

FREE COPY

# THE BACKUP

Newsletter

NAMIBIA MEDICAL CARE | 2017 BENEFITS GUIDE

## Encouraging Equality in the Workplace



Gender inequality exists for many reasons, but chiefly because of the biological differences between men and women. Instead of focusing on who a person is and what that person can do, there is still the tendency to see the gender of a person first, and make capacity and commitment assumptions.

Naturally, women bear children and breastfeed, and (though it is changing in more urban areas and amongst higher educated and more widely travelled people) this can result in debilitating cultural inequalities. In far too many societies, women still take on the full responsibilities for childcare even if they are also working, continuing their

education or engaged in social activities of their choice.

Cultural and traditionally-inspired social and familial expectations, judgements and pressures in Namibia often encourage women to do most or all home chores, and bear the primary burden of caring for ill and elderly family members.

The laws of the land can also promote gender inequality on many levels. For example, the Labour Act currently provides only for maternity and not paternity leave. This tends to reiterate the message that family responsibilities are female responsibilities.

It can also mean that women are pressured into choosing employers

that positively implement the legal provisions regarding family responsibilities. Workplace decisions by women can be at a cost of reaching management positions or positions that tend to require duty hours that are a challenge to homemaking and childrearing responsibilities.

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# Remarks from the Chairperson

“ NMC managed to keep premiums as low as possible, largely due to the visionary leadership of the Trustees and the Principal Officer, Alison Begley. **Thinus Smit** NMC Chairperson ”

**I**t is an honour for me to present to you the NMC Backup Newsletter for 2017. I am pleased to report to you that the Fund continued to record positive year-on-year growth in the face of economic headwinds.

The most devastating drought in three decades, which has resulted in companies, particularly in the manufacturing and construction sectors, downscaling their operations due to water challenges in the central areas; as well as the deteriorating international economic and political environment, have all presented serious challenges for the local economy and for our members.

Despite the above and unrelenting medical costs, the Fund remains in a good financial position and membership continues on an upward trajectory, resulting in a total membership of around 30,290 main members and 68,550 dependents as at the end of 2016.

NMC spent an estimated N\$875 million in claims payments during 2016.

The Fund's Solvency ratio also remains in-line with NAMFISA's requirement.

NMC managed to keep premiums as low as possible, largely due to the visionary leadership of the Trustees and the Principal Officer, Alison Begley.

The average increase in member contributions for 2017 was kept reasonably low at 9.67%.

#### Added Benefits

As always, our excellent added benefits continue to enrich our members' lives. These benefits include the comprehensive wellness programme, emergency evacuation, premium waiver in case the principal member passes away, the additional hospital benefit, our lenient ex-gratia policy, the HIV/AIDS programme, international medical travel insurance and gym rebates.

#### Corporate Social Responsibility

NMC ran the I SEE.U, mental wellness campaign, which culminated into an event held on 28 September, 2016 at the Windhoek Golf and Country Club. The event was a first of its kind, and participation from members as well as the general public exceeded expectations.

In 2016, the Fund remained one of the benefactors of Mister Sister, a not-for-profit entity, that provides mobile

primary healthcare services to people living in rural areas of Namibia. NMC makes a monthly contribution to the cause.

The Trust that receives financial assistance from NMC and Methealth enabled 11 medical and pharmaceutical students to continue with their studies during 2016.

In addition, funds collected from the I SEE.U, mental wellness event were donated to the Autism Association of Namibia. It is our fervent hope that the Fund will continue to introduce innovative and relevant projects that have a huge impact on the lives of our members, their families and the community at large.

#### Conclusion

On behalf of the Board of Trustees and myself, I wish to thank our Principal Officer for her dedication and hard work; our loyal members for their support and encouragement; health professionals for their commitment and for taking care of our members, and lastly, Methealth Namibia Administrators for their efficient management of the Fund.



## Who We Are

**A** BOARD of Trustees elected by members every third year at the Annual General Meeting manages the Fund. The Trustees make important decisions on behalf of members to ensure that NMC remains sustainable whilst offering good benefits.

#### Day-to-Day Management of the Fund

A Principal Officer is appointed in accordance with the Rules of the Fund, the Medical Aid Funds Act and other applicable legislation to oversee the day-to-day running of the Fund. Alison Begley fills this important role at NMC.

**Alison Begley: Principal Officer**



# Board of Trustees



**Rachel Coomer**

Trustee and member of the Student Financial Assistance Committee



**Daniël Louw**

Trustee and member of the Student Financial Assistance Committee



**Thinus Smit**

Chairperson and member of the Executive and Audit Committees



**Gerson Kamatuka**

Trustee and member of the Executive Committee



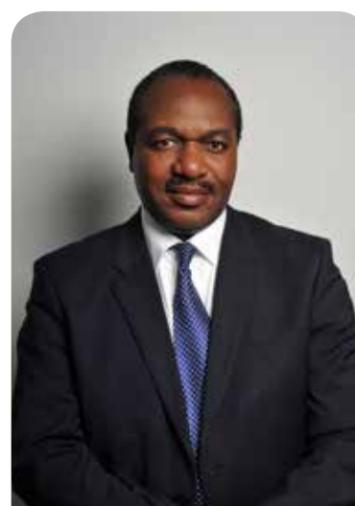
**Hendrik Muisoor**

Trustee and member of the Audit and Investment Committees



**Reggy Izaks**

Trustee and member of the Executive and Investment Committees



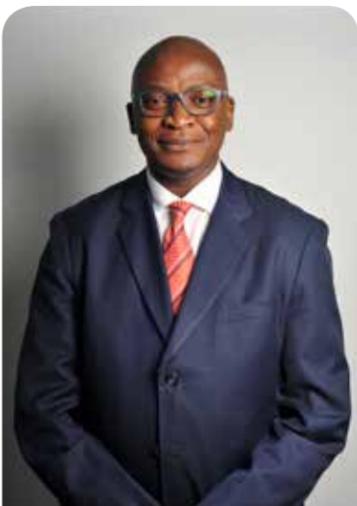
**Veston Malango**

Trustee and member of the Executive and Investment Committees



**Pinehas Mutota**

Trustee and member of the Student Financial Assistance and Audit Committees



**Alfeus Benjamin**

Trustee and member of the Investment Committee



**Shavuka Mbidhi**

Trustee



**Revival Doëses**

Trustee

# Fund Performance

## 1. Financial Performance

The Namibia Medical Care Fund ("NMC" or "the Fund") ended 2015 in a healthy and satisfactory financial position.

The current financial goal of the NMC Trustees is to maintain the solvency ratio at close to 30%.

The Trustees believe that at this level of solvency, the Fund will be able to withstand all likely financial shocks without endangering the ability of the Fund to pay all valid claims as they fall due. It is also not desirable for the Fund to build excessive reserves as this will have a negative impact on the value of money its members receive. The regulatory minimum guideline is to have a solvency ratio of 25%.

