

Product Guide 2024



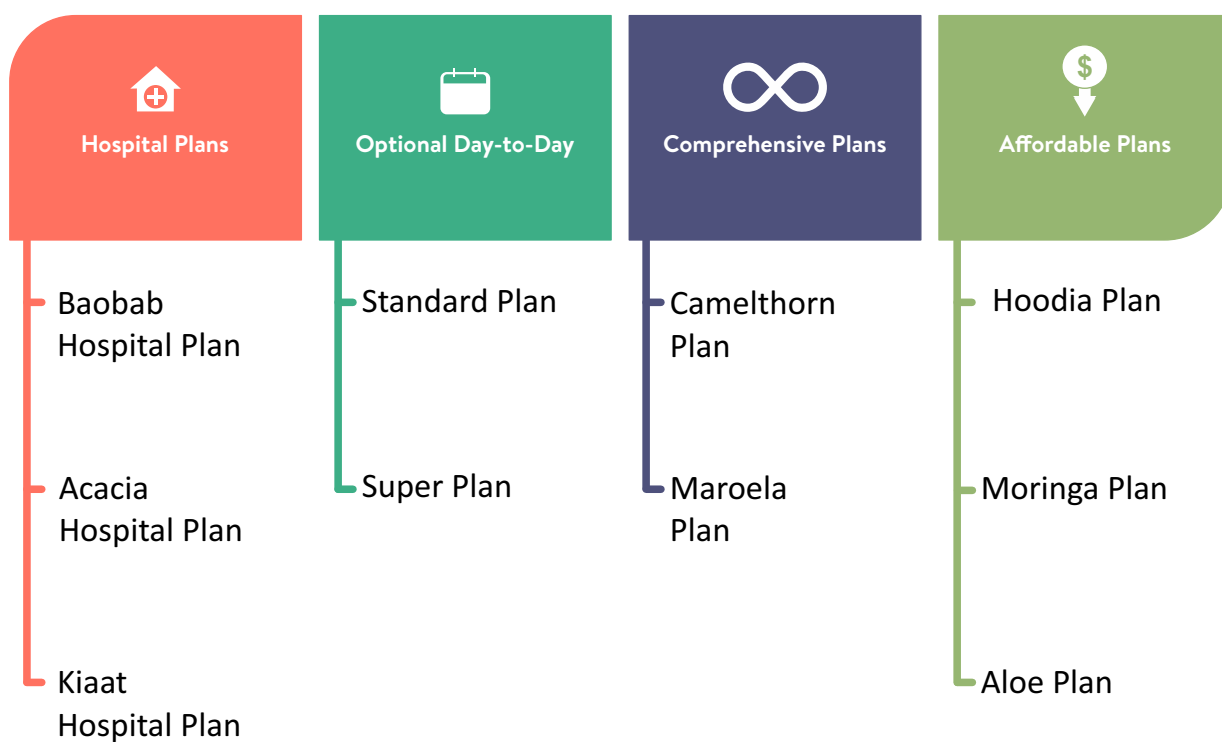
HERITAGE
HEALTH®
LIVE BOLDLY



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Product Options





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Hospital Plans



Baobab

Hospital Plan

Overall Annual Limit: N\$2.5million

	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Accommodation and theatre	95%	250,000 per family
Accommodation private ward	95%	20,000 per family
Blood transfusions	95%	250,000 per family
Medicine while in hospital	95%	40,000 per family
Hospital casualty & Dr call out fee	95%	7,000 per family
Physiotherapy in hospital (subject to doctors referral)	95%	8,000 per family
Psychiatric care	95%	45,000 per family
Internal prosthesis (incl. cardiac, spinal and orthopedic prosthesis. Joint replacements - N\$5,000 co-payment)	95% of cost	66,000 per family
Oncology in or out hospital (including chemo and radiation treatment)	95%	350,000 per family
Organ transplant (including renal dialysis)	95%	350,000 per family
Step-down/hospice/private nursing	95%	42,000 per family
Pathology in hospital	95%	40,000 per family
Chronic Medication Benefit (51% co-payment on Branded Medication and 30% co-payment on Generic Medication)		
Chronic medicine in or out of hospital	70% of NRP	15,000 per beneficiary
Chronic medicine in or out of hospital	70% of NRP	21,000 per family
Chronic medicine- Bi-annual GP & specialist consultations	95%	2 visits per beneficiary
Radiology (In and out of Hospital)		
Basic radiology	95%	36,000 per family
Specialised radiology(MRI/CT/pet scan/ bone density)	95%	40,000 per family
Consultations and Procedures (In Hospital)		
GP/specialist consultations	125%	OAL
Surgical procedures (Scopes- gastroscopes/colonoscopes/arthroscopes- N\$ 2,500 co-payment on hospital account)	125%	OAL
Reconstructive Surgery		
Admission	95%	18,000 per family
Surgery and procedure		
Dental Surgery		
Admission	125%	10,000 per family
- Maxillo-facial & oral surgery (non-elective/trauma, all-inclusive surgery, treatment & services) Including dental implant surgery.	95%	
- Dental implants (part of day-to-day benefit limit)		
Refractive Surgery		
Admission	125%	20,000 per family
Including cataract surgery, glaucoma surgery, eye muscle surgery, corneal surgery, eye removal, vitreo-retinal surgery, etc.	95%	
Excimer laser and radial keratotomy.		
Maternity Benefit		
Maternity confinement	100%	68,000 per family
Maternity procedure in theatre	225%	OAL
Neonatal care (28 days)	100%	200,000 per family
Antenatal consultations	100%	12 per pregnancy
Antenatal scans	100%	2 per pregnancy
Pediatrician visits – postnatal	100%	2 per year
Prenatal vitamins	100%	1,200 per year
Lifestyle and Wellness Benefits		
	95%	6,000 per family
Subject to registration and 12-month commitment.		
Dietician and biokinetics subject to authorisation and managed care programme		
Reproductive health – oral and injectable contraceptives and IUD (limited over 3 years)		
Wellness benefits/screenings (separate list of wellness benefits)		

INDIVIDUAL RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,717	1,569	1,208
26-30	1,834	1,717	1,208
31-35	2,025	1,855	1,208
36-40	2,226	2,056	1,208
41-45	2,523	2,343	1,208
46-50	2,820	2,608	1,208
51-55	3,191	2,947	1,208
56-60	3,837	3,562	1,208
61-65	4,781	4,420	1,208
66-75	5,862	5,417	1,208
75+	6,858	6,360	1,208

GROUP RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,545	1,412	1,088
26-30	1,650	1,545	1,088
31-35	1,822	1,670	1,088
36-40	2,003	1,851	1,088
41-45	2,271	2,108	1,088
46-50	2,538	2,347	1,088
51-55	2,872	2,652	1,088
56-60	3,453	3,205	1,088
61-65	4,303	3,978	1,088
66-75	5,276	4,875	1,088
75+	6,172	5,724	1,088

