPECIFIC EXCLUSION) and after consideration of such motivation/other information as it deems relevant, grant such MEMBER'S application if the BOARD, in its discretion, deems such excluded procedure, material or requisite to have been medically necessary.

ANNEXURE D: CHRONIC CONDITIONS IN RESPECT WHEREOF CHRONIC MEDICATION BENEFITS MAY BE CLAIMED**PAYABLE ON CHRONIC MEDICATION BENEFIT ONLY IF PRESCRIBED FOR LONGER THAN 3 CONSECUTIVE MONTHS**

Acne	Hypercholesterolaemia
Addison's Disease	Hypertension
Allergic Rhinitis	Hypoparathyroidism
Alzheimer's Disease	Hypothyroidism
Anaemia	Ischaemic Heart Disease
Analgesics for chronic pain management	Major Depression
Angina	Migraine (Prophylactics)
Ankylosing Spondylitis	Motor Neuron Disease
Anorexia Nervosa	Multiple Sclerosis
Antibacterial, anti-viral and anti-fungal infections (treatment longer than 3 months)	Muscular Dystrophy
Asthma	Myasthenia Gravis
Attention Deficit Disorder (ADD)	Narcolepsy
Barret's Oesophagus	Obsessive Compulsive Disorder
Benign Prostatic Hyperplasia	Osteoporosis
Bipolar Mood Disorder	Paget's Disease of Bone
Bronchiectasis	Pancreatic Disease
Bulimia Nervosa	Panic Disorder
Cancer	Paraplegia and Quadriplegia (Associated Medicine)
Cardiac Arrhythmias	Parkinson's Disease
Cardiomyopathy	Peripheral Vascular Disorders
Chronic Bronchitis	Pituitary Adenoma
Chronic Obstructive Pulmonary Disease (COPD)	Polyarteritis Nodosa
Chronic Renal Disease	Post-Traumatic Stress Syndrome
Congestive Cardiac Failure	Psoriasis
Conn's Syndrome	Pulmonary Interstitial Fibrosis
Coronary Artery Disease	Rheumatoid Arthritis
Crohn's Disease	Schizophrenia (If managed by a Psychiatrist)
Cushing's Syndrome	Scleroderma
Cystic Fibrosis	Stroke
Deep Vein Thrombosis	Systemic Lupus Erythematosus
Dermatomyositis	Thromboangiitis Obliterans
Diabetes Mellitus/Insipidus	Thrombocytopenic Purpura
Eczema	Tourette's Syndrome
Emphysema	Tuberculosis
Endocarditis	Ulcerative Colitis
Epilepsy	Unipolar Mood Disorder
Glaucoma	Upper and Lower Gastro-Intestinal Tract Disorders
Gout/Hyperuricaemia	Valvular Heart Disease
Haemophilia and other blood clotting disorders	Zollinger-Ellison Syndrome
Hormone Replacement Therapy (Menopause or during pregnancy)	

ANNEXURE E: EXTERNAL MEDICAL APPLIANCES COVERED BY NMC

Notwithstanding any contrary provision contained elsewhere in the Rules, the provisions of paragraphs 1 shall apply to all MEMBERS and their DEPENDANTS.

1. Unless the BOARD determines otherwise, external medical appliances payable by the FUND are restricted to the following and only on prescription by a medical practitioner:
 - 1.1 Orthopaedic Footwear (only if prescribed by an Orthopaedic Surgeon and only if part of Case Management)
 - 1.2 Deep Vein Thrombosis stockings
 - 1.3 Crutches
 - 1.4 Walking Frame/Aid with or without wheels (only if used as part of Case Management)
 - 1.5 Cervical collars
 - 1.6 Back, leg, arm and neck braces
 - 1.7 Arch supports and inner soles (or prescribed by chiropractor)
 - 1.8 Oxygen (only if used as part of Case Management)
 - 1.9 Oxygen cylinders (only if used as part of Case Management)
 - 1.10 Oxygen refill (only if used as part of Case Management)
 - 1.11 Oxygen accessories (only if used as part of Case Management)
 - 1.12 Oxygen concentrators (only if used as part of Case Management)
 - 1.13 Nebuliser/Humidifier
 - 1.14 Peak flow meter (only if used as part of Case Management)
 - 1.15 Glucometers (one per family per annum)
 - 1.16 Blood pressure apparatus (one per family per annum)
 - 1.17 Urinal/Bedpan
 - 1.18 Medic alert registration
 - 1.19 Traction apparatus
 - 1.20 Mastectomy brassiere and prosthesis (payable from the Oncology benefit; a 20% co- payment applicable),
 - 1.21 Pressure bandage for burns
 - 1.22 Peripheral nerve stimulator for chronic pain (only if used as part of Case Management)
 - 1.23 Stoma accessories (only if used as part of Case Management) (Payable from the STOMALTHERAPY benefit)
 - 1.24 CPAP apparatus for sleep apnoea (only if used as part of Case Management)
 - 1.25 CPAP monitor (only if used as part of Case Management)
 - 1.26 Toilet seat raisers
 - 1.27 Mouth Guard (Maximum of N\$400 per beneficiary per annum)
 - 1.28 Wigs for cancer patients (payable from the Oncology benefit; a 20% co- payment applicable)
 - 1.29 Oximeter
 - 1.30 Adult Nappies (Subject to Case Management)
 - 1.31 Rentals of external appliances (Subject to Case Management)
 - 1.32 Shower Chair
 - 1.33 Commode