At the end of 2015, the solvency ratio of NMC was equal to 29.2%. This is the fifth consecutive year that the Fund has managed to maintain a solvency level very close to the target. The solvency ratio has reduced by 0.9% since 2014 despite the Fund generating a surplus from its operations amounting to N\$25 million before the addition of investment returns.

The investment strategy is designed to deliver stable returns in excess of medical inflation. Even though the strategy delivered lower than expected returns due to the adverse investment market returns, the Fund still managed to generate an additional N\$17.1 million in net investment returns.

The Fund generated a total surplus of N\$42.1 million over the year. The main reason for the reduction in the solvency ratio was the increase in the membership as discussed below in section 2.

All the options of NMC managed to deliver a satisfactory financial result in 2015. In our view this is an indicator of a financially healthy fund.

The financial performance of each option is analysed and monitored on a continuous basis and the aim is to ensure a consistent performance across all options as this will avoid cross-subsidies between options and will allow the Fund to implement similar increases for all the options, which in turn, reduces the risk profile of the Fund.

## 2. Membership

The Fund continued to attract new members over the course of 2015. The total number of members increased from 27 093 at the end of 2014 to 29 542 at the end of 2015. This represents an increase of 9.0% over the year. The membership growth was spread

across all the options with the Ruby option showing the highest level of membership growth.

It is beneficial for a medical aid fund to attract new members and consistently increase its total membership every year as this prevents a situation whereby, on average, the members of the Fund would grow older every year.

The increase in membership, however, puts pressure on the solvency ratio of the Fund, which now has to attract relatively younger and healthy members to keep the risk pool healthy and thereby benefit all members.

## 3. Contributions and Benefits

The contributions and benefits of all the options offered by NMC are reviewed on an annual basis. This is done to ensure that the benefits remain relevant and competitive and to allow for the impact of the annual medical tariff adjustments (also called medical inflation).

The change in the contribution tables for each option is driven by three main factors. These are the annual tariff adjustments, the increase in utilisation (members tend to use the services more often and this includes the impact of newer and more expensive treatments and medicines) and then the increase due to benefit changes and allocations to the reserves.

These three factors are different for each option, but on average for the Fund, these values were as follows for the last year:

Most of the benefit limits were improved for the 2015 benefit year to ensure that the limits keep track with the increasing cost driven by the increase in the tariffs. The limits for self-medication were increased by 20% and the limits for auxiliary services (Biokinetics, Psychology, Social Workers and Physiotherapy) were increased by up to 25% for most of the options.

The overall limits on the Topaz and Topaz Plus options were also increased significantly.

## 4. Outlook

We expect the Fund to maintain its strong financial position in the near future and to withstand all likely financial and other risks to which it is exposed. The membership growth has been very good over the first few months of the year and the claims experience is broadly in line with expectations at this stage.

## Financial Snapshot

	2015 N\$'000	2014 N\$'000
Net Contribution Income	1 095 335	922 084
Net Healthcare Expenditure	(970 790)	(815 070)
Gross Healthcare Result	124 545	107 014
Administration Expenses	(99 816)	(91 591)
Net Healthcare Result	24 729	15 423
Net Investment Income	20 124	29 917
Asset Management Fees	(2 772)	(2 465)
<b>Net surplus for the year</b>	<b>42 081</b>	<b>42 875</b>

### STATEMENT OF FINANCIAL POSITION

At 31 December

	2015 N\$'000	2014 N\$'000
<b>Assets</b>		
Non-Current Assets	58 882	47 417
Current Assets	381 085	334 346
<b>Total Assets</b>	<b>439 967</b>	<b>381 763</b>

### Equity and Liabilities

Member's Funds	319 415	277 334
Non-Current Liabilities	-	-
Current Liabilities	120 552	104 429
<b>Total Equity and Liabilities</b>	<b>439 967</b>	<b>381 763</b>

### Reserve Level

(Members' fund / Net contributions)	29%	30%
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### Solvency Ratio

(Total assets / Net claims)	45%	47%
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## 8. Membership statistics

FINANCIAL YEAR	2015	2014
Total Membership as at 31 December	66 732	61 437
Principal Members	28 142	26 023
Pensioners	1 400	1 070
Dependents	37 190	34 344
Average Number of Members	64 871	60 083
Member to Dependand ratio	1:1.26	1:1.27
Member to Pensioner ratio	1:0.05	1:0.04
Average Age of Members	40.94	40.1



### World Class Actuarial and Consulting Solutions in Namibia

Since 1995, Directors of i3 Actuarial and Consultants, Kobus Crous and Nico Smit, have been providing actuarial consulting solutions within the retirement, insurance and healthcare funding industries of Southern Africa.

We consult to NMC, governmental organizations, and some of the largest corporate and parastatal funds in Namibia.

Our commitment to the principles of independence, integrity and ingenuity provides our clients with a business advantage that only a truly impartial consultancy can.

With offices in Windhoek and Cape Town, we provide a diverse suite of services within a range of actuarial and consulting disciplines, including Life Insurance, Retirement Funds, Investment Consulting, Healthcare and Accounting Valuations.

After meeting Kobus and Nico, you'll understand why our clients entrust us with their most valuable assets: you and your benefits.

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For solutions tailored to meet your specific requirements, we invite you to contact Kobus Crous on Tel: 061 300 358 (Office) or Cell: 081 124 0217; or email him at: [kobus@i3actuarial.co.za](mailto:kobus@i3actuarial.co.za)

# From Therapist to PA

By Sonja Roux,  
PA to the NMC Principal Officer, Alison Begley



**AFTER receiving my qualifications in the Health and Skin Care Industry, I thought I was now able to do what I was destined to do and what I always wanted to do. Even though I was only 20 years of age, I felt well-accomplished and qualified.**

But some few months into my job, I started asking myself if working as a therapist is what I really wanted to do for the rest of the working years of my life. To make a long story short, I ended up in the medical administration field, working as a personal assistant.

People often ask me if being a personal assistant is what I want to do, and my answer is always YES! I love being my boss's right arm, and I want to be indispensable to her. I have learned some of the most valuable life lessons, administration etiquette and the ways of corporate business in my career as a personal assistant.

Between the mountains of filing, and the telephone stuck to my ear most of the time, there is rarely a dull moment. At the end of the day,

it is so rewarding to hear a member say: "thank you for your kind assistance".

My job is not only about managing a diary and arranging flight tickets, but I have become my boss' memory, helping her remember useful information such as names of people with whom she must

**I love the variety my job presents and the numerous opportunities to acquire a new skill...you literally become a jack-of-all-trades.**

interact, her main associates and their birthdays and other important dates.

To be the best at what I do, I have to understand my boss's strategic objectives and assist her in achieving them. For this, it is imperative to understand her standards and boundaries as well as targets and goals. This helps me understand her decisions and also gives me insight into her thinking and priorities.

I have learned to focus on the bigger picture rather than on the pile of papers I must work on every day, and I have come to understand why my boss makes certain decisions and comments. When you know the job and what motivates your principals at the office, you come to a point where you appreciate the criticism, because of the urge to become more efficient and effective.