Acacia

Hospital Plan

Overall Annual Limit: N\$1.25 million

	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Accommodation and theatre	95%	125,000 per family
Accommodation private ward	95%	No benefit
Blood transfusions	95%	125,000 per family
Medicine while in hospital	95%	30,000 per family
Hospital casualty & Dr call out fee	95%	7,000 per family
Physiotherapy in hospital (subject to doctors referral)	95%	8,000 per family
Psychiatric care	95%	45,000 per family
Internal prosthesis	95% of cost	58,000 per family
(incl. cardiac, spinal and orthopedic prosthesis. Joint replacements - N\$5,000 co-payment)		
Oncology in or out hospital (including chemo and radiation treatment)	95%	220 000 per family
Organ transplant (including renal dialysis)	95%	275,000 per family
Step-down/hospice/private nursing	95%	35,000 per family
Pathology in hospital	95%	30,000 per family
Chronic Medication Benefit (51% co-payment on Branded Medication and 30% co-payment on Generic Medication)		
Chronic medicine in or out of hospital	70% of NRP	9,500 per beneficiary
Chronic medicine in or out of hospital	70% of NRP	15,000 per family
Chronic medicine- Bi-annual GP & specialist consultations	95%	2 visits per beneficiary
Radiology (In and out of Hospital)		
Basic radiology	95%	32,000 per family
Specialised radiology (MRI/CT/pet scan/ bone density)	95%	38,000 per family
Consultations and Procedures (In Hospital)		
GP/specialist consultations	125%	OAL
Surgical procedures	125%	OAL
(Scopes- gastroscopes/colonoscopes/arthroscopes- N\$ 2,500 co-payment on hospital account)		
Reconstructive Surgery		
Admission	95%	12,000 per family
Surgery and procedure		
Dental Surgery		
Admission	125%	7,500 per family
- Maxillo-facial & oral surgery (non-elective/trauma, all-inclusive surgery, treatment & services)	95%	
- Dental implants (part of day-to-day benefit limit)		
Refractive Surgery		
Admission	125%	15,000 per family
Including cataract surgery, glaucoma surgery, eye muscle surgery, corneal surgery, eye removal, vitreo-retinal surgery, etc.	95%	
Excimer laser and radial keratotomy.		
Maternity Benefit		
Maternity confinement	100%	55,000 per family
Maternity procedure in theatre	225%	OAL
Neonatal care (28 days)	100%	100,000 per family
Antenatal consultations	100%	6 per pregnancy
Antenatal scans	100%	2 per pregnancy
Pediatrician visits – postnatal	100%	2 per year
Prenatal vitamins	100%	1,200 per year
Lifestyle and Wellness Benefits		
	95%	6,000 per family

Subject to registration and 12-month commitment.

Dietician and biokinetics subject to authorisation and managed care programme

Reproductive health – oral and injectable contraceptives and IUD (limited over 3 years)

Wellness benefits/screenings (separate list of wellness benefits)

INDIVIDUAL RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,505	1,399	1,018
26-30	1,632	1,505	1,018
31-35	1,781	1,632	1,018
36-40	1,982	1,749	1,018
41-45	2,237	1,982	1,018
46-50	2,491	2,162	1,018
51-55	2,798	2,438	1,018
56-60	3,403	2,926	1,018
61-65	4,219	3,615	1,018
66-75	5,162	4,378	1,018
75+	6,095	5,088	1,018

GROUP RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,355	1,259	916
26-30	1,469	1,355	916
31-35	1,603	1,469	916
36-40	1,784	1,574	916
41-45	2,013	1,784	916
46-50	2,242	1,946	916
51-55	2,519	2,194	916
56-60	3,062	2,633	916
61-65	3,797	3,253	916
66-75	4,646	3,940	916
75+	5,486	4,579	916

	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Accommodation and theatre	95%	50,000 per family
Accommodation private ward		No benefit
Blood transfusions	95%	50,000 per family
Medicine while in hospital	95%	20,000 per family
Hospital casualty & Dr call out fee	95%	4,000 per family
Physiotherapy in hospital (subject to doctors referral)	95%	4,000 per family
Psychiatric care	95%	15,000 per family
Internal prosthesis (incl. cardiac, spinal and orthopedic prosthesis. Joint replacements - N\$5,000 co-payment)	95% of cost	30,000 per family
Oncology in or out hospital (including chemo and radiation treatment)		No Benefit
Organ transplant (including renal dialysis)		No Benefit
Step-down/hospice/private nursing	95%	28,000 per family
Pathology	95%	20,000 per family
Chronic Medication Benefit (51% co-payment on Branded Medication and 30% co-payment on Generic Medication)		
Chronic medicine in or out of hospital	70% of NRP	5,000 per beneficiary
Chronic medicine in or out of hospital	70% of NRP	9,000 per family
Chronic medicine- Bi-annual GP & specialist consultations	95%	2 visits per beneficiary
Radiology (In and out of Hospital)		
Basic radiology	95%	20,000 per family
Specialised radiology (MRI/CT/pet scan/ bone density)	95%	25,000 per family
Consultations and Procedures (In Hospital)		
GP/specialist consultations	125%	OAL
Surgical procedures (Scopes- gastroscopes/colonoscopes/arthroscopes- N\$ 2,500 co-payment on hospital account)	125%	OAL
Reconstructive Surgery		No benefit
Dental Surgery		No benefit
Refractive Surgery		No benefit
Maternity Benefit		
Maternity confinement	100%	40,000 per family
Maternity procedure in theatre	225%	OAL
Neonatal care (28 days)	100%	80,000 per family
Antenatal consultations	100%	6 per pregnancy
Antenatal scans	100%	2 per pregnancy
Pediatrician visits – postnatal	100%	2 per year
Prenatal vitamins	100%	1,200 per year
Lifestyle and Wellness Benefits		
	95%	6,000 per family
Subject to registration and 12-month commitment.		
Dietician and biokinetics subject to authorisation and managed care programme		
Reproductive health – oral and injectable contraceptives and IUD (limited over 3 years)		
Wellness benefits/screenings (separate list of wellness benefits)		

INDIVIDUAL RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,389	1,272	912
26-30	1,442	1,346	912
31-35	1,569	1,473	912
36-40	1,717	1,579	912
41-45	1,897	1,760	912
46-50	2,152	1,993	912
51-55	2,374	2,194	912
56-60	2,820	2,608	912
61-65	3,350	3,116	912
66-75	3,911	3,625	912
75+	4,494	4,176	912

GROUP RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,250	1,145	820
26-30	1,297	1,212	820
31-35	1,412	1,326	820
36-40	1,545	1,421	820
41-45	1,708	1,584	820
46-50	1,937	1,794	820
51-55	2,137	1,975	820
56-60	2,538	2,347	820
61-65	3,015	2,805	820
66-75	3,520	3,263	820
75+	4,045	3,759	820



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Optional Day-to-Day Plans



Standard Day-to-Day

Annual Benefit: N\$21,000

	Namaf Tariff %	Benefits
Professional Services		
GP consultations	100%	3,800 per beneficiary
GP consultations	100%	6,500 per family
Specialists consultations	100%	7,200 per beneficiary
Specialists consultations	100%	12,000 per family
Pathology- out-of-hospital	100%	6,000 per beneficiary
Pathology- out-of-hospital	100%	10,000 per family
Acute Medication Benefit (51% co-payment on Branded Medication and 30% co-payment on Generic Medication)		
Acute medication	70% of NRP	8,400 per beneficiary
Acute medication	70% of NRP	14 000 per family
Self-medication	70% of NRP	3,000 per family
Optical Benefit		
Optical- lenses every 2nd year	100%	1,800 per beneficiary
Optical- lenses every 2nd year	100%	4,300 per family
Optical- frame every 2nd year	100%	1,000 per beneficiary
Optical- frame every 2nd year	100%	2,500 per family
Optical- test- one per beneficiary per year	100%	700 per beneficiary
Dentistry Benefit		
Dentistry- basic- fillings, extractions and oral hygiene.	100%	13,000 per family
Dentistry- specialised - dental implants, crown, bridges, dentures and orthodontic treatment.	100%	15,000 per family
Note:		
* Consultations 2 per year per beneficiary		
* X-ray limited to 4 per year per beneficiary		
* Preventative dentistry- 2 consultations per year		
* Crowns- 3 per year with 10% co-payment		
* Dentures limited to one set in 5 years		
* Orthodontic treatment- 20% co payment		
External Prosthesis (Wheelchair, Crutches ect.)	100% of cost	11,000 per family
Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear)	100% of cost	10,000 per family
Appliances- other	100% of cost	3,500 per family
Paramedical Services	100%	10,000 per family
Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists)		
Mental Wellness	100%	7,000 per family
Include psychiatrist, psychologist and social worker services.		
HIV/AIDS Benefit	100%	1,510 per family
Drug or alcohol rehabilitation	100%	1,510 per family