ANNEXURE F: ACCOMMODATION EXPENSES REIMBURSEMENT POLICY

Pre-authorisation for Accommodation Other Than a Hospital or Recognised Medical Institution

1. Other than travelling cost, Namibia Medical Care also reimburses members for accommodation expenses if a consultation, examination, treatment or procedure can only be done in South Africa. The following checks are done before pre-authorising accommodation:

1.1 Oncology treatment in South Africa:

- 1.1.1 Chemotherapy - Accommodation NOT covered as facility is available in Namibia.
- 1.1.2 Radiotherapy in South Africa – Accommodation NOT covered as facility is available in Namibia.
- 1.1.3 Should a complication arise and member has to be admitted in hospital, payment of accommodation is no longer applicable as the Fund will be paying the hospital cost.
- 1.1.4 Referral from a medical specialist required for oncology treatment to South Africa.

1.2 Consultation, examination, treatment or procedure not available in Namibia:

- 1.2.1 Consultation or examination with a medical specialist not available in Namibia - accommodation will be covered up to a maximum of 2 days e.g. one (1) day before consultation or examination and one (1) day after the day of consultation or examination;
- 1.2.2 Members admitted to hospital after consultation or examination – accommodation will be covered one (1) day before consultation or examination and one (1) day after discharged from the hospital.
- 1.2.3 No accommodation will be covered whilst the patient is in hospital as the Fund will already pay the hospitalisation cost
- 1.2.4 Referral from a medical specialist in Namibia is required for any consultation, examination, treatment or procedure in South Africa.

1.3 Mother's extended stay in hospital due to complication of the newborn baby (applicable also in Namibia):

- 1.3.1 If the hospital is willing to accommodate the mother's extended stay in hospital after confinement due to complication of the newborn baby, the Fund will reimburse the hospital directly as per the accommodation benefit per option.
- 1.3.2 The mother has the option to stay in a recognised accommodation institution within close proximity to the hospital.

Guidelines on Accommodation Reimbursement:

1. Pre-authorisation from the Managed Health Care is required.
2. Accommodation is not applicable if member prefers to see a Medical Specialist in South Africa to obtain a second opinion.
3. Once pre-authorised member may claim back the accommodation expenses only if valid receipt (proof of payment) is submitted from a recognised accommodation institution.
4. The Fund will pay as per the accommodation benefit per option.
5. Member will not be paid for staying with a family member or friend.
6. Should the member be hospitalised during his/her stay in South Africa the Fund will not pay for any account for private accommodation during hospitalisation as the Fund will already pay for the member's hospitalisation.
7. Ex gratia not applicable to accommodation.
8. Accommodation for the accompanying adult in case of minor dependant will be handled on a case to case basis.
9. Accommodation is not applicable for consultation and treatment within the borders of Namibia. For example: if a member has to travel to Windhoek to see a medical specialist or be admitted at a hospital in Windhoek. However, certain cases on merits should be handled as Ex gratia on a case to case basis.

ANNEXURE G: TRAVELLING EXPENSES REIMBURSEMENT POLICY

Pre-authorisation for Travelling Expenses Reimbursement Outside Normal Place of Residence and South Africa

1. NMC reimburses members for travelling expenses if treatment can only be done outside the town where they normally reside or to South Africa. The following checks are done before pre-authorising travelling cost reimbursement:
 - 1.1 Consultations, examinations or procedures within Namibia: (to highlight that within Namibia is covered)
 - 1.1.1 For medical or dental specialist consultations, examinations or procedures outside the town of residence, a referral from a general practitioner or dentist from the town of residence is required. This is subject to the condition that the medical or dental specialist does not visit the town where the member resides.
 - 1.1.2 Travelling costs will not be covered for visits to a medical or dental specialist where such visit is for cosmetic purposes including visits for orthodontic treatment as well as any optometry consultations and procedures.
 - 1.2 Consultations, examinations or procedures in South Africa:
 - 1.2.1 For medical or dental specialist consultations, examination or procedures not available in town of residence but available in other towns within Namibia for example in Windhoek, members will be referred first to a town in Namibia where the service is available.
 - 1.2.2 Travelling expenses reimbursement will only be pre-authorised for South Africa when there is no medical or dental specialist in any town in Namibia that can provide the service.
2. Travel Expenses Reimbursement Fee for consultations, examinations or procedures in South Africa:
 - 2.1 The maximum reimbursement fee for travelling expenses either by own private vehicle, by air or by bus is N\$10 150 per family per annum.
 - 2.2 Visits, consultations, treatment (first and any subsequent visits, consultations and treatment for the same condition):
 - 2.2.1 When using own private vehicle, round trip distance at N\$4.00 per kilometre based on the shortest distance travelled up to a maximum 70%;
 - 2.2.2 When travelling by air, return trip maximum of 70% of the economy class airline cost;
 - 2.2.3 When travelling by bus, return trip maximum of 70% of the actual bus ticket.
3. Travel Expenses Reimbursement Fee for consultations, examinations or procedures within Namibia:
 - 3.1 The maximum reimbursement fee for travelling expenses either by own private vehicle, by air or by bus is N\$10 150 per family per annum.
 - 3.2 Visits, consultations, treatment (first and any subsequent visits, consultations and treatment for the same condition):
 - 3.2.1 When using own private vehicle, round trip distance at N\$4.00 per kilometre based on the shortest distance travelled up to a maximum 70%;
 - 3.2.2 When travelling by air, return trip maximum of 70% of the actual airline cost;
 - 3.2.3 When travelling by bus, return trip maximum of 70% of the actual bus ticket.
 - 3.3 Travelling expenses will be refunded to the member based on the shortest kilometre distance from town of residence to the town where medical service will be rendered and back;
 - 3.4 Bus ticket will be paid at 80% of the cost based on the shortest distance from town or residence to the town where medical service will be rendered and back;
 - 3.5 Bus or airline ticket for accompanying spouse, family member or any person accompanying the member will not be reimbursed unless the member/dependant seeking medical service is a minor;
 - 3.6 Travelling cost for the spouse, family member or any person accompanying an adult member/dependant seeking medical service is subject to the approval of Managed Health Care on certain merits.