I make it my goal to seek comprehensive answers to questions; this not only saves time, but also assists me in correspondences and in putting every new enquiry in its right place.

I have learned that instead of complaining about problems; I should think of solutions, hence my motto from Albert Einstein: "You cannot resolve a problem with the same thinking that created it".

I love the variety my job presents and the numerous opportunities to acquire a new skill...you literally become a jack-of-all-trades.

It is important to realise that nothing you learn goes to waste. For example, my earlier qualifications and studies helped me to understand what it means to be a professional. It is something no one can take away from me, and something that I can build upon.

When thinking of the role of a personal assistant, a familiar movie comes to mind: *The Devil Wears Prada*. In some ways the movie is so true – you ought to become the best version of yourself in many

aspects and be attuned to the spoken and unspoken requirements of your chief.

I am most fortunate to have a supervisor who is also a great mentor; she guides, informs and advises me unselfishly, on tactics and methods to best cope with the pressures and challenges I am faced with professionally.

Of course, one always has future goals and aspirations. I am focussed on learning something new every day that can help me shape that future even better. I strive hard to build upon my current state of preparedness for the bigger and exciting things that are yet to come in my life as I perfect my career as a PA and beyond.

## Premiums & Membership Department

The Premiums and Membership Department is one of the busiest departments under Methealth Namibia Administrators. The department's primary role is to ensure that payments are made and allocated to the Fund on a monthly basis.

Mr. Nick Nel recently took up the position of Manager: Premiums and Membership, bringing with him 21 years of experience. His mandate is to ensure that the department runs like a well-oiled machine.

The Premiums and Membership Department comprises 12 Premium Clerks, three Membership Clerks, a Team Leader and a Head of Department.

The department provides the following services to members and employer groups:

### Invoices

Premium clerks prepare invoices that are sent out to groups and individual members for payment every month.

### Receive & Allocate Payments

The Premiums and Membership Department receives payments from groups and individuals on a monthly basis and allocates them to the respective accounts of members or employer groups. According to NMC's rules, all payments to the Fund should be made by the 7th of each month.



FLTR | Shady Gawanas, Jacqueline Kolz, Yvonne Ases, Zane Motzinger, Awie Meyer and Tataleni Armas.  
BLTR | Memory Martins, Weritjiwa Katjiri, Dimbulukueni Johanna Tobias, Jonas Kalenga, Niclaas Nel, Melody Morkel, Sofia Uupindi and Lee Ann Engelbrecht.

## Premiums & Membership Department (Cont')

### Changes to Member Data

The Premiums and Membership Department is responsible for all changes to the personal details of members on the medical aid fund system.

### Students

The department monitors the registration and deregistration of dependents of members who are still students on the medical aid fund system. Members should ensure that registration of a dependent at an institution of higher

learning is submitted to the Premiums and Membership Department in the month that the dependent reaches the age of 21, otherwise the dependent is automatically deregistered from the Fund.

### Trustee Reporting

The Premiums and Membership Department reports turn-around times on member registration as well as the receipt and allocation of payments to the Trustees on a monthly basis.



FLTR: Saima Nangombe, Suzanne Claassen and Lavinia Jonas.

## Interesting Statistics

2016 actual and projected:

- 6543 new registrations
- 1243 babies born into the Fund and 1224 new dependents added
- 14568 invoices issued and payments placed for groups

## Corporate Social Responsibility

# Rebranded Mister Sister, Mobile Clinics Continue to Bring Healthcare to Namibians

Thanks to NMC's support, the Mister Sister mobile primary healthcare clinics will continue their operations with a brand new look. From 2017 onwards, main sponsorship of the mobile health units will pass from the successful care of the PharmAccess Foundation in partnership with the Ministry of Health and Social Services to the experienced care of Healthworks Business Coalition Namibia.



Since 2011 the mobile clinics, which provide primary healthcare services to underserved communities, were previously run by the PharmAccess Foundation in a unique public/private partnership with the Ministry of Health and Social Services.

NMC has supported the Mister Sister mobile clinics program since 2012, with the donation of two mobile clinics and monthly funding to deliver services to the poorest informal settlements in the City of Windhoek, marginalised because of the absence of sufficient public or private health services.

In 2016, the mobile clinics provided over 13,000 patient visits and wellness screening, including HIV testing to over 3,000 individuals, both in workplaces and in communities.

One of the key successes of the Mister Sister program has been the ability to provide health services free of charge to workplaces where the staff cannot afford medical aid membership and to communities where these workers, their families and dependents live.

The agreement with the Ministry of Health and Social Services, which facilitates the free provision of medicines, makes the model affordable.

PharmAccess's Ingrid Weissnar explained that the organisation identifies gaps in the healthcare system, develops innovative solutions through partnerships, pilots these innovations and demonstrates proof of principle.

"Once this is done and the innovation works well, we find local partners to continue and grow the operations. The

Mister Sister program has reached this stage, and PharmAccess is proud to transition the program to our long-time partner," said Weissnar.

With effect from January 2017, the Mister Sister primary healthcare clinics will be fully transitioned from PharmAccess Namibia to Healthworks Business Coalition Namibia.

Healthworks, previously known as the Namibia Business Coalition on HIV/AIDS, has been providing wellness services and workplace program solutions to companies in the public and private sectors since 2003.

Healthworks provides these services and the TB extension program in partnership with the Ministry of Health and Social Services. The inclusion of the Mister Sister mobile primary healthcare service is a logical next step to expand their portfolio and offer a more comprehensive service to workplaces and the community.

Peter van Wyk, CEO of Healthworks said they are delighted to have been given this opportunity to continue the excellent work by the Mister Sister Programme (PharmAccess Namibia) under the tutelage of Ms. Weissnar and her team.

"We are looking forward to fully engage with the support of companies and partners of the Mister Sister Programme and hope for meaningful dialogue with all partners involved to strive for that excellent benchmark already set," said van Wyk.

Frida Muteka, Manager of the Mister Sister clinics, says she is pleased with

the development of the Mister Sister mobile primary healthcare clinics and the support of all partners, especially NMC.

"We have daily confirmation of the value of the services and the gratitude of the community for bringing health services within ease of reach."

Muteka gave an example of children who took their grandmother to the mobile clinic in an old shopping trolley. She said it was the only way they could get her to a health facility, and despite clinics bringing services closer to the people, many still face barriers to access healthcare services.

"Without the support of our partners, we would not be able to jointly make a difference in thousands of people's lives every year and we look forward to continuing this work under the Healthworks Business Coalition umbrella," said Muteka.

## NMC Donates to National Medical Outreach Services Programme



Namibia Medical Care (NMC) donated medical equipment valued at N\$17,159.28 towards the National Medical Outreach Services (NMOS) programme.

At the Board of Trustees meeting held on 28 June 2016, the NMC Trustees resolved to sponsor medical equipment required to ensure effective delivery by the NMOS team. The equipment donated include 1 ENT set valued at N\$8,315.24, 1 suction machine

valued at N\$7,211.58, two catheter introducers valued at N\$896.46 and two clocks for a theatre and recovery room valued at N\$736.00.