Monthly Contribution
N\$1,696

Super Day-to-Day

Annual Benefit: N\$33,000

	Namaf Tariff %	Benefits
Professional Services		
GP consultations	100%	6,500 per beneficiary
GP consultations	100%	11,000 per family
Specialists consultations	100%	12,000 per beneficiary
Specialists consultations	100%	20,000 per family
Pathology- out-of-hospital	100%	10,800 per beneficiary
Pathology- out-of-hospital	100%	18,000 per family
Acute Medication Benefit (51% co-payment on Branded Medication and 30% co-payment on Generic Medication)		
Acute medication	70% of NRP	14,400 per beneficiary
Acute medication	70% of NRP	24,000 per family
Self-medication	70% of NRP	4,500 per family
Optical Benefit		
Optical- lenses every 2nd year	100%	2,200 per beneficiary
Optical- lenses every 2nd year	100%	5,000 per family
Optical- frame every 2nd year	100%	1,500 per beneficiary
Optical- frame every 2nd year	100%	3,000 per family
Optical- test- one per beneficiary per year	100%	700 per beneficiary
Dentistry Benefit		
Dentistry- basic- fillings, extractions and oral hygiene.	100%	24,000 per family
Dentistry- specialised- dental implants, crown, bridges, dentures and orthodontic treatment.	100%	30,000 per family
Note:		
* Consultations 2 per year per beneficiary		
* X-ray limited to 4 per year per beneficiary		
* Preventative dentistry- 2 consultations per year		
* Crowns- 3 per year with 10% co-payment		
* Dentures limited to one set in 5 years		
* Orthodontic treatment- 20% co payment		
External Prosthesis (Wheelchair, Crutches etc.)		
Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear)	100% of cost	18,000 per family
Appliances- other	100% of cost	6,500 per family
Paramedical Services		
Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists)	100%	15,000 per family
Mental Wellness		
Include psychiatrist, psychologist and social worker services.	100%	12,000 per family
HIV/AIDS Benefit	100%	1,510
Drug or alcohol rehabilitation	100%	1,510

Monthly Contribution
N\$2,650



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Comprehensive Plans



Camelthorn

Comprehensive Plan

Overall Annual Limit: N\$3.2 million

	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Accommodation and theatre	95%	320,000 per family
Accommodation private ward	95%	24,000 per family
Blood transfusions	95%	320,000 per family
Medicine while in hospital	95%	50,000 per family
Hospital casualty & Dr call out fee	95%	10,000 per family
Physiotherapy in hospital (subject to doctors referral)	95%	7,000 per family
Psychiatric care	95%	45,000 per family
Internal prosthesis (incl. cardiac, spinal and orthopedic prosthesis. Joint replacements - N\$5,000 co-payment)	95% of cost	65,000 per family
Oncology in or out hospital (including chemo and radiation treatment)	95%	400,000 per family
Organ transplant (including renal dialysis)	95%	360,000 per family
Step-down/hospice/private nursing	95%	38,000 per family
Pathology	95%	50,000 per family
Chronic Medication Benefit (51% co-payment on Branded Medication and 30% co-payment on Generic Medication)		
Chronic medicine in or out of hospital	70% of NRP	18,000 per beneficiary
Chronic medicine in or out of hospital	70% of NRP	24,000 per family
Chronic medicine- Bi-annual GP & specialist consultations	95%	2 visits per beneficiary
Radiology (In and out of Hospital)		
Basic radiology	95%	40,000 per family
Specialised radiology (MRI/CT/pet scan/bone density)	95%	50,000 per family
Consultations and Procedures (In Hospital)		
GP/specialist consultations	125%	OAL
Surgical procedures (Scopes- gastroscopes/colonoscopes/arthroscopes- N\$ 2,500 co-payment on hospital account)	125%	OAL
Reconstructive Surgery	125%	18,000 per family
Admission	95%	
Surgery and procedure		
Dental Surgery	125%	70,000 per family
Admission	95%	
- Maxillo-facial & oral surgery (non-elective/trauma, all-inclusive surgery, treatment & services)		
- Dental implants (part of day to day benefit limit)		
Refractive Surgery	125%	20,000 per family
Admission	95%	
Including cataract surgery, glaucoma surgery, eye muscle surgery, corneal surgery, eye removal, vitreo-retinal surgery, etc.		
Excimer laser and radial keratotomy.		
Maternity Benefit		
Maternity confinement	100%	68,00 per family
Maternity procedure in theatre	225%	OAL
Neonatal care (28 days)	100%	250,000 per family
Antenatal consultations	100%	12 per pregnancy
Antenatal scans	100%	2 per pregnancy
Pediatrician visits – postnatal	100%	2 per year
Prenatal vitamins	100%	1,200 per year
Lifestyle and Wellness Benefits	95%	6,000 per family
Subject to registration and 12-month commitment.		
Dietician and biokinetics subject to authorisation and managed care programme		
Reproductive health – oral and injectable contraceptives and IUD (limited over 3 years)	100%	
Wellness benefits/screenings (separate list of wellness benefits)		

Camelthorn

Annual Day-to-Day Benefits: N\$50,000

	Namaf Tariff %	Benefits
Professional Services		
GP consultations	100%	9,000 per beneficiary
GP consultations	100%	15,000 per family
Specialists consultations	100%	18,000 per beneficiary
Specialists consultations	100%	30,000 per family
Pathology- out-of-hospital	100%	11,000 per beneficiary
Pathology- out-of-hospital	100%	18,000 per family
Acute Medication Benefit (51% co-payment on Branded Medication and 30% co-payment on Generic Medication)		
Acute medication	70% of NRP	10,000 per beneficiary
Acute medication	70% of NRP	16,000 per family
Self-medication	70% of NRP	4,000 per family
Optical Benefit		
Optical- lenses every 2nd year	100%	4,800 per beneficiary
Optical- lenses every 2nd year	100%	8,000 per family
Optical- frame every 2nd year	100%	3,600 per beneficiary
Optical- frame every 2nd year	100%	6,000 per family
Optical- test- one per beneficiary per year	100%	750 per beneficiary
Dentistry Benefit		
Dentistry- basic- fillings, extractions and oral hygiene	100%	24,000 per family
Dentistry- specialised- dental implants, crowns, bridges, dentures and orthodontic treatments.	100%	40,000 per family
Note:		
*Consultation 2 per year per beneficiary		
* X-ray limited to 4 per year per beneficiary		
* Preventative dentistry- 2 consultations per year		
* Crowns- 3 per year with 10% co-payment		
* Dentures limited to one set in 5 years		
* Orthodontic treatment- 20% co payment		
External Prosthesis (Wheelchair, Crutches, Artificial Arms/Legs/Eyes.etc.)		
	100% of cost	16,000 per family
Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear)	100% of cost	18,000 per family
Appliances- other eg glucometers, blood pressure monitors, stockings, braces	100% of cost	6,000 per family
Paramedical Services		
	100%	10,000 per family
Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists)		
Mental Wellness		
	100%	12,000 per family
Include psychiatrist, psychologist and social worker services.		
HIV/AIDS Benefit	100%	1,510
Drug or alcohol rehabilitation	100%	1,510

Camelthorn

Monthly Contributions

INDIVIDUAL RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	3,487	2,904	2,056
26-30	3,922	3,297	2,056
31-35	4,600	3,752	2,056
36-40	5,088	4,314	2,056
41-45	5,915	5,067	2,056
46-50	7,091	6,106	2,056
51-55	8,173	7,081	2,056
56-60	9,635	8,395	2,056
61-65	11,459	10,091	2,056
66-75	13,504	11,999	2,056
75+	15,550	13,833	2,056

GROUP RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	3,139	2,614	1,851
26-30	3,530	2,967	1,851
31-35	4,140	3,377	1,851
36-40	4,579	3,883	1,851
41-45	5,323	4,560	1,851
46-50	6,382	5,495	1,851
51-55	7,355	6,373	1,851
56-60	8,672	7,556	1,851
61-65	10,313	9,082	1,851
66-75	12,154	10,799	1,851
75+	13,995	12,450	1,851