4. Pre-authorisation Procedure for Travel Reimbursement:

- 4.1 Travelling for medical purposes must first be pre-authorised by the Managed Health Care Department for travelling expenses to be reimbursed. NMC will not reimburse travelling expenses without prior authorisation.

Requirement for pre-authorisation:

- 4.1.1 Referral letter from treating doctor;
 - 4.1.2 The referral letter must indicate the name of the doctor the member being referred to;
 - 4.1.3 The member must indicate the date of appointment;
 - 4.1.4 Once pre-authorised, the member will receive a pre-authorisation or approval letter from the Managed Health Care;
 - 4.1.5 When the member returns and would like to submit the travelling claim, the member must complete the Travelling Reimbursement Form, which is available on the NMC website;
 - 4.1.6 Together with the completed form, the member must attach the pre-authorisation or approval letter from the Managed Health Care Department plus all the relevant proof such airline ticket or bus ticket. For members using their own car, petrol slips are not required
5. Travelling expenses for members using their own cars will be refunded to the members based on the shortest kilometre distance from the town of residence to the town where medical service will be rendered and back;
6. Bus ticket will be paid at 80% of the cost based on the shortest distance from town or residence to the town where medical service will be rendered and back;
7. Bus or airline ticket for accompanying spouse, family member or any person accompanying the member will not be reimbursed unless the member/dependant seeking medical service is a minor;
8. Travelling cost for the spouse, family member or any person accompanying an adult member/dependant seeking medical service is subject to the approval of Managed Health Care on certain merits.
9. General Guidelines:
- 9.1 No unauthorised travelling expenses will be reimbursed except in medical emergencies which are handled by any ambulance facilities;
 - 9.2 The member must first pay for the travelling costs and then claim back from the Fund;
 - 9.3 Bus or airline ticket must be attached to the claim;
 - 9.4 Claims for car rentals will not be paid;
 - 9.5 When using private vehicle, the total kilometres travelled will be calculated from the town of origin to the town or country of visit and excludes kilometres incurred while driving around in town or country of visit.
 - 9.6 No claims concerning the loss of personal property and breakdown of/or damage to vehicle will be considered;
 - 9.7 No ex gratia is given for travelling expenses.

ANNEXURE H: LIFESTYLE MANAGEMENT SCREENING TESTS GUIDELINES AND PROTOCOLS

Cover	Overall Annual Limit		
Screening Tests	NAMAF Tariff	Age Restrictions	Frequency
Pap Smear: Vaginal or cervical smear	100%	Female 21 years+	Once every 3 years
Pap Smear: Cytology preparation using approved liquid bases cytology method: First unit Note: Cannot be claimed together with 4566	100%	Female 21 years+	Once every 3 years
Polymerase chain reaction: Human Papilloma Virus Screen or Genotyping Note: To be done together with Pap Smear	100%	Female 21 years+	Once every 3 years
Prostate Screening: Prostate specific antigen (PSA)	100%	Male 40 – 59 years	Once every 3 years
	100%	Male 60 years+	Once a year
Prostate Screening: Free PSA (if PSA is raised)	100%	Male 40 – 59 years	Once every 3 years
	100%	Male 60 years +	Once a year
LDL cholesterol (chemical determination)	100%	18 years+	Once a year
Cholesterol total	100%	Adults 18 years+	Once a year
Triglyceride	100%	Adults 18 years+	Once a year
HDL cholesterol	100%	Adults 18 years+	Once a year
Chol/HDL/LDL/Trig Note: Cannot be claimed together w/ 4026, 4027, 4147, 4028	100%	Adults 18 years+	Once a year
Glucose: Quantitative	100%	Adults 18 years+	Once a year
X-ray mammography including ultrasound	100%	Female 40 – 49 years	Once every 2 years
	100%	Female 50+	Once a year
X-Ray mammography unilateral, including ultrasound Note: Cannot be claimed together with 24100	100%	Female 40 – 49 Years	Once every 2 years
	100%	Female 50+	Once a year
X-ray bone densitometry	100%	Adults 50+	Once every 2 years
HIV Self-testing kit (part of the HIV Management Programme) (Member to pay and claim to ensure counselling is given)	100%	Adults 18 years+	Once a year

ANNEXURE I: HEALTH PROFESSIONALS

A brief description of various Allied and Complimentary Health Professions as listed in the Namibian Allied Health Professions Bill (7 of 2004)

1. ART THERAPY

A form of psychotherapy involving the encouragement of free self-expression through painting, drawing or modelling used as a remedial or diagnostic therapy.