Announcing the donation, NMC Board of Trustees Chairperson, Thinus Smit said, "We trust that this contribution will make a difference in the lives of the uninsured citizens who benefit from this noble NMOS initiative."

The initiative, which is conducted

by a group of volunteer medical officers and specialists from both the public and private sectors, is aimed at bringing specialised medical services closer to communities.

This reduces the referral of patients to intermediate/national referral hospitals, and relieves the burden on referrals related expenses including the inconvenience experienced by patients/their relatives during the entire process.

## Corporate Social Responsibility

# Depression and Suicide: What You Need to Know

NMC through its I. See. U. Campaign has been raising awareness about the realities of mental health in Namibia, where an estimated 8,527 old and new mental health patients were treated in public health centres in 2015 alone. This high figure does not include those treated by private mental health practitioners or those who never seek or receive treatment.

**THE** aim of the campaign is not only to improve the mental health of members, but to also raise awareness about the mental health needs of all people in the country. Mental illness carries a stigma in Namibian society and is often undiagnosed, ignored and misunderstood.

Negative cultural and traditional labelling of people with mental health issues is rampant when a better understanding of the range of conditions involved could bring relief, treatment and workable solutions to individuals (their loved ones) who are affected by mental illness.

Several health professionals in various disciplines presented topics on mental wellness and fielded questions from the audience.

Psychological Counsellor Stefan Theron presented a topic on adult depression and suicide.

### What is depression?

According to Theron, depression is a common, but serious mood disorder, which causes severe symptoms that affect how people feel, think and handle daily activities, such as sleeping, eating, or working. He said the symptoms must be present consistently for at least two weeks before a diagnosis of depression could be considered.

Depression does not discriminate. It strikes people regardless of their race, social status, religion, family backgrounds, rich, poor, young or old; it can affect anyone.

Even world renowned novelist J.K. Rowling, of the successful "Harry Potter" books and movies, once suffered from severe depression and contemplated suicide when she was a young, single mother and a struggling writer.

### What are the symptoms of depression?

There are several symptoms of depression, chief among them persistent sadness, anxiety, or an "empty" mood, feelings of hopelessness, or pessimism, irritability, feelings of guilt, worthlessness, or helplessness, loss of interest or pleasure in hobbies and activities, decreased energy or fatigue,

moving or talking more slowly, feeling restless or having trouble sitting still and thoughts of death or suicide, or suicide attempts.

Other symptoms include difficulties in concentrating, remembering, or making decisions, having problems sleeping, early-morning awakening, or oversleeping, appetite and/or weight changes and aches or pains, headaches, cramps, or digestive problems without a clear physical cause that do not ease even with treatment.

### What are possible causes of depression?

Theron said that different causes combine to form depression. These can be critical life events, illness, personality, family history, giving birth, drugs and alcohol, and loneliness.

### What are the forms of depression?

There are different forms of depression including disruptive mood dysregulation disorder, major depressive disorder (including major depressive episode), persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, substance/medication-induced depressive disorder, depressive disorder due to another medical condition and bipolar disorder.

### How does depression affect teens?

Psychological Counsellor, Anina du Toit, from Let's Talk Psychologists spoke about teens and depression.

She said depression in teenagers is different from normal sadness because it engulfs teenagers' day-to-day lives, interfering with their ability to work, study, eat, sleep and have fun. Du Toit further said that the feelings of helplessness, hopelessness, and worthlessness are intense and unrelenting, with little, if any, relief.

### What are the symptoms in teens?

Teenage depression can be caused by being extremely sensitive to rejection or failure. Du Toit said that teens who are depressed often have a negative view of themselves, the world and



The I.See.U. Campaign culminated in the Mental Wellness Day that was held on 28 September 2016 at the Windhoek Golf Club. Proceeds from the event – valued at N\$18,748.80 went to the Autism association of Namibia.

**FLTR:** Ben Nandago, NMC Fund Manager; Petra Dillmann, Autism Association of Namibia; Alison Begley, NMC Principal Officer; and Shavuka Mbidhi, NMC Trustee.

their future.

They often complain of physical illnesses such as headaches and stomach aches and make threats or attempts to run away from home.

Teenagers suffering from depression are always sad, feeling 'blue', irritable and/or complain that nothing is fun anymore. They have low energy, poor appetite and trouble concentrating, and are frequently absent from school.

### Why do teens suffer from depression?

There are several factors that lead to teens being depressed and these include genetics, prenatal factors, stressful life events, academic pressure, social status with peers, sexual orientation, family relationships, parental depression, cognitive style and parental care.

According to du Toit, parents of depressed teenagers should give their children breathing room, but should not ignore the problem. They should focus on listening and not lecturing. They should be gentle, but persistent and consistent in how they deal with the teenager affected.

Adult loved ones of a depressed teen should encourage social connection and interaction on small levels at first. Most of all, parents (even though this is tremendously difficult) need to make their interactions all about that teenager's needs, and not about their own guilt feelings, fears and anger issues.

Parents should seek professional help and involve their children in treatment choices.

She said teachers also have a role to play since children come into contact with more potential rescuers in schools than in the community. Teachers are also important because

children from divorced and/or dysfunctional families are less likely to get help at home.

Du Toit added that any sudden or dramatic change in a teen should be taken seriously, such as an overall decline in grades, decrease in effort, misconduct in the classroom and unexplained or repeated absence from school or home.

### Treatment for depression

Depression can be treated through medication, psychotherapies/counselling, brain stimulation therapies and lifestyle changes.

Theron said that there is no "one-size-fits-all" treatment. "It may take some trial and error to find the treatment that works best for you," she said.

### Reasons people commit suicide

Most people commit suicide because they are depressed, psychotic, impulsive, or because they have done something that they believe is a mistake or taken an action that has repercussions that they do not want to face.

Theron said that true suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention and should not be ignored.

According to the World Health Organisation (WHO), over 800,000 people die every year due to suicide, making suicide the second leading cause of death among 15-29 year olds. In fact, the WHO figures show that there are more deaths from suicide than from war and homicide put together.

### Social support

People suffering from depression should call or text a family member or

friend, a respected adult, church leader or teacher. They must reach out and call emergency services, online forums or call Lifeline/Childline on (061) 23 2221.

### Professional help

They are also urged to enlist the help of health professionals such as psychologists, social workers and psychiatrists.