Maroela

Comprehensive Plan
Overall Annual Limit: N\$1.25 million

	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Accommodation and theatre	95%	125,000 per family
Accommodation private ward	95%	24,000 per family
Blood transfusions	95%	125,000 per family
Medicine while in hospital	95%	30,000 per family
Hospital casualty & Dr call out fee	95%	6,000 per family
Physiotherapy in hospital (subject to doctors referral)	95%	6,000 per family
Psychiatric care	95%	30,000 per family
Internal prosthesis per family (incl. cardiac, spinal and orthopedic prosthesis. Joint replacements - N\$5,000 co-payment)	95% of cost	58,000 per family
Oncology in or out hospital (including chemo and radiation treatment)	95%	220,000 per family
Organ transplant (including renal dialysis)	95%	250,000 per family
Step-down/hospice/private nursing	95%	32,000 per family
Pathology	95%	30,000 per family
Chronic Medication Benefit (51% co-payment on Branded Medication and 30% co-payment on Generic Medication)		
Chronic medicine in or out of hospital	70% of NRP	9,500 per beneficiary
Chronic medicine in or out of hospital	70% of NRP	15,000 per family
Chronic medicine- Bi-annual GP & specialist consultations	70%	2 visits per beneficiary
Radiology (In and out of Hospital)		
Basic radiology	95%	30,000 per family
Specialised radiology	95%	38,000 per family
Consultations and Procedures (In Hospital)		
GP/specialist consultations	125%	OAL
Surgical procedures (Scopes- gastroscopes/colonoscopes/arthroscopes- N\$ 2,500 co-payment on hospital account)	125%	OAL
Reconstructive Surgery		
Admission	95%	
Surgery and procedure		15,000 per family
Dental Surgery		
Admission	95%	
- Maxillo-facial & oral surgery (non-elective/trauma, all-inclusive surgery, treatment & services)		
- Dental implants (part of day to day benefit limit)		
Refractive Surgery		
Admission	95%	
Including cataract surgery, glaucoma surgery, eye muscle surgery, corneal surgery, eye removal, vitreo-retinal surgery, etc. Excimer laser and radial keratotomy.		10,000 per family
Maternity Benefit		
Maternity confinement	100%	55,000 per family
Maternity procedure in theatre	225%	OAL
Neonatal care (28 days)	100%	100,000 per family
Antenatal consultations	100%	12 per pregnancy
Antenatal scans	100%	2 per pregnancy
Pediatrician visits – postnatal	100%	2 per year
Prenatal vitamins	100%	1,200 per year
Lifestyle and Wellness Benefits		
Subject to registration and 12-month commitment.		
Dietician and biokinetics subject to authorisation and managed care programme		
Reproductive health – oral and injectable contraceptives and IUD (limited over 3 years)	95%	
Wellness benefits/screenings (separate list of wellness benefits)		

Maroela

Annual Day-to-Day Benefits per Family: N\$18, 000

	Namaf Tariff %	Benefits
Professional Services		
GP consultations	100%	3,500 per beneficiary
GP consultations	100%	6,000 per family
Specialists consultations	100%	10,000 per beneficiary
Specialists consultations	100%	15,000 per family
Pathology- out-of-hospital	100%	6,500 per beneficiary
Pathology- out-of-hospital	100%	11,000 per family
Acute Medication Benefit (51% co-payment on Branded Medication and 30% co-payment on Generic Medication)		
Acute medication	70% of NRP	8,000 per beneficiary
Acute medication	70% of NRP	14,000 per family
Self-medication	70% of NRP	2,500 per family
Optical Benefit		
Optical- lenses every 2nd year	100%	2,700 per beneficiary
Optical- lenses every 2nd year	100%	4,500 per family
Optical- frame every 2nd year	100%	2,500 per beneficiary
Optical- frame every 2nd year	100%	4,100 per family
Optical- test- one per beneficiary per year	100%	750 per beneficiary
Dentistry Benefit		
Dentistry- basic- fillings, extractions and oral hygiene	100%	12,500 per family
Dentistry- specialised- dental implants, crown, bridges, dentures and orthodontic treatment.	100%	18,000 per family
Note:		
* Consultation 2 per year per beneficiary		
* X-ray limited to 4 per year per beneficiary		
* Preventative dentistry- 2 consultations per year		
* Crowns- 3 per year with 10% co-payment		
* Dentures limited to one set in 5 years		
* Orthodontic treatment- 20% co payment		
External Prosthesis (Wheelchair, Crutches, Artificial Arms/Legs/Eyes.etc.)		
Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear)	100% of cost	10,000 per family
Appliances- other	100% of cost	3,000 per family
Paramedical Services		
Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists)		
Mental Wellness		
100%		
8,000 per family		
Include psychiatrist, psychologist and social worker services.		
HIV/AIDS Benefit	100%	1,510
Drug or alcohol rehabilitation	100%	1,510

INDIVIDUAL RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	2,904	2,396	1,240
26-30	3,032	2,512	1,240
31-35	3,191	2,650	1,240
36-40	3,392	2,745	1,240
41-45	3,678	2,989	1,240
46-50	3,933	3,201	1,240
51-55	4,272	3,477	1,240
56-60	4,876	3,975	1,240
61-65	5,724	4,685	1,240
66-75	6,689	5,438	1,240
75+	6,689	5,438	1,240

GROUP RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	2,614	2,156	1,116
26-30	2,728	2,261	1,116
31-35	2,872	2,385	1,116
36-40	3,053	2,471	1,116
41-45	3,310	2,690	1,116
46-50	3,539	2,881	1,116
51-55	3,845	3,129	1,116
56-60	4,388	3,578	1,116
61-65	5,152	4,217	1,116
66-75	6,020	4,894	1,116
75+	6,020	4,894	1,116



HERITAGE
HEALTH®
LIVE BOLDLY

Affordable Plans



Hoodia

Overall Annual Limit: N\$250 000

Acute Hospitalisation services are provided by Private Hospitals

	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Accommodation and theatre	95%	25,000 per family
Accommodation private ward	95%	3,000 per family
Blood transfusions	95%	25,000 per family
Medicine while in hospital	95%	15,000 per family
Hospital casualty & Dr call out fee	95%	3,500 per family
Physiotherapy in hospital (subject to doctors referral)	95%	4,000 per family
Psychiatric care	95%	15,000 per family
Internal prosthesis per family (incl. cardiac, spinal and orthopedic prosthesis. Joint replacements - N\$5,000 co-payment)	95% of cost	28,000 per family
Oncology in or out hospital (including chemo and radiation treatment)	95%	130,000 per family
Organ transplant (including renal dialysis)		No benefit
Step-down/hospice/private nursing	95%	15,000 per family
Pathology	95%	20,000 per family
Chronic Medication Benefit (51% co-payment on Branded Medication and 30% co-payment on Generic Medication)		
Chronic medicine in or out of hospital	70% of NRP	3,800 per beneficiary
Chronic medicine in or out of hospital	70% of NRP	7,000 per family
Chronic medicine- Bi-annual GP & specialist consultations	70%	2 visits per beneficiary
Radiology (In and out of Hospital)		
Basic radiology	95%	15,500 per family
Specialised radiology	95%	18,300 per family
Consultations and Procedures (In Hospital)		
GP/specialist consultations	125%	OAL
Surgical procedures (Scopes- gastroscopes/colonoscopes/arthroscopes- N\$ 2,500 co-payment on hospital account)	125%	OAL
Reconstructive Surgery		
		No benefit
Dental Surgery		
	125%	20,000 per family
Admission	95%	
- Maxillo-facial & oral surgery (non-elective/trauma, all-inclusive surgery, treatment & services)		
- Dental implants (part of day to day benefit limit)		
Refractive Surgery		
		No benefit
Maternity Benefit		
Maternity confinement	100%	25,000 per family
Maternity procedure in theatre	225%	OAL
Neonatal care (28 days)	100%	75,000 per family
Antenatal consultations	100%	12 per pregnancy
Antenatal scans	100%	2 per pregnancy
Pediatrician visits – postnatal	100%	2 per year
Prenatal vitamins	100%	1,200 per year
Lifestyle and Wellness Benefits		
	95%	6,000 per family

Subject to registration and 12-month commitment.