2. AUDIOLOGIST

Performs a complete range of diagnostic hearing tests (audiology) and extensive treatment of persons of all ages who have hearing impairment or deafness. This includes not only selecting and fitting of appropriate hearing instruments, but also subsequent training of the patient in learning to use the remainder of their hearing ability and to speak or to improve speech.

3. AUDIOMETRICIAN

Performs diagnostic hearing tests and fits hearing instruments.

4. AYURVEDA MEDICINE PRACTITIONER

Performs traditional East Indian therapy of disease making use of herbs, specific nutrition, panchakarma cleansing, acupressure message, Yoga and Jyotish (vedic astrology).

5. BIOKINETICIST

Provides maintenance and improvement of physical abilities and final phase rehabilitation by means of scientifically based physical activity programmes.

6. CHINESE MEDICINE PRACTITIONER AND ACUPUNCTURIST

Performs traditional Chinese medicine practice and acupuncture treatment that involves puncturing the skin with special acupuncture needles at particular locations, called acupuncture points.

7. CHIROPRACTOR

Practices the healing arts and science by specialising in manipulative adjusted therapy directed at the correction and restoration of neuromuscular-skeletal disorders, particularly of the spine.

8. CLINICAL TECHNOLOGIST

Performs diagnostic and/or corrective medical procedures on patients by means of applying and controlling electronic and other apparatus to ensure efficient diagnosis, therapy and evaluation.

9. COMMUNITY SPEECH AND HEARING WORKER

Works within the community to discover and recognise speech, language and hearing disorders and to provide basic treatment for some of these. He/she also provides guidance to the community regarding speech, language and hearing disorders.

10. DENTAL TECHNICIANS

By way of artistic and scientific methods manufactures and supplies to the dentist and his/her patients artificial devices like dental crowns, bridges, full or partial dentures, implants, etc.

11. DENTAL THERAPIST

Examines and diagnoses conditions and disorders in the oral cavity (teeth and surrounding structure) in order to offer preventative, restorative and curative dental care with the ultimate goal of preserving the dentition.

12. DIAGNOSTIC RADIOGRAPHER

Takes radiographs by means of applying various types of x-rays and develops films taken of specific parts of the human body for diagnostic purposes. Technology applied includes screening/fluoroscopy, mammography, computed tomography and magnetic resonance imaging.

13. DIETICIAN

Provides nutrition counselling and educates individuals on optimal food choices and eating patterns and habits in order to prevent ill health, manage chronic health conditions and assure optimal rehabilitation.

14. DISPENSING OPTICIAN

Cuts and edges optical lenses prescribed by an optometrist or ophthalmologist and fits them into a spectacle frame.

15. ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN

Executes specific tests, observations and the taking of readings on patients by means of electro-encephalographic apparatus for the purpose of making a diagnosis of human brain functioning.

16. EMERGENCY CARE PRACTITIONER (Basic)

Advanced life support emergency care practitioners (paramedics) are assisted by intermediate and basic practitioners and emergency care orderlies. They give emergency life support which includes pre-hospital evaluation, treatment and care during the transportation of such a person from the place of occurrence of the life-threatening condition to the appropriate health facility.

17. EMERGENCY CARE PRACTITIONER (intermediate)

Advanced life support emergency care practitioners (paramedics) are assisted by intermediate and basic practitioners and emergency care orderlies. They give emergency life support which includes pre-hospital evaluation, treatment and care during the transportation of such a person from the place of occurrence of the life-threatening condition to the appropriate health facility.

18. ENVIRONMENTAL HEALTH PRACTITIONER

Is responsible for assessing, correcting, controlling and preventing those factors in the environment that have the potential to adversely affect the health of present and future generations. The current scope of practice includes water and sanitation hygiene (including waste management), food quality assurance and control, radiation protection services and occupational health safety.

19. ENVIRONMENTAL HEALTH ASSISTANT

Has a similar, but less detailed knowledge base than the Environmental Health Practitioner and works under supervision/guidance of the latter.

20. FOOD INSPECTOR

Performs food and meat inspections and investigations aimed at ensuring a safe food supply and to protect against misbranding of food products.

21. HEARING AID ACOUSTICIAN

Works specifically with the technical and technological aspects of selecting, fitting and repairing hearing instruments. He/she performs limited hearing tests solely aimed at selecting an appropriate hearing instrument.

22. HOMEOPATH

Aims to treat the whole person through medicines administered in minute concentration which correlate with all the physical, emotional and mental symptoms of the patient by applying the theory that like can be treated with like.

23. MASSEUR

Provides relaxation therapy through various manual techniques applied to relevant muscles or soft tissues of the human body.