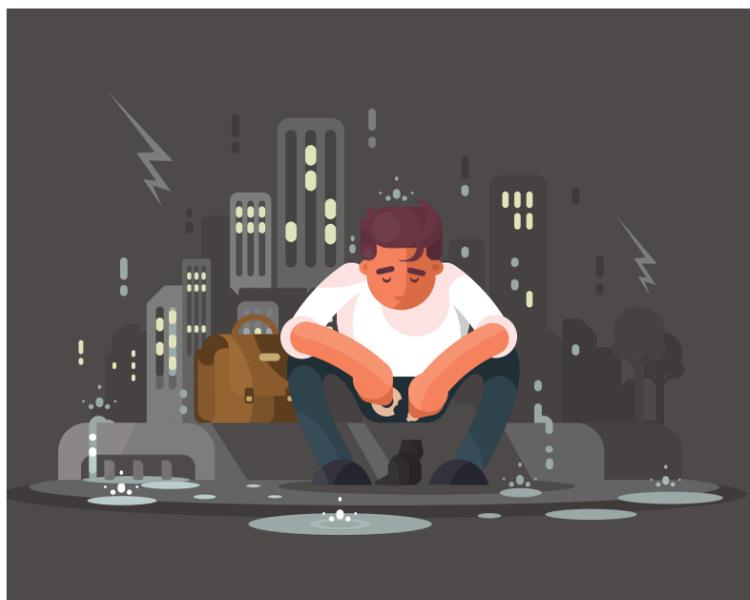
### Distractions

Helpful distractions for depressed people can include exercise, reading inspirational/uplifting books or magazines, watching TV, YouTube or movies, eating good food, playing video games or solving a puzzle, among other things.

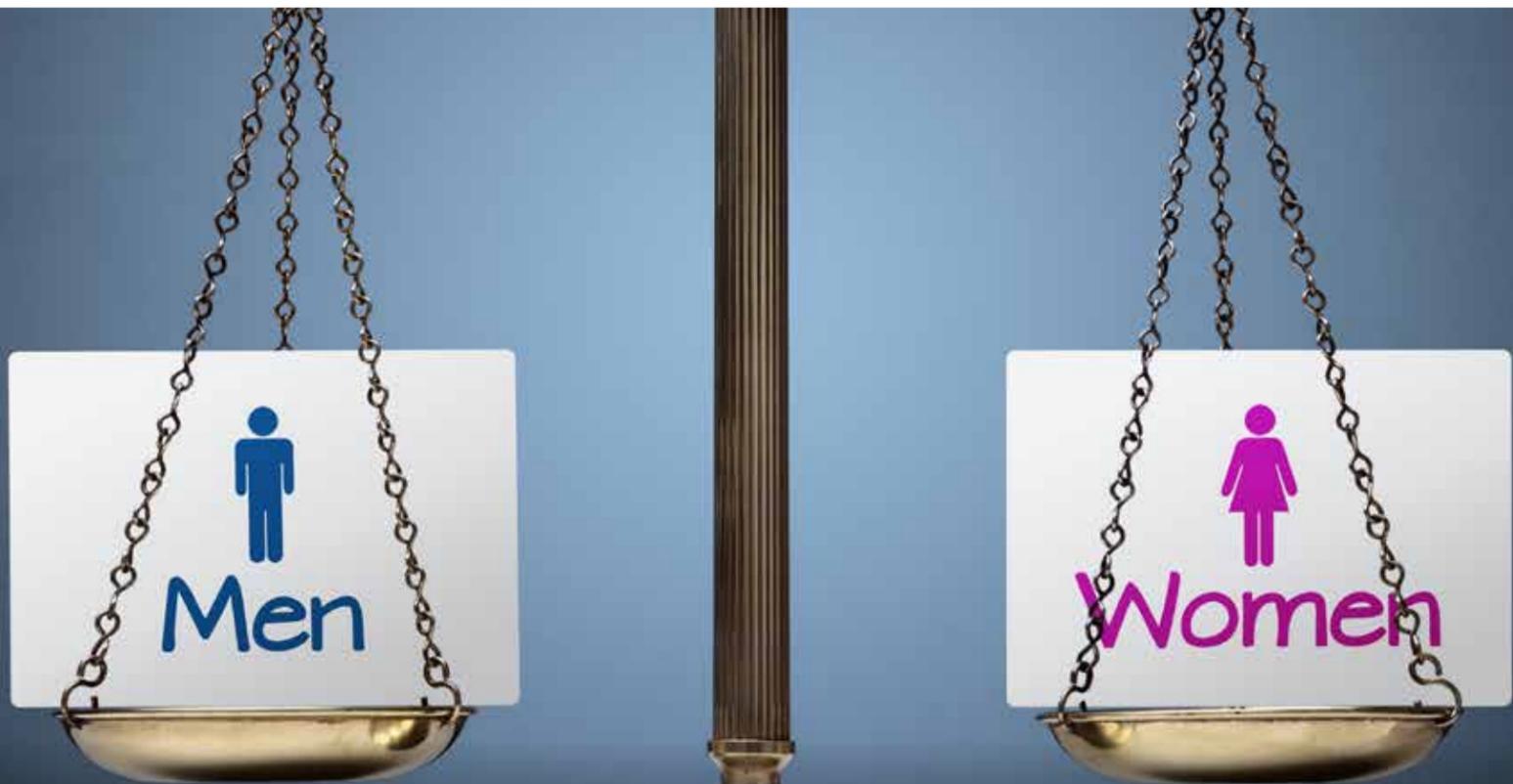
People suffering from depression should set realistic goals for themselves and their recovery. They should never feel pressure to meet a timeline to 'feel better.' Setting small weekly goals like "today I am going to clean my house and do laundry." "Next weekend, I will take a walk around the neighbourhood."

Those who are depressed should continue to educate themselves about their condition as well as postpone making important or life changing decisions (like quitting a job or selling a house or getting a divorce). People suffering from depression should discuss decisions with others who know them well and have a more objective view of their situation.

Most of all, those who are depressed must slowly begin to love themselves again and know that there are options for a better life; there is light at the end of the tunnel.



## BACKUP WISDOM



# Encouraging Equality in the Workplace (cont')

In contrast, and equally problematic, men may feel that they cannot request flexibility regarding family responsibilities even though the provisions in the Labour Act prohibiting discrimination on the basis of family responsibilities may be applied to both men and women. There is no doubt that breastfeeding results in numerous health benefits to both the new born and the mother (and as a consequence the employer), but sadly the Labour Act and many employers do not provide an adequate framework for this.

In Namibia, the impact of culture and tradition is strong in the area of gender issues and employment. For example, there is a common misperception that men are more assertive than women and are well-suited for management jobs, whilst women are wrongly assumed to be 'softer' and less able to cope with management responsibilities.

When women exhibit more assertive traits, they are usually criticised for this (even by other women), whereas similar behaviour is applauded and expected in men. This negativity is a challenge to younger women as they choose their career paths.

However, at NMC and our administrators Methealth, we are pleased to note that we have a realistic representation of men and women in the workplace, with 13 of our senior management consisting of six men and seven women.

At trustee level, two of our trustees are women, and a female Principal Officer, Alison Begley, has led NMC since April 2012.

Her tenure at NMC has proven that whilst gender inequalities do exist, the barriers are not insurmountable.

"To me equality in the workplace takes on the same meaning as it does in my everyday life. It is simply treating everyone the same, regardless of their differences. Whether the difference is a person's age, race, sex, sexual orientation, religion, national origin or physical disability, everyone should be held in the same esteem as any of their coworkers," said Begley.