Dietician and biokinetics subject to authorisation and managed care programme

Reproductive health – oral and injectable contraceptives and IUD (limited over 3 years) 95%

Wellness benefits/screenings (separate list of wellness benefits)

Hoodia

Annual Day-to-Day Benefits: N\$13 000

	Namaf Tariff %	Benefits
Professional Services		
GP consultations	100%	1,800 per beneficiary
GP consultations	100%	3,000 per family
Specialists consultations	100%	3,600 per beneficiary
Specialists consultations	100%	6,000 per family
Pathology- out-of-hospital	100%	3,960 per beneficiary
Pathology- out-of-hospital	100%	6,600 per family
Acute Medication Benefit (51% co-payment on Branded Medication and 30% co-payment on Generic Medication)		
Acute medication	70% of NRP	5,000 per beneficiary
Acute medication	70% of NRP	8,500 per family
Self-medication	70% of NRP	2,500 per family
Optical Benefit		
Optical- frame and lenses every 2nd year	100%	2,000 per beneficiary
Optical- frame and lenses every 2nd year	100%	2,800 per family
Optical- test- one per beneficiary per year	100%	500 per beneficiary
Dentistry Benefit		
Dentistry- basic- fillings, extractions and oral hygiene	100%	8,000 per family
Dentistry- specialised- dental implants, crown, bridges, dentures and orthodontic treatment	100%	10,500 per family
Note:		
* Consultation 2 per year per beneficiary		
* X-ray limited to 4 per year per beneficiary		
* Preventative dentistry- 2 consultations per year		
* Crowns- 3 per year with 10% co-payment		
* Dentures limited to one set in 5 years		
* Orthodontic treatment- 20% co payment		
External Prosthesis (Wheelchair, Crutches, Artificial Arms/Legs/Eyes.etc.)		No Benefit
Appliances- hearing aids (Limited to 1 hearing aid in 5 years per ear)	100% to cost	6,200 per family
Appliances- other	100% to cost	2,600 per family
Paramedical Services	100%	4,500 per family
Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists)		
Mental Wellness	100%	6,000 per family
Include psychiatrist, psychologist and social worker services.		
HIV/AIDS Benefit	100%	1,510
Drug or alcohol rehabilitation	100%	1,510

INDIVIDUAL RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,866	1,537	615
26-30	1,866	1,537	615
31-35	2,067	1,738	615
36-40	2,067	1,738	615
41-45	2,650	2,120	615
46-50	2,650	2,120	615
51-55	3,148	2,491	615
56-60	3,233	2,544	615
61-65	4,187	3,307	615
66-75	4,187	3,307	615
75+	4,187	3,307	615

GROUP RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	1,679	1,383	553
26-30	1,679	1,383	553
31-35	1,860	1,565	553
36-40	1,860	1,565	553
41-45	2,385	1,908	553
46-50	2,385	1,908	553
51-55	2,833	2,242	553
56-60	2,910	2,290	553
61-65	3,768	2,976	553
66-75	3,768	2,976	553
75+	3,768	2,976	553

Moringa

Acute Hospitalisation services are provided by State Hospitals.
Selected Day Hospital procedures are provided by Private Facilities.

	Namaf Tariff %	Benefits
Hospital Benefits (Subject to clinical risk management protocols)		
Accommodation and theater in State Hospital	100% State Tariff	All Procedures
Accommodation and theater in Private Hospital	100% Namaf Tariff	Selected Procedures
Blood transfusions	100% State Tariff	10,000 per family
Medicine while in hospital	100% State Tariff	5,000 per family
Physiotherapy in hospital		No benefit
Psychiatric care		No benefit
Internal prosthesis per family (including cardiac, spinal, orthopedic prosthesis)		No benefit
Oncology in or out hospital (including chemo and radiation treatment)		No benefit
Organ transplant (including renal dialysis)		No benefit
Step-down/hospice/private nursing		No benefit
Pathology	100% State Tariff	2,500 per family
Chronic Medication Benefit (30% co-payment on Branded Medication; Generic Medication- no levy. Subject to prior registration)		
Chronic medicine in or out of hospital N\$300 per script	100% of NRP	2,500 per family
Specialised medication (biological drugs)		No benefit
Radiology (In and out of Hospital)		
Basic radiology	100% State Tariff	3,000 per family
Specialised radiology		No benefit
Consultations and Procedures (In Hospital)		
GP/specialist consultations	100%	5,000 per family
Surgical procedures (Scopes- gastroscopes/colonoscopes/arthroscopes- N\$ 2,500 co-payment on hospital account)	100%	5,000 per family
Reconstructive Surgery		No benefit
Dental Surgery		
- Maxillo-facial & oral surgery (non-elective/trauma, all-inclusive surgery, treatment & services)		No benefit
- Dental implants (hospitalisation)		No benefit
- Dental implants (procedure)		No benefit
Refractive Surgery		No benefit
Maternity Benefit		
Maternity confinement	100%	10,000 per family
Maternity procedure in theatre	100%	12,500 per family
Antenatal consultations	100%	6 per pregnancy
Antenatal scans	100%	2 per pregnancy

	Namaf Tariff %	Benefits
Professional Services		
GP consultations	100%	2,000 per beneficiary (max 380 per consult)
GP consultations	100%	5,000 per family (max 380 per consult)
Specialists consultations		No benefit
Pathology- out-of-hospital	100%	Unlimited per family
Acute Medication Benefit (30% co-payment on Branded Medication; Generic Medication- no levy. Subject to prior registration)		
Acute medication	100% of NRP	2,000 per beneficiary
Acute medication	100% of NRP	5,000 per family
Self-medication		No benefit
Optical		
Optical- frame and lenses every 2nd year	100%	925 per family
Optical- test- one per beneficiary per year	100%	105 per family
Dentistry		
Dentistry- basic (basic fillings and extractions)	100%	2,500 per family
Dentistry- specialised		No benefit
Note:		
Dentistry		
* Consultations 2 per year per beneficiary		
* Preventative dentistry- 2 consultations per year		
* X-ray limited to 4 per year per beneficiary		
External Prosthesis		No benefit
Appliances- hearing aids		
Appliances- other		
Paramedical Services		No benefit
Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists)		
Mental Wellness		No benefit
Include psychiatrist, psychologist and social worker services.		
HIV/AIDS Benefit	100%	1,510
Drug or alcohol rehabilitation	100%	1,510

Moringa

Monthly Contributions

INDIVIDUAL RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	800	641	292
26-30	827	657	292
31-35	875	694	292
36-40	922	737	292
41-45	970	774	292
46-50	1,018	806	292
51-55	1,060	848	292
56-60	1,108	885	292
61-65	1,166	928	292
66+	1,208	970	292

GROUP RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	720	577	262
26-30	744	591	262
31-35	787	625	262
36-40	830	663	262
41-45	873	696	262
46-50	916	725	262
51-55	954	763	262
56-60	997	797	262
61-65	1,049	835	262
66+	1,088	873	262

INCOME RATES

Income Band	Principal Member	Adult Dependant	Child Dependant
0 - 1 500	732	584	262
1 501 - 3 000	809	644	262
3 001 - 6 000	895	710	262
6 001-10 000	975	780	262

	Namaf Tariff %	Benefits
Hospital Annual Benefits	No In-Hospital benefits	
Annual Day to Day Benefits	Annual limit (per family)	Unlimited
Professional Services		
GP consultations	100%	2,000 per beneficiary (max 380 per consult)
GP consultations	100%	5,000 per family (max 380 per consult)
Specialists consultations		No benefit
Pathology- out-of-hospital	100%	Unlimited per family
Radiology- out-of-hospital	100%	Unlimited per family
Acute Medication Benefit (30% co-payment on Branded Medication; Generic Medication- no levy. Subject to prior registration)		
Acute medication	100% of NRP	2,000 per beneficiary
Acute medication	100% of NRP	5,000 per family
Self-medication		No benefit
Optical Benefit		
Optical- frame and lenses every 2nd year	100%	925 per family
Optical- test - one per beneficiary per year	100%	105 family
Dentistry Benefit		
Dentistry- basic (basic fillings and extractions)	100%	2,500 per family
Dentistry- specialised		No benefit
Note:		
* Consultations 2 per year per beneficiary		
* Preventative dentistry- 2 consultations per year		
* X-ray limited to 4 per year per beneficiary		
External Prostheses		
No benefit		
Appliances- hearing aids		
Appliances- other		
Paramedical Services		
No benefit		
Supplementary and paramedical services (Include physiotherapy, speech therapy, occupational therapy, dieticians, podiatry, orthoptic treatment, audiometry, hearing aid acoustics, biokinetics, chiropractors, osteopaths, homeopaths, naturopaths and herbalists)		
Mental Wellness		
No benefit		
Include psychiatrist, psychologist and social worker services.		
HIV/AIDS Benefit	100%	1,510
Drug or alcohol rehabilitation	100%	1,510

Aloe

Monthly Contributions

INDIVIDUAL RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	366	292	154
26-30	376	297	154
31-35	398	323	154
36-40	419	339	154
41-45	440	355	154
46-50	461	371	154
51-55	482	387	154
56-60	504	408	154
61-65	525	424	154
66+	546	440	154

GROUP RATES

Age Band	Principal Member	Adult Dependant	Child Dependant
18-25	329	262	138
26-30	339	267	138
31-35	358	291	138
36-40	377	305	138
41-45	396	320	138
46-50	415	334	138
51-55	434	348	138
56-60	453	367	138
61-65	472	382	138
66-75	491	396	138

INCOME RATES

Income Band	Principal Member	Adult Dependant	Child Dependant
0 - 1 500	334	265	138
1 501 - 3 000	368	298	138
3 001 - 5 000	406	326	138

MORINGA AND ALOE

PREAPPROVED TARIFFS

The following benefit tariff codes are pre-approved and can be done at the discretion of the treating clinician.