24. MEDICAL LABORATORY TECHNICIAN

Works under the supervision of a medical technologist and performs a limited array of analytical procedures on various specimens of human origin.

25. MEDICAL ORTHOTIST

Is involved in measuring, designing, supervision of the manufacturing, fitting and issuing of orthopaedic appliances (orthoses) to physically challenged patients for the purpose of improving or correcting physical deformities.

26. MEDICAL PROSTHETIST

Is involved in measuring, designing, supervision of the manufacturing, fitting and issuing of orthopaedic appliances (prostheses) to physically challenged patients for the purpose of replacing missing limbs or body parts.

27. MEDICAL REHABILITATION WORKER

Provides basic general rehabilitation services in the areas of eg. Occupational Therapy, Physiotherapy, Speech Therapy and refers patients to the relevant positions as required.

28. MEDICAL TECHNOLOGIST

Performs analytical procedures on various specimens of human origin to assist in the process of making a correct diagnosis.

29. NATUROPATH

Promotes health and healing and treats certain diseases by utilising the body's inherent biological mechanisms to self-heal through the application of non-toxic methods.

30. NUTRITIONIST

Advises food manufacturers and producers on the physio-biochemical basis of food products and works with health authorities on nutrition programming at population level in light of current epidemiological data and scientific research.

31. OCCUPATIONAL THERAPIST

Applies a medical and bio/psycho/social knowledge base, to perform therapy of persons (or groups/communities) affected by physical, mental or other disabilities. The aim is the therapeutic engagement of a person (group/community) in culturally meaningful and health promoting ways in the spheres of their work, leisure, family, culture, self-care and rest to enable or assist to enable a person (group/community) to take control of and to as actively as possible participate in a healthy way and in the community. Invariably, this requites from the occupational therapist ends with the patient becoming economically self-sufficient.

32. OCCUPATIONAL THERAPIST ASSISTANT

Has a similar but less detailed knowledge base than an Occupational Therapist. Works under supervision/guidance of the better where the latter takes the main responsibility for the evaluation and planning of the intervention and the OTA performs the practical implementation.

33. OCCUPATIONAL THERAPY TECHNICIAN

Assists an Occupational Therapist (and patients) in technical matters such as working with wood, panel beating, upholstering, etc. or the making of therapeutic devices or supportive aids. The knowledge base is mainly technical with some bio/psycho/social knowledge.

34. OCULARIST

Designs and fits artificial eyes and/or scleral haptic shells over blinded eyes.

35. OPERATIONAL EMERGENCY CARE ORDERLY

Assists advanced life support emergency care practitioners (paramedics). They give emergency life support which includes pre-hospital evaluation, treatment and care of an acutely ill or injured person and the continuation of treatment and care during the transportation of such a person from the place of occurrence of the life-threatening condition to the appropriate health facility.

36. OPTOMETRIST

Examines eyes to determine focussing errors, and supplies spectacles and/or contact lenses.

37. ORTHOPAEDIC ORTHOTIST

Is involved in measuring, designing, supervision of the manufacturing, fitting and issuing of orthopaedic appliances (orthoses) to physical deformities.

38. ORTHOPTIST

Treats squinty and "lazy" eyes by means of eye exercises and other non-surgical means.

39. ORTHOPAEDIC PROSTHETIST

Is involved in measuring, designing, supervision of the manufacturing, fitting and issuing of orthopaedic appliances (prostheses) to physically challenged patients for the purpose of replacing missing limbs or body parts.

40. ORTHOPAEDIC TECHNICAL ASSISTANT

Assists the Orthopaedic Technician responsible for the manufacturing, assembling, maintenance and repair of orthopaedic appliances.

41. ORTHOPAEDIC FOOTWEAR TECHNICIAN

Is responsible for manufacturing, maintenance and repair of boots/shoes for orthopaedic patients.

42. OSTEOPATH

Is concerned with the inter-relationship between the structure/framework and the effective functioning of the body and provides therapy for various problems affecting the neuro-musculo-skeletal systems.

43. PARAMEDIC (Advanced Life Support)

The advanced life support emergency care practitioner (paramedics) is the highest qualified paramedic. He/she provides emergency life support which includes pre-hospital evaluation, treatment and of an acutely ill or injured person and the continuation of treatment and care during the transportation of such a person from the place of occurrence of the life-threatening condition to the appropriate health facility.

44. PHYSIOTHERAPIST

Provides services to people to maintain, develop and restore maximum movement and functional ability throughout their lifespan. Services are provided in circumstances where movement is threatened by injury, disease or the process of ageing.

45. PHYSIOTHERAPY ASSISTANT

Has a similar but less detailed knowledge base than a Physiotherapist. Works under supervision/guidance of the latter where the latter takes the main responsibility for the evaluation and planning of the intervention and the PTA performs the practical implementation.

46. PHYSIOTHERAPIST

Provides services to people to maintain, develop and restore maximum movement and functional ability throughout their lifespan. Services are provided in circumstances where movement is threatened by injury, disease or the process of ageing.

47. PHYSIOTHERAPY ASSISTANT

Has a similar but less detailed knowledge base than a Physiotherapist. Works under supervision/guidance of the latter where the latter takes the main responsibility for the evaluation and planning of the intervention and the PTA performs the practical implementation.