She added that in her experience as a registered nurse and nurse educator and subsequently in the Funding Industry being a woman never held her back or made her feel as if contributions she made to the healthcare industry were not valued.

Encouraging equal opportunities at all levels in the workplace delivers benefits for workers, employers and for society as a whole. When discrimination exists, the person on the receiving end experiences frustration, stress, anxiety and

depression. These are the main ingredients in the recipe for costly chronic illness.

However, when equal opportunities exist and staff have opportunities to excel regardless of their gender, the benefits are reflected in personal health, workplace productivity, job tenure and retention, and staff who

**Another Labour law problem is that the length of maternity leave does not correlate with international World Health Organisation (WHO) and the Namibian government recommendations that babies be breastfed exclusively for the first six months. The need to breastfeed can clash with the pressure for a new mother to return to work as quickly as possible; this is an ongoing challenge.**

are willing to go the extra mile for the company.

When that happens, a company becomes increasingly productive, making a greater contribution to the society at large.

With benefits at all levels, it makes

sense for companies to take active steps to encourage gender equality. Here are a few ideas to think about:

- Consider offering leadership and mentoring programmes that clarify the non-gender based characteristics of management-level staff that your company wants;
- Encourage a family-friendly working environment to that enables both male and female employees to take responsibility for their families' needs. This could be as simple as having a "bring your child to work" hour during the school holidays, flexibility during lunch so children can be picked up at school, sick leave even when a minor child is sick or has a doctor's appointment, and other innovative regulations;
- Consider developing a family policy that clarifies flexibility – for example, allowing employees who have to drop children at school in the morning to take a shorter lunch break, or allowing employees to work from home on days when childcare needs arise;
- Consider providing or facilitating the opening of workplace crèches if there is sufficient employee interest/demand;
- Consider offering paternity leave benefits on some level. This would benefit both male and female

employees as it sends the message that family responsibilities are not to be borne by the mother alone, reducing the burden on the mother and giving her the confidence to re-enter the workplace after her leave knowing that both parents can take responsibility for childcare issues that inevitably arise down the line.

It also sends a positive message to fathers that their workplace values them not just for the work they do, but also for fulfilling their family responsibilities;

- Support breastfeeding by encouraging women to utilise annual leave after their maternity leave; allowing flexible hours for mid-day feedings (where this is practically feasible); and providing spaces and facilities for the expression and storage of breast milk.

Some of these recommendations are simpler to implement than others. At NMC and Methealth we are continuing with our mandate to encourage equal opportunities in the workplace by holding a "bring your child to work" hour. What will you do in your workplace?

*This article was adapted from the publication Encouraging Equal Opportunities in the Workplace produced by the Legal Assistance Centre.*

In Namibia (and across the world), we do not always see an equal representation of men and women in senior management positions both in the public and private sectors.

## BACKUP WISDOM



FLTR: KarlaMarie Lubbe - Finance | Daleen Steenkamp - PSEMAS Claims Manager | Odette Ferrari - NMC & Bankmed Manager | Beth Clayton - General Manager: Managed healthcare, Myhealth & Wellness | Angrid Shimuafeni - Client Service Manager | Tania Horn - Myhealth & Wellness Manager

# Women in Business: Balancing Family and Work Responsibilities



**Jo-Anne Pote**  
Manager: Funds

Many women now have the opportunity to demonstrate their abilities as effective and influential leaders and pave the way for generations to come.

Unfortunately having the opportunity alone is not enough. Determination, hard work and perseverance are needed to climb the corporate ladder. Anyone seeking corporate success needs to be highly skilled with relevant top level qualifications and possess excellent communications acumen.

Due to sexism in society and the 'glass ceiling' for women that exists in many board rooms, industry executive levels and higher ranks in the public sector, women must overcome more to 'make it.' We need to know our business and job inside and out and in some cases, be twice as good as a man who is competing for the same post.

We need to gain the trust of our peers and superiors while constantly (and often privately) battling cultural and traditional gender barriers in society and in the minds of our colleagues and those whose work we must supervise.

In spite of these challenges (and perhaps, because of them), women aspiring to higher professional and

Times have changed. More and more women are now involved in the world of business than ever before.

business heights must believe in themselves without faltering.

Mistakes are inevitable for all human beings, so we must learn from errors, resolve to never make the same mistake twice, forgive ourselves and move on. This is what shapes us to be better and helps us grow and expand our horizons.

I find that holding onto my values and stepping into my own power and rights as a person has helped me to rise to my true potential. I've had to work hard to get to where I am today, but I am proud of my accomplishments, and believe that every person has the potential to become the best version of themselves.

I would like to salute the brave women in our society, who are the true jugglers and multitaskers of our modern times; the working mothers who study and take care of their families, businesses and homes all at the same time.

I salute women for the early mornings and late nights, and for the tears and joys of having to balance life with all its wonderful challenges.

And while you hold your child in one hand, your laptop in the other, or cook dinner while planning a school activity – keep your chin up - you are the true heroes of our time. I salute you.

### Secrets for Success from some of Our Managers

**Beth Clayton, General Manager: Claims, Client Services and Managed Healthcare and MyHealth.**

A large percentage of top managerial positions are still occupied by men. This is one of the things that motivate me to excel in the corporate world and to show that women are efficient,

effective, value-adding workers. I want to be successful in everything that I do, be it work-related or in my personal life.

However, success is synonymous with hard work. The word "I can't" does not exist in my vocabulary. If I am given a task, whether it is something that I have mastered or something totally new to me, I take ownership of it and make sure that it gets done to the highest standards possible.

I make sure that projects are completed on time even if I have to sacrifice my after-hours and weekends to finish them. I take responsibility for every decision I make, whether right or wrong. Blaming others is not an option nor a solution.

A few years ago, I decided to leave the medical aid industry after 18 years and joined two organizations in sectors totally different from medical aid administration. The transition was not easy, but I realised that it was up to me to make the best of the opportunities that I had been given.

So I put my heart and passion into my work and learned the ropes by approaching others instead of waiting to be taught. Although I worked for these organizations for only a short period, I left with pride knowing that I had done an excellent job and added value.

The medical aid industry is in my blood so I am back after 1½ years of absence. I am passionate about what I do despite the challenges and stress that goes with it. It is my passion and optimism that drives my success.

**Angrid Shimuafeni, Manager: Client Services**

We live in times that require a continuous balancing act for women

to have a fulfilling career, and still manage to take care of their families.

Women's roles in today's society have changed. Not only will you find women in the kitchen putting a meal together, but also at board meetings – in a power suit and crisp shirt, keeping things together for the company.

It is not easy being a professional woman and at the same time giving 110% to being a mother, partner, sister or daughter. What works for me is stretching my 24-hour day, which starts with a prayer to my Creator above.

I have strong support from my loving family that cheers me on no matter what. When I am at home, I trade the heels for sneakers, and it is pots and pans and helping with homework. And when the house is quiet – I try to squeeze in reading a nice book.

There are simply no shortcuts for women with ambitions to achieve higher levels in business; education and hard work are the ladders to claiming our rightful positions in the Namibian society.