RADIOLOGY

Tariff Code	Description		
3615	Routine obstetric ultrasound 10 to 20 weeks	62100	X-ray of the left humerus
3617	Routine obstetric ultrasound at 20 to 24 weeks	62105	X-ray of the right humerus
10100	X-ray of the skull	63100	X-ray of the left elbow
11120	X-ray of the nasal bones	63105	X-ray of the right elbow
14100	X-ray of the mandible	64100	X-ray of the left forearm
20100	X-ray of soft tissue of the neck	61405	X-ray of the right forearm
30100	X-ray of the chest, single view	65100	X-ray of the left hand
30110	X-ray of the chest two views, PA and lateral	65105	X-ray of the right hand
30120	X-ray of the chest complete with additional views	65120	X-ray of the finger
30150	X-ray of the ribs	65130	X-ray of the left wrist
30155	X-ray of the chest and ribs	65135	X-ray of the right wrist
34100	X-ray mammography including ultrasound.	65140	X-ray of the left scaphoid
34101	X-ray mammography unilateral, including Ultrasound	65145	X-ray of the right scaphoid
34110	X-ray mammography study for localisation	71100	X-ray of the left femur
34120	X-ray stereotactic mammography? Localisation	71105	X-ray of the right femur
34130	X-ray stereotactic mammography? Biopsy	72100	X-ray of the left knee one or two views
34140	X-ray of biopsy specimen of the mamma	72105	X-ray of the right knee one or two views
34200	Ultrasound study of the breast	72110	X-ray of the left knee, more than two views
40100	X-ray of the abdomen	72115	X-ray of the right knee, more than two views
40105	X-ray of the abdomen supine and erect, or decubitus	72120	X-ray of the left knee including patella
40110	X-ray of the abdomen multiple views including chest	72125	X-ray of the right knee including patella
40210	Ultrasound study of the whole abdomen including the pelvis	72150	X-ray both knees standing? Single view
43250	Ultrasound study of the pregnant uterus, first trimester	73100	X-ray of the left lower leg
43260	Ultrasound study of the pregnant uterus, second trimester	73105	X-ray of the right lower leg
43270	Ultrasound study fo the pregnant uterus, third trimester, first visit	74100	X-ray of the left ankle
51110	X-ray of the cervical spine, one or two views	74105	X-ray of the right ankle
51120	X-ray of the cervical spine, more than two views	74120	X-ray of the left foot
53110	X-ray of the lumbar spine, one or two views	74125	X-ray of the right foot
53120	X-ray of the lumbar spine, more than two views	74130	X-ray of the left calcaneus
55100	X-ray of the pelvis	74135	X-ray of the right calcaneus
56100	X-ray of the left hip	74140	X-ray of both feet - standing - single view
56110	X-ray of the right hip	74145	X-ray of a toe
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 scapula		
61125	X-ray of the right acromio-clavicular joint		
61130	X-ray of the left shoulder		
61135	X-ray of the right shoulder		

PATHOLOGY

Tariff Code Description

53709	Antiglobulin Test (Coomb's or trypsinized red cells)
53743	Erythrocyte sedimentation rate
53755	Full blood count (includes items 53739,53762,53783,53785,53791)
53762	Haemoglobin estimation
53764	Grouping: A B and O antigens
53765	Grouping: Rh antigens
53783	Leucocyte differential count
53785	Leucocytes: total count
53791	Packed cell volume: Haematocrit
53797	Platelet count
53805	Prothrombin index
53816	T and B-cells EAC markers (per marker)
53865	Parasites in blood smear
53867	Miscellaneous (body fluids urine, exudate, etc)
53869	Faeces (including parasites)
53881	Mycobacteria
53887	Antibiotic susceptibility test: per organism
53893	Bacteriological culture: miscellaneous
53922	viable cell count
53923	Biochemical identification of bacterium: abridged
53932	Antibodies to human immunodeficiency virus (HIV) ELISA
53946	IgM: specific antibody titer: EELISA/EMIT: per Ag
53948	IgG: specific antibody titer: ELISA/EMIT: per Ag
53949	Qualitative Kahn, VDRL or other flocculation
53961	Quantitative Kahn, VDRL or other flocculation
53961	Slide agglutination test
53974	Polymerase chain reaction
53999	Albumin
54001	Alkaline phosphatase
54006	Amylase
54009	Bilirubin: total
54010	Bilirubin: conjugated
54025	Chol/HDL/LDL/Trig
54026	LDL cholesterol (chemical determination)
54027	Cholesterol total
54028	HDL cholesterol
54032	Creatinine
54057	Glucose: Quantitative
54064	HbA1c (HPL Method)
54113	Potassium
54114	Sodium
54117	Protein: Total
54130	Aspartate aminotransferase (AST)
54131	Alanine aminotransferase (ALT)
54133	Lactate dehydrogenase (LD)
54134	Gamma glutamyl transferase (GGT)
54147	Triglyceride
54151	Urea
54155	Uric acid
54171	sodium + potassium + chloride + CO2 + urea
54188	Urine dipstick, per stick (irrespective of the number of tests on stick)
54450	HCG; Monoclonal immunological: Qualitative
54451	HCG; Monoclonal immunological: Quantitative
54482	Free thyroxine (FT4)
54507	Thyrotropin (TSH)
54531	Hepatitis: per antigen or antibody
54543	collection material: per patient (not chargeable with any consultation item)
54566	Vaginal or cervical smears, each
53865	Parasites in blood smear
54117	Protein: Total

DENTISTRY

Tariff Code	Description
8101	Appointment
8343	Amalgam - 3 surface
8104	Examination for specific problem
8344	Amalgam - 4 or more surface
8107	Radiographs
8351	Resin - Ones surface
8109	Infection control
8110	Sterile tray
8145	Local Anaesthetic
8201	Extraction 1st tooth
8352	Filling (small)
8202	Extraction 2nd tooth
8353	Filling (medium)
8341	Amalgam - 1 surface
8354	Filling (large)
8342	Amalgam - 2 surfaces

OPTICAL

Tariff Code	Description
560	Accommodative Support Lens
1200	Intermediate to Near Lens
250	Single Vision Standard CR39 Lens
250	Single Vision Standard Glass Lens
560	Bifocal CR39 Lens
560	Bifocal Glass Lens
1200	Multifocal CR39 Lens
1200	Multifocal Glass Lens
530	Single Vision Surfaced CR39 Lens
530	Single Vision Surfaced Glass Lens
600	Consultation: Refraction, Tonometry and Visual Fields
500	Consultation/Refraction only
550	Consultation & Tonometry or Visual Field
460	Re-Examination

DAY THEATRE PROCEDURES - LIMITED TO MORINGA

Tariff Code	Procedure
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude
0311	Excision of large benign tumour (more than 5cm)
1105	Removal of adenoids
1587	Upper gastro-intestinal endoscopy
1653	Total colonoscopy
1676	Flexible sigmoidoscopy (including rectum and anus)
1677	Sigmoidoscopy: First and subsequent with or without biopsy
1949	Cystoscopy
1954	Urethroscopy
2133	Circumcision: Clamp procedure
2137	Circumcision: Surgical excision other than by clamp or dorsal slit - any age
2139	Circumcision: Dorsal slit of prepuce (independent procedure)
2272	Removal of small superficial benign lesions
2436	Hysteroscopy (excluding after-care)
2443	Dilatation and curettage (D&C) (excluding after-care)
2444	Fractional dilatation and curettage (D&C) (excluding after-care)
2799	Procedures for pain relief: Intrathecal injections for pain
2801	Procedures for pain relief: Epidural injection for pain
2802	Procedures for pain relief: Peripheral nerve block
2825	Excision: Neuroma Peripheral Excision
3287	Spinal joint and ligament injection

ADDITIONAL INFORMATION

JOINING AND RESIGNING THE FUND

- **Joining**

Fund membership is effective from the first day of the month. Members may join during the year, as the Fund's benefit year is from 1 January to 31 December. Members may receive pro-rated benefits when joining during the course of the year. This means that annual benefit limits may be calculated according to the number of months left in the benefit year from the date of joining.