48. PHYTOTHERAPIST

Is a medically trained herbalist who diagnoses the patient's condition using standard medical diagnostics tools and procedures, after which herbal medication, that has been scientifically and empirically proven, is prescribed.

49. PODIATRIST

Deals with the affections (internal and external) of the feet, i.e. provides diagnosis and treatment of foot disorders and foot disabilities.

50. RADIOGRAPHER

Takes radiographs by means of applying various types of x-rays and develops films taken of specific parts of the human body for diagnostic purposes. Technology applied includes screening/fluoroscopy, mammography, computed tomography and magnetic resonance imaging.

51. RADIOGRAPHY ASSISTANT

Has basic training in taking x-rays and the use of x-ray equipment and performs duties as an assistant to and under supervision of a Radiographer.

52. RADIATION TECHNOLOGIST

Is responsible for conceptualising, designing, commissioning, measurement and testing, quality assurance, maintenance, modification and development of technology utilised for radiation purposes.

53. REMEDIAL GYMNAST

Provides rehabilitation therapy mostly to people with physical disabilities through therapeutic gymnastic exercises.

54. SINGLE MEDIUM THERAPIST IN OCCUPATIONAL THERAPY

Is a therapist, who has a similar professional bio/psycho/social knowledge base as a "general" occupational therapist, but who uses only one specific "medium" of intervention, for example art or music as opposed to an Occupational Therapist, who would select one or a variety of mediums, as indicated by the assessment evaluation of the patient.

55. SPEECH AND HEARING CORRECTIONIST

Is a teacher (educationalist) with additional training to identify and treat certain disorders in speech, language and/or hearing of children at pre-primary or primary school level.

56. SPEECH THERAPIST

Performs full diagnosis and treatment of the complete range of all speech, voice and language problems in patients ranging from babies to the aged. This includes problems such as disorders of sound production and language learning, voice orders, swallowing disorders, stuttering and disorders of speech and language following strokes, accidents, mental retardation and autism.

57. SPEECH THERAPIST AND AUDIOLOGIST

Performs functions and has qualifications similar to both the Speech Therapist and Audiologist.

58. THERAPEUTIC AROMATHERAPIST

Practices healing through the use of essential oils taken from plants, flowers, roots, seeds, etc. by directly applying these onto the skin or providing them in a tea or other liquid.

59. THERAPEUTIC MASSEUR

Delivers massage therapy treatment by aimed at a specific therapeutic outcome through the mobilisation of soft tissues.

60. THERAPEUTIC RADIOGRAPHER

Delivers radiation treatment by applying high energy x-ray technology to people mostly suffering from cancer disease.

61. THERAPEUTIC REFLEXOLOGIST

Performs stimulation of the hands, feet, ears and body, including specific pressure techniques or mobilisation of hands and feet for a therapeutic outcome.

ANNEXURE J: APPROVED TRUSTEE REMUNERATION STRUCTURE

The Trustee remuneration structure for 1 January to 31 December 2024 as approved at the Annual General Meeting of 21 June 2024:

Trustees will only be remunerated for each meeting attended.

	2024 (N\$) Tax Inclusive
Trustee Meetings	(per meeting)
• Chairperson	N\$5,528.82
• Vice Chairperson	N\$4,694.28
• Other Trustees	N\$3,846.70
Sub Committee Meetings	(per meeting)
• Chairperson	N\$4,968.12
• Vice Chairperson	N\$4,224.37
• Other Trustees	N\$3,481.59
Advisory Committee (AC) Members' Retainer Fee	(per month)
• All Members	N\$1,825.54
Day allowance – Includes Accommodation (non-Windhoek based Trustees)	N\$1,332.66 all inclusive
Travel	N\$4.00/km

ANNEXURE K: GROUPS SPECIAL TABLES (INCOME & AGE)

MONTHLY CONTRIBUTIONS PAYABLE UNDER THE VARIOUS BENEFIT OPTIONS

Contribution Tables

Opal – 90885 2025

Income Band		Main	Adult	Child
0	4,560	1,923	1,244	355
4,561	6,020	2,214	1,412	407
6,021	9,210	2,371	1,465	438
9,211	13,530	2,437	1,571	448
13,531	15,200	2,726	1,746	503
15,201	17,240	3,019	1,921	558

Ruby - 90046/ 90047 2025

Salary Band		Main	Adult	Child
0	4,380	2,040	1,351	590
4,381	6,530	2,406	1,605	597
6,531	9,800	2,794	1,921	578
9,801	13,060	3,246	2,270	570
13,061	16,350	3,713	2,642	571
16,351	16,351 +	4,068	2,914	578

Ruby – 90188 2025

Salary Band		Main	Adult	Child
0	4,380	2,040	1,351	590
4,381	6,530	2,406	1,605	597
6,531	9,800	2,794	1,921	578
9,801	13,060	3,246	2,270	570
13,061	16,350	3,713	2,642	571
16,351	16,351 +	4,068	2,914	578