Women should support each other, and also do themselves a favour by looking for learning opportunities no matter what level or age they are; it is never too late.

Lastly, I want to urge women to aim high and always maintain an attitude of gratitude towards all mankind. You never know when a coincidence will lead you to an opportunity of a life time. Remember, nothing worth having comes easy.

**Tania Horn, Manager: Wellness and MyHealth**

Traits that are very important for women in the working environment include;

### Drive

Have the determination to work as hard as possible. Never look at what everyone else is doing; focus on doing your best. Be your own person and do your absolute best.

One of my philosophies in life is not to compare myself to others. Comparison is the thief of joy. Be your own person.

### Integrity

This is one of the most important attributes that a person can cultivate. Integrity creates character and defines who you are. Like the Bible says in Proverbs 22:1, "A good name is more desirable than great riches; to be esteemed is better than silver or gold."

Treat all co-workers with respect, regardless of their titles or positions.

If you want to succeed, you've got to have passion. No matter what your job title or position is every single individual can make a difference by contributing positively towards their professional goals and obligations.

Always strive to have willpower and know that you have the strength to see things through. Don't procrastinate when you are given a task or responsibility. Write that management/financial report. Give through the required information to your manager even before the deadline.

Be thankful to God, your Creator, for being healthy, for another day and for having a job. I feel that it must be one of the worst feelings in the world to wake up day-after-day, wanting to have a job and being unable to find and keep one.

## BACKUP WISDOM

# Harambee Prosperity Plan & Health Services in Namibia

The word "Harambee" originates from the Kiswahili language, which means "Pull together in the same direction".

The selection of this word by President Hage Geingob when he introduced the Harambee Prosperity Plan in April last year was deliberate as he encouraged Namibians to work together towards a common purpose.

The foreword of the economic blue print states in part that:

*"I am acutely aware of the burning desire of the Namibian people to inhabit a Namibian House where there is no poverty. Namibians want a house where everyone feels a sense of belonging and where everyone is presented with a fair opportunity to prosper in an inclusive manner and by so doing, ensure that no one feels left out."*

Some of the expected key outcomes of this Plan include a more transparent Namibia; a culture of high performance and citizen-centred service delivery; a significant reduction in poverty levels; a reputable and competitive vocational educational training system; a spirit of entrepreneurship resulting in increased youth enterprise development; improved access to serviced land and housing; guaranteed energy supply and sufficient water for human consumption and business activities.

**Healthcare Facilities within Namibia** Namibia has about 265 clinics, 44

health centres, 1150 outreach points, 30 district hospitals, three intermediate hospitals and one national referral hospital as well as various social welfare service points. There are also 13 Ministry of Health and Social Services regional directorates.

The main health challenges in Namibia are HIV/AIDS, tuberculosis, malaria as well as the increasing number of child and mother mortality rates.

Government is responsible for the public health sector while independent medical aid funds are active in the private sector. A National Health Insurance Scheme is still under discussion, and plans are at an advanced stage to implement it after years of discussion. The format and contributions to the scheme are still undecided at this point.

About 85% of the population rely on public health facilities while only 15% have access to other healthcare facilities. The needs in the public health sector include, subsidised affordable fees for a visit to a medical practitioner and the provision of low cost (and effective) medicine, sufficiently qualified medical practitioners and equipped hygienic facilities in all the country's 14 regions.

According to the Harambee Prosperity Plan, every Namibian must have access

to the public healthcare system even if they are not able to contribute to some of the costs. The private healthcare industry is driven by non-profitable medical aid funds.

There are 10 medical aid funds, including the Public Service Employee Medical Aid Scheme (PSEMAS), which is provided as a condition of employment for civil servants. Most product offerings of either closed or open medical aid funds are too expensive for the majority of Namibians, especially for the low income groups in the formal and informal economy.

In an interview in 2013, the Secretary General of the Namibian Informal Sector Organisation, Veripi Kandenge, indicated that an estimated 150,000 workers were employed in the informal economy to varying degrees (full/part time, casual, seasonal, additional employment or sole source of income).

Kandenge stated that more than half were women. The informal sector, where most employees have no private health coverage and rely on public facilities, continues to grow, and forms an integral (and largely un-quantifiable) part of the national economy. However, it faces a number of challenges such as lack of adequate working capital to establish secure and expanding

small businesses and the absence of formal contracts between owners and employees.

Article 95 of the Namibian Constitution requires our government to take measures to promote and maintain the welfare of the people through access to public facilities and services in accordance with the law.

The State is responsible for raising and maintaining an acceptable level of nutrition and standard of living for Namibians, as well as improving public health.

The Universal Healthcare Association of Namibia (UHCAN), which is in the process of being established, is aimed at ensuring that social protection is more accessible to the larger population, including the informal sector operators and workers.

As stated in Harambee - nobody should be excluded from medical aid cover.

The biggest challenge facing the envisaged Universal Healthcare Association of Namibia is the rate of contribution to any healthcare plan from people who earn a low income. Equally challenging is the administration of such a contribution system. Because the informal sector employer and employee relationship is usually based on a cash basis, can be temporary and

is informal (in terms of consistent payment, salary structures and any employment benefits), this creates difficulties regarding the possibility of making payroll deductions for monthly health insurance co-payments.

Other challenges facing the association are that the informal sector is highly fragmented as employees' records are non-existent; most likely, they have no bank accounts or mailing addresses.

There is also a high staff turnover in the sector and formal employment contracts usually do not exist in order to avoid possible labour law and tax obligations.

Against this backdrop, the challenge remains that of offering medical services at equipped facilities to all Namibians, focussing on those who are 'employed' in the informal sector, at a rate that the population can afford.

Also important is the challenge of providing the same level of services across the country in order to avoid or limit unnecessary travel costs and related social issues as citizens in need of specific medical care search for the relevant providers.

*Article contributed by  
Thinus Smit - NMC Chairperson*

## Fraud in Healthcare



**FRAUD in healthcare financing is a major issue that medical aid funds, their members and the healthcare service provider industry in Namibia have to deal with on a regular basis.**

The Healthcare Forensic Management Unit (HFMU) of the Board of Healthcare Funders of Southern Africa (BHF) recently published findings that show that at least 7% of all medical aid claims in South Africa are fraudulent. The figure could even be as high as 15%.

No comparative study has been done in Namibia, but it is believed that the impact of fraudulent activities on local medical aid funds could be the same as that in South Africa.

This implies that the average

member on, for example Ruby, might be paying between N\$210 and N\$450 towards the cost of fraudulent benefit payments. This money is better applied towards providing members with greater benefits or reducing medical aid contributions.

Fraud in the healthcare industry can be perpetrated by any of the role players in the sector and it can take various forms. The following are examples of fraud cases, which have been identified by medical aid schemes in Southern Africa:

- Members submit forged claims for services supposedly rendered by doctors and other healthcare professionals, when they have not received these services.