- **Resigning**

Members are required to provide one month written notice when resigning the Fund by submitting a resignation notice by the 15th of the month and paying contributions for the notice month. Resignation notices received after the 15th will only become effective in the subsequent month.

PRE-EXISTING CONDITIONS AND NON-DISCLOSURES

- Pre-existing conditions are any medical-related condition and/or symptom for which treatment was received before joining the Fund.
- A 12-month exclusion period may be placed on such conditions, meaning that all costs incurred on any related treatment will not be covered by the Fund during this period.
- If found that, misleading or incorrect information was submitted or that relevant information such as the presence of pre-existing conditions was deliberately omitted on an application form, the Fund may in terms of its rules re-underwrite the members application or terminate the members Fund membership.

WAITING PERIODS AND EXCLUSIONS

- **New Individual Members**

- A *general waiting period* of **3 months** will apply for all new members.
- A *condition specific waiting period* of **12 months** will apply to day-to-day and major medical expense claims relating to specific illnesses. If a principal member and/or dependant suffers from a specific illness, the Fund has the right to exclude benefits for this specific condition for a period of up to 12 months.
- A *maternity waiting period* of **12 months** will apply to day-to-day and major medical expense claims relating to members that join the Fund already pregnant. All maternity related treatment is included under the 12 months waiting period.

- **New Employer Group Members**

- The Fund **may waive** the above-mentioned waiting periods and exclusions for members/dependants that join the Fund as part of an employer group provided that they become members within 3 months after becoming eligible for membership.
- Should the 3-month cut-off period be missed the above-mentioned waiting periods and exclusions will apply.

- **Continued Condition-Specific Waiting Period**

- A condition-specific waiting period will apply if the previous medical aid Fund imposed such a waiting period and it had not expired at the time of termination.

- **New Born or Adopted Dependents**

- New-borns must be registered on the medical aid within 30 days of their date of birth, in order to qualify for immediate benefits.
- If a member applies to register a baby older than 30 days or newly adopted child as a dependant after 3 months following the date of birth or adoption of the child, the Fund may subject the child dependant to a waiting period.

PRE-AUTHORISATION AND MEDICATION REGISTRATION

• Major Expense Pre-Authorisation

Heritage Health members must obtain pre-authorisation before any major medical benefit will cover any claims. For all planned or emergency hospital admission, specialised radiology, or selected procedures members must contact the Fund to confirm their authorisation number.

Hospital pre-authorisation is a process where a member applies to the Fund prior to hospital admission. Members must obtain pre-authorisation at least 72 hours before hospital admission for a planned procedure. In the case of an emergency requiring hospital admission, authorisation is mandatory within 48 hours after hospital admission.

• Travel Expense Pre-Authorisation

The Fund reimburses members for travel expenses if treatment can only be done outside the town where they normally reside. Travel expenses will only be reimbursed upon pre-authorisation. The following information is required for pre-authorisation.

- A referral letter from the treating doctor
- The date of the treatment appointment
- Completed Travel Reimbursement form with supporting documents
 - Proof of expenses paid
 - Travel documents (e.g., ticket)
 - Pre-authorisation letter from the Fund

The maximum reimbursement fee for travel expenses whether by own private vehicle, by air or by bus is N\$ 7,500 per family per annum.

REFERRALS

• Referral and authorisation for physiotherapy treatment in-hospital

In hospital physiotherapist treatment must be approved by the Fund on the patient's authorisation.

Without a doctors referral letter and Fund authorisation claims for the physiotherapist will not be refunded.

For the post-op treatment for patients who had orthopaedic surgery, Physiotherapists have to apply in advance for the authorisation. The authorisation date should be effective from the date of treatment after the patient was discharged.

• Referral for specific specialist treatment

To access an obstetrics and gynaecology specialist, paediatrician and orthopaedic surgeon, a GP will first have to be consulted to determine if a specialist visit is really clinically necessary. These mentioned specialist claims will be rejected in the absence of a referral letter from a GP.

INTER-HOSPITAL TRANSFERS

No payment will be done for the inter-hospital transfer of patients from a facility that does not have on-site radiology services, to an off-site facility that does provide the service. One of the criteria's to be registered as a hospital is to have an on-site radiology service. Any Hospital without such a service may not bill transfer cost to a patient.

CHRONIC MEDICATION REGISTRATION

• Chronic Medication

Chronic medication is medicine needed to treat a long-term illness. It is taken on a regular basis, usually daily, for a period of 3 months or longer. To ensure appropriate funding, members with chronic conditions should inform the Fund of their conditions as soon as a healthcare provider has diagnosed and provided a prescription for chronic medication. Chronic medication is subject to the available benefits as indicated under each benefit option. When chronic benefits are depleted, the available acute medication benefit is then utilised.

• Acute Medication

Acute medication is medicine prescribed once off for less than a month by a healthcare provider, or medicine for conditions not listed or recognised as chronic conditions by the Fund.

- **Self-Medication**

Self-medication is also referred to as over-the-counter (OTC) medication. It is medicine bought from a pharmacy without a doctor's prescription.

- **Medication Co-Payment Information**

It is important to note that you have a choice between branded and generic medication items and by choosing a branded item you will be subjected to a 51% co-payment. To avoid this co-payment ***please ask your healthcare service provider for a generic alternative***. When purchasing a generic alternative, you will only be subjected to a 30% co-payment. This rule does not apply to Moringa and Aloe plans.

CLAIMS AND CONTRIBUTIONS

- **Published Tariffs**

- Should members make use of service providers charging above the rates published in the product benefit booklet, members will need to Fund any charges over and above these rates out of their own pockets.

- **Claims Submission**

- Claims should be submitted within 4 months from the date on which the services were rendered, otherwise members may lose their right to payment in respect of these claims.

- **Contribution Payment**

- Contributions are payable in advance by no later than the 7th of each month. Debit orders will be deducted on the 1st of every month, except if the 1st day of the month falls on a weekend or public holiday.
- The Fund may suspend the payment of claims if members are more than 30 days behind with the contribution payments. After 3 months of suspension, the Fund may terminate membership if contributions are in arrears for more than 90 days.

ADDITIONAL INSURANCE BENEFITS

- **International Medical Travel Insurance**

The Fund through International Medical Travel Insurance provides for **emergency** medical expenses for members and/or their dependants traveling internationally. The cover is limited to N\$ 10 million per incident, up to a maximum of 90 days per trip, and 180 days in total per annum in a foreign country. The International Medical Travel Insurance does not apply to any non-emergency and planned elective surgery or procedure. ***This benefit does not apply to Moringa and Aloe products.***

- **Emergency Evacuation**

The Fund through Rescue Me Insurance, offers emergency evacuation services by road and by air to all active members. All authorised air ambulance flights and long-distance road ambulance transport services are covered. All emergency services required for life sustaining during evacuation are covered.

CHANGING PERSONAL DETAILS OR BENEFIT OPTIONS

- **Changing Personal Details**

The Fund requires that members provide up-to-date personal and banking details. Kindly inform the Fund should there be any changes in the following;

- Contact details
- Banking details
- Marital status
- Addition or termination of dependants
- Passing away of the principal member or any registered dependant(s)

The Fund will not be held liable for any service not provided to the member due to the member's failure to furnish or update their relevant details.

- **Changing Benefit Options**

Members can submit requests to change benefit option up to the 15th of January of the new benefit year. Members will receive new membership cards should they change their benefit option.