Ruby - 74898U2 2025

Salary Band		Main	Adult	Child
0	4,380	2,625	1,722	759
4,381	6,530	3,085	2,063	770
6,531	9,800	3,589	2,461	748
9,801	13,060	4,172	2,916	730
13,061	16,350	4,767	3,396	730
16,351	16,351 +	5,224	3,743	746

Ruby – 90087 2025				
Salary Band		Main	Adult	Child
0	4,380	3,317	2,175	962
4,381	6,530	3,903	2,598	978
6,531	9,800	4,532	3,120	938
9,801	13,060	5,264	3,686	927
13,061	16,350	6,026	4,289	925
16,351	16,351 +	6,609	4,713	948

Ruby – 91984 2025				
Salary Band		Main	Adult	Child
0	9,210	2,203	1,911	1,017
9,211	11,830	2,394	2,063	1,089
11,831	14,290	2,646	2,247	1,212
14,291	16,450	2,834	2,434	1,282
16,451	21,030	3,112	2,629	1,422
21,031	25,800	3,310	2,828	1,508
25,801	30,720	3,424	2,918	1,560
30,721	35,500	3,620	3,083	1,641
35,501	41,260	3,750	3,188	1,695
41,261	77,540	3,873	3,301	1,752
77,541	77,541 +	4,195	3,576	1,900

Ruby Pensioners - 91106/90809 2025				
Salary Band		Main	Adult	Child
0	4,380	2,634	1,711	763
4,381	6,530	3,087	2,065	764
6,531	9,800	3,587	2,470	743
9,801	13,060	4,162	2,926	731
13,061	16,350	4,769	3,396	726
16,351	16,351 +	5,224	3,743	744

Ruby – 90083 2025				
Salary Band		Main	Adult	Child
0	4,380	2,040	1,351	590
4,381	6,530	2,406	1,605	597
6,531	9,800	2,794	1,921	578
9,801	13,060	3,246	2,270	570
13,061	16,350	3,713	2,642	571
16,351	16,351 +	4,068	2,914	578

Ruby - 90180/90195 2025				
Salary Band		Main	Adult	Child
0	4,380	2,040	1,351	590
4,381	6,530	2,406	1,605	597
6,531	9,800	2,794	1,921	578
9,801	13,060	3,246	2,270	570
13,061	16,350	3,713	2,642	571
16,351	16,351 +	4,068	2,914	578

Ruby - 90731 2025				
Age Band		Main	Adult	Child
0	25	2,593	1,695	753
26	30	2,872	1,894	751
31	35	3,072	2,067	741
36	40	3,317	2,263	723
41	45	3,658	2,537	733
46	50	3,897	2,712	712
51	55	4,206	2,972	698
56	60	4,505	3,195	712
61	65	4,773	3,409	712
66	100	4,798	3,429	717

Sapphire - 90187 2025				
Salary Band		Main	Adult	Child
0	4,380	2,490	1,889	823
4,381	7,650	2,901	2,233	823
7,651	10,910	3,528	2,700	823
10,911	14,170	4,180	3,224	837
14,171	17,420	4,966	3,822	837
17,421	17,421 +	5,355	4,093	837

Sapphire - 74898 2025				
Salary Band		Main	Adult	Child
0	4,380	3,132	2,381	1,043
4,381	7,650	3,655	2,808	1,043
7,651	10,910	4,435	3,397	1,043
10,911	14,170	5,268	4,050	1,058
14,171	17,420	6,254	4,803	1,058
17,421	17,421 +	6,734	5,154	1,058

Sapphire - 91984 2025				
Salary Band		Main	Adult	Child
0	9,210	3,076	2,664	1,413
9,211	11,830	3,338	2,878	1,516
11,831	14,290	3,690	3,135	1,689
14,291	16,450	3,951	3,391	1,789
16,451	21,030	4,341	3,658	1,987
21,031	25,800	4,617	3,942	2,104
25,801	30,720	4,775	4,068	2,175
30,721	35,500	5,048	4,297	2,288
35,501	41,260	5,227	4,449	2,358
41,261	77,540	5,400	4,601	2,441
77,541	77,541 +	5,852	4,982	2,646

Sapphire - 90046/90047 2025				
Salary Band		Main	Adult	Child
0	4,380	2,490	1,889	823
4,381	7,650	2,901	2,233	823
7,651	10,910	3,528	2,700	823
10,911	14,170	4,180	3,224	837
14,171	17,420	4,966	3,822	837
17,421	17,421 +	5,355	4,093	837

Sapphire – 90135 2025				
Salary Band		Main	Adult	Child
0	4,380	2,490	1,889	823
4,381	7,650	2,901	2,233	823
7,651	10,910	3,528	2,700	823
10,911	14,170	4,180	3,224	837
14,171	17,420	4,966	3,822	837
17,421	17,421 +	5,355	4,093	837

Sapphire - 90181/90204 2025

Salary Band		Main	Adult	Child
0	4,380	2,490	1,889	823
4,381	7,650	2,901	2,233	823
7,651	10,910	3,528	2,700	823
10,911	14,170	4,180	3,224	837
14,171	17,420	4,966	3,822	837
17,421	17,421 +	5,355	4,093	837