Clinitouch Remote Patient Monitoring

Proven remote patient monitoring technology from the UK is now available to people in Namibia as Clinico Health Group announces new partner.

Access, affordability and quality of healthcare services in Namibia are set to be transformed through a pioneering new partnership between Clinico Health Group and Clinitouch.

The remote patient monitoring technology, developed by UK-based Spirit Health and powered by Microsoft, allows medical professionals to track people's health from anywhere, helping to provide better care, no matter the location.

The partnership will focus on 'lifestyle conditions', including Type 2 diabetes and hypertension, where remote monitoring technology can help to monitor symptoms and promote better self-management. It will also explore digital health pathways for asthma, post-operative monitoring and infections that can be managed within primary healthcare.

With proven results that Clinitouch helps to reduce hospital admissions for long-term conditions, this partnership will deliver better care for patients whilst helping to reducing high claims costs for insurers. All patients severely impacted by chronic health conditions or that are far removed from medical services are encouraged to make use of the Clinitouch Remote Patient Monitoring program.

To make use of the Clinitouch service, you will need a smart phone or tablet. Clinitouch allows you to stay in touch with our team of doctors and nurses. The Clinitouch application allows for small surveys informing us about your health condition as well as inserting your daily health readings taken from your medical devices be it scale, blood pressure or blood sugar measurements. Our team monitor the results and reach out to you if concerns or abnormalities are noted. In this manner we ensure that your treatment is always optimal and that you avoid costly hospitalisation.

Contact us on clinitouch@clinicohealth.com A member of the Clinico team will reach out to you to register you on the program. The program is free of charge for all Heritage Health members. All you need is your own mobile phone or tablet.

'Clinitouch connects patients with their clinical team, so that their health can be remotely monitored from anywhere.'



Wellness Benefits

Wellness services are paid from the hospital benefits on all plans, except Moringa and Aloe Plans.

Category	Sub-Category	Age Band	Frequency	Namaf Tariff rate
Immunisation program	- Influenza Vaccination	All	Annually	100%
	- Baby Immunisation	First 6 years of life	Ministry of Health Protocols	100%
	- Tetanus	All	Annually	100%
	- Pneumococcal	Age 60 years & older, only high risk people	Annually	100%
Screening benefit	- BMI	Adults	Once every year	100%
	- Blood sugar test (finger prick)	Adults	Once every year	100%
	- Blood Pressure test	Adults	Once every year	100%
	- Cholesterol test (finger prick)	Adults	Once every year	100%
Early Detection tests (at a GP)	General physical exam	Adults 30-59 years	1 medical exam every 3 years	100%
		Adults 60-69 years	1 medical exam every 2 years	100%
	Pap smear	Adults 70 years / older	1 medical exam every year	100%
	- consultation	Females 15 years +	Once every year	100%
	- pathology test	Females 15 years +	Once every year	100%
	Prostate Specific	Males 40-49 years	Every 5 years	100%
	Antigen (PSA) Test	Males 50-59 years	Every 3 years	100%
	(Pathologist)	Males 60-69 years	Every 2 years	100%
		Males 70 years / older	Every year	100%
	Free prostate Specific	Males 40-49 years	Every 5 years	100%
	Antigen (Free PSA)	Males 50-59 years	Every 3 years	100%
	Only if PSA is raised	Males 60-69 years	Every 2 years	100%
	(Pathologist)	Males 70 years / older	Every year	100%
	Only if finger prick is			
	Raised above 6mmo/L			
	- LDL	Adults	Once every year	100%
	- basic total	Adults	Once every year	100%
	- HDL	Adults	Once every year	100%
	- Triglyceride	Adults	Once every year	100%
	-Lipogram	Adults	Once every year	100%
	Only if finger prick is			
	Raised above 11mmo/L			
	- Blood sugar- Quantitive	Adults	Once every year	100%
	Mammogram	Females 40 years +	Once every 2 years	100%
	(Includes sonar)			
	Bone Densitometry	Adults 50 years +	Once every 3 years	100%
	Glaucoma test	Adults 40-49 years	Once every 2 years	100%
		Adults 50 years +	Once every year	

Chronic Condition List

	Moringa & Aloe	Hoodia, Maroela, Kiaat & Acacia	Camelthorn & Baobab
Addison's disease	Yes	Yes	Yes
Ankylosing spondylitis	No benefit	Yes	Yes
Asthma	Yes	Yes	Yes
Attention Deficit Hyperactivity Disorder	No benefit	Yes	Yes
Behest's disease	No benefit	No benefit	Yes
Benign Prostatic hypertrophy	No benefit	Yes	Yes
Bipolar mood disorder	Yes	Yes	Yes
Bronchiectasis	Yes	Yes	Yes
Cardiac failure	Yes	Yes	Yes
Cardiomyopathy	Yes	Yes	Yes
Chronic Obstructive Pulmonary Disease	Yes	Yes	Yes
Chronic renal disease	Yes	Yes	Yes
Connective tissue disorder (mixed)	No benefit	No benefit	Yes
Coronary artery disease	Yes	Yes	Yes
Crohn's disease	Yes	Yes	Yes
Cushing's disease	No benefit	No benefit	Yes
Cystic fibrosis	No benefit	No benefit	Yes
Delusional disorder	No benefit	No benefit	Yes
Dermatomyositis	No benefit	Yes	Yes
Diabetes insipidus	Yes	Yes	Yes
Diabetes mellitus types 1 and 2	Yes	Yes	Yes
Dysrhythmias	Yes	Yes	Yes
Epilepsy	Yes	Yes	Yes
Gastro oesophageal/reflux	Yes	Yes	Yes
Generalised anxiety disorder	No benefit	Yes	Yes
Glaucoma	Yes	Yes	Yes
Haemophilia	Yes	Yes	Yes
Huntington's disease	No benefit	No benefit	Yes
Hyperlipidaemia	Yes	Yes	Yes
Hyperparathyroidism	Yes	Yes	Yes
Hypertension	Yes	Yes	Yes
Hypothyroidism	Yes	Yes	Yes
Major depression	Yes	Yes	Yes
Motor neurone disease	No benefit	No benefit	Yes
Multiple sclerosis	Yes	Yes	Yes
Muscular dystrophy and other inherited myopathies	No benefit	No benefit	Yes
Myasthenia gravis	No benefit	No benefit	Yes
Obsessive compulsive disorder	No benefit	No benefit	Yes
Osteoporosis	Yes	Yes	Yes
Paget's disease	No benefit	Yes	Yes
Panic disorder	No benefit	Yes	Yes
Paraplegia	No benefit	No benefit	Yes
Parkinson's disease	Yes	Yes	Yes
Pemphigus	No benefit	No benefit	Yes
Pituitary micro adenomas	No benefit	No benefit	Yes
Polyarthritis Noosa	No benefit	Yes	Yes
Post-traumatic stress disorder	No benefit	No benefit	Yes
Psoriasis/dermatitis/eczema	No benefit	Yes	Yes
Psoriatic arthritis	No benefit	Yes	Yes
Pulmonary interstitial fibrosis	No benefit	No benefit	Yes
Quadriplegia	No benefit	No benefit	Yes
Rheumatoid arthritis	Yes	Yes	Yes
Schizophrenia	Yes	Yes	Yes
Sjogren's syndrome	No benefit	No benefit	Yes
Stroke	Yes	Yes	Yes
Systemic lupus Erythematosus	Yes	Yes	Yes
Systemic sclerosis	No benefit	No benefit	Yes
Thrombocytopenia purpura	No benefit	No benefit	Yes
Trigeminal Neuralgia	No benefit	No benefit	Yes
Ulcerative colitis	Yes	Yes	Yes
Valvar heart disease	No benefit	No benefit	Yes
Wegener's granulomatosis	No benefit	No benefit	Yes

Chronic Medication Registration

All chronic medication needs to be registered with the Fund by submitting your Doctor script to the administrator office.

It is important to note that you have a choice between branded and generic medication items and by choosing a branded item you will be subjected to a 51% co-payment. To avoid this co-payment **please ask your healthcare service provider for a generic alternative**. When purchasing a generic alternative, you will only be subjected to a 30% co-payment. This rule does not apply to Moringa and Aloe plans.

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