Sapphire - 74898U1 2025

Age Band		Main	Adult	Child
0	25	3,293	2,508	1,071
26	30	3,618	2,770	1,071
31	35	3,900	2,990	1,071
36	40	4,346	3,344	1,071
41	45	4,861	3,722	1,071
46	50	5,224	4,030	1,089
51	55	5,701	4,391	1,089
56	60	6,303	4,843	1,089
61	65	6,684	5,127	1,089
66	100	6,698	5,133	1,089

Sapphire - 90055 2025

Salary Band		Main	Adult	Child
0	4,380	2,979	2,272	989
4,381	7,650	3,482	2,679	989
7,651	10,910	4,222	3,247	989
10,911	14,170	5,017	3,864	996
14,171	17,420	5,963	4,577	996
17,421	17,421 +	6,419	4,914	996

Sapphire - 90471/90735/90973/91141/91495 2025

Age Band		Main	Adult	Child
0	25	3,293	2,508	1,071
26	30	3,618	2,770	1,071
31	35	3,900	2,990	1,071
36	40	4,346	3,344	1,071
41	45	4,861	3,722	1,071
46	50	5,224	4,030	1,089
51	55	5,701	4,391	1,089
56	60	6,303	4,843	1,089
61	65	6,684	5,127	1,089
66	100	6,698	5,133	1,089

Sapphire Pensioners - 91106 2025

Salary Band		Main	Adult	Child
0	4,200	3,834	3,115	1,333
4,201	7,360	4,534	3,625	1,333
7,361	10,480	5,508	4,390	1,333
10,481	13,610	6,499	5,155	1,345
13,611	16,740	7,720	6,097	1,345
16,741	16,741 +	8,572	6,761	1,345

Diamond - 91984 2025

Salary Band		Main	Adult	Child
0	9,210	4,483	3,884	2,063
9,211	11,830	4,870	4,193	2,214
11,831	14,290	5,381	4,568	2,468
14,291	16,450	5,760	4,944	2,610
16,451	21,030	6,330	5,335	2,892
21,031	25,800	6,730	5,748	3,067
25,801	30,720	6,962	5,937	3,169
30,721	35,500	7,358	6,266	3,333
35,501	41,260	7,622	6,487	3,436
41,261	77,540	7,874	6,709	3,559
77,541	77,541 +	8,531	7,266	3,858

Diamond - 90088 2025				
Salary Band		Main	Adult	Child
0	6,530	3,750	3,036	1,299
6,531	8,730	4,428	3,543	1,299
8,731	11,990	5,381	4,286	1,299
11,991	15,280	6,347	5,037	1,317
15,281	19,610	7,535	5,952	1,317
19,611	19,611 +	8,375	6,596	1,317

Diamond - 90086 2025				
Age Band		Main	Adult	Child
0	25	4,801	3,936	1,663
26	30	5,307	4,276	1,663
31	35	5,872	4,664	1,663
36	40	6,501	5,163	1,663
41	45	7,236	5,765	1,663
46	50	7,779	6,164	1,677
51	55	8,427	6,673	1,677
56	60	9,243	7,299	1,677
61	65	10,002	7,886	1,677
66	100	10,057	7,917	1,677

Ruby - Standard Low 2025				
Salary Band		Main	Adult	Child
0	4,380	2,040	1,351	590
4,381	6,530	2,406	1,605	597
6,531	9,800	2,794	1,921	578
9,801	13,060	3,246	2,270	570
13,061	16,350	3,713	2,642	571
16,351	16,351 +	4,068	2,914	578

Sapphire Standard Low 2025				
Salary Band		Main	Adult	Child
0	4,380	2,490	1,889	823
4,381	7,650	2,901	2,233	823
7,651	10,910	3,528	2,700	823
10,911	14,170	4,180	3,224	837
14,171	17,420	4,966	3,822	837
17,421	17,421 +	5,355	4,093	837

Diamond Standard Low 2025				
Salary Band		Main	Adult	Child
0	6,530	3,834	3,115	1,333
6,531	8,730	4,534	3,625	1,333
8,731	11,990	5,508	4,390	1,333
11,991	15,280	6,499	5,155	1,345
15,281	19,610	7,720	6,097	1,345
19,611	19,611 +	8,572	6,761	1,345

ANNEXURE L: E-THERAPY AND E-CONSULTATION

E- therapy benefit for PRINCIPAL MEMBERS and DEPENDANTS during State of Emergency relating to the COVID-19 pandemic:

- E-therapy includes psychological, psychological counsellor and social worker therapy delivered using electronic communication vehicles instead of face-to-face therapy.
- E-therapy claims are accepted from the start of the lockdown period until such time that the State of Emergency is lifted relating to the COVID-19 pandemic.
- E-therapy claims are paid at 100% of the NAMAF rate for individual psychotherapy up to the available benefit limit under the members' option.

Medical Practitioners E-Consultation during State of Emergency relating to the COVID-19 Pandemic:

- Medical Practitioners (General Practitioner and Medical Specialists) consultation that is delivered using electronic communication vehicles as opposed to face-to-face consultation.
- E-consultation from the start of the lockdown period until such time that the State of Emergency is lifted relating to the COVID-19 pandemic.
- E-consultations are paid at 100% of NAMAF Tariff Code 0130 up to the available General Practitioner and Medical Specialists benefit limit under the members option.

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