- Healthcare professionals and service providers submit claims for services that have not been rendered to members of a medical aid scheme. A doctor or health service provider can, for example, claim for consultations which never took place or for 'services provided' to unconscious patients in an ICU.
- Members collude with healthcare professionals who agree to see an individual (often a family member) who is not a scheme member, and then submit a claim under the member's name. Potential members provide a medical aid fund with incorrect details on membership application forms, in order to avoid waiting periods and exclusions. They then claim for benefits that they are not entitled to.
- In addition to these examples, there is evidence that sophisticated syndicates in Southern Africa are increasingly becoming involved in fraudulent activities in the healthcare financing industry.

In order to prevent fraudulent

activities and to reduce their impact on medical aid funds, the funds and their administrators are constantly on the lookout for potential fraud.

The medical aid fund administrator minimises fraud through hospital pre-authorization and other benefit registration requirements. They also use sophisticated software that can analyse all past claims and then identify possible fraudulent cases where these claims do not conform to expected standards or patterns.

Each of these possible fraudulent claims is then investigated further to determine whether it is legitimate or not. Action will be taken against members or healthcare service providers who are found to have been involved in illegitimate claims.

This could include cancelling the membership of offending members, instituting a formal complaint against healthcare service providers and implementing steps to recover money lost as a result of the fraudulent activities.

The medical aid fund could also consider laying a criminal complaint against the parties involved.

Members and service providers of medical aid schemes have a role to play in preventing and identifying fraudulent activities. Specifically, members are requested to read their claims statements and ensure that the treatments that they received are consistent with the accounts paid on their behalf by their medical aid fund.

If a member requires clarification on any of the items listed on a claims statement, then the medical aid fund administrator should be able to assist. Members and service providers are urged to report to medical aid funds any fraudulent activities or cases where they are being requested to take part in such as soon as possible.

Members and the whole healthcare industry in Namibia stand to benefit from reduced fraudulent activities through the lower cost of healthcare benefits and increased spending on legitimate healthcare services, respectively.

*Article contributed by  
Nico Smit - Actuary to the Fund*

## BACKUP WISDOM

# BACK UP YOUR LIFE: A Tale of Two Friends

Medical Aid is not an option; it is a must. In today's world of spiraling medical costs, the uninsured prices for check-ups, medicines, tests, and hospital stays can force families into extreme financial duress on top of the emotional stress of managing the illness of a loved one.

When times are tough financially, people look to cut costs by stopping all insurance cover. That is a mistake. The cover cut today, can easily be the financial nail in the coffin tomorrow. Medical Aid is about security in life and that, is a valuable asset.

**Irrespective of one's age, health status or social standing, we are all at risk of landing in a hospital one day. Families with children know that various illnesses are constant as vulnerable and susceptible kids are exposed to germs at school, at play and within their normal environment.**

The reality is that road accidents, sport injuries, bad social habits and lifestyle choices as well as work related stress are a part of life and sometimes lead to serious illness or disabilities. Having insurance that makes check-ups and regular medical or dental care affordable can help people avoid a life-threatening and financially debilitating disease through early diagnosis and treatment.

When and how you will go into hospital or contract a chronic illness, nobody knows. But one thing for sure is that, unless you have substantial financial reserves to cover the medical costs involved, you might end up with a far bigger problem if you are uninsured.

Even in Namibia's State healthcare system, the need for expensive, yet appropriate medicines, specialist treatment and therapies and second opinions on diagnoses make having even

minimal additional cover a bonus when disease strikes.

Which brings me to the real life stories of two of my closest friends, Angela\* and Brian\* (not their real names).

Angela is a 35 year old artist, with no formal education. She is a very passionate and creative individual, full of life, but very careless with money. She travels around the world organising art exhibitions and out-of-the box events and enjoys the occasional weekend outing with friends and family.

She smokes and does not plan to settle down and start a family in the near future.

Brian on the other hand is a smart young man, who is also 35 years old. He has always wanted to settle down, but has never been able to hold a relationship, because of the pressures of his fast-paced and demanding job.

Brian is a professional engineer employed by one of the largest infrastructural development firms in Africa, and he recently started a business consultancy and entrepreneurial development firm for extra work.

He is a healthy individual, who works out regularly, and eats nutritiously balanced meals. Brian, who enjoys mountain climbing, off-

road cycling and bungee jumping, and is going to attempt wingsuit flying this summer in Dubai, believes that as the oldest sibling, he has to set a good example for his three brothers and two sisters through his lifestyle choices.

These are two very different individuals, but the reality is that despite their differences and attitude in life, one thing remains, life happens.

Angela has always been a careful person, who thinks everything through before she even takes a small step forward, but one Saturday afternoon a small incident changed her perspective about life.

Brian was helping her put an event together that day, and as they were climbing down the stairs from the rooftop venue, she missed a step and fell, twisting her ankle.

Angela being Angela insisted it was nothing and that she was fine and the show must go on. She sat in a corner with an ice pack and the event went well without any glitches. On their way home, Brian realised the swelling on her ankle was getting worse and insisted on taking her to the doctor, but she refused.

After minutes of arguing, she finally opened up on the reason why she didn't want to go to the doctor. She told Brian she didn't have

medical aid cover and she couldn't afford a visit to any practitioner because she has to pay for her rent, food and invest in the next event.

The two friends ended up at a State Hospital where they sat for hours before a doctor could see them. The doctor prescribed painkillers and heat rub and sent her home. Brian saw that she was still in pain, so, he called his family practitioner who agreed to see her. They rushed to his office and he told them that she had pulled ligaments and that she just had to take it easy for a few weeks.

He gave her an ankle brace and recommended physiotherapy for one week. He then carried a full medical examination on her after noticing her bloodshot eyes, and recommended that she makes drastic and immediate changes to her lifestyle before she develops diabetes and all sorts of illnesses that would cost even more to treat.

Needless to say, Angela has become better in managing her health and lifestyle choices, and has since signed-up with a leading medical aid fund that's now backing up her life.

Meanwhile, the fitness fanatic Brian went out one day on his usual weekend bicycle ride in the mountains of an upmarket area in Windhoek, where he hit a large rock and he tipped over and fractured his

clavicle.

He got up only to realise that he was in intense pain and he couldn't continue cycling. Fortunately, a lady who was hiking nearby noticed all this happening, and drove him to a private hospital where he got first class treatment and the best medical care; all he had to do was present his medical aid membership card.

Brian is well on his way to full recovery and has signed-up for the Cape Town Cycling Tour in March 2017.

The two incidents showed me the importance of medical aid cover. No matter your income or lifestyle, it is very important to always back up your life, because you never know what danger is lurking out there.

*We have a number of people like Angela in our communities, at our work places or even in our families and it is our responsibility to educate and encourage them to be covered, even if it's not the most expensive and comprehensive of benefits, at least it's still something to balance the costs of the inevitable medical challenge that will arise.*

So let's back up our lives and continue to live, love and never forget to laugh.





# 2017 Benefits

## Dear Member,

As another year draws to a close and 2017 is upon us we wish to thank you for your support during 2016. We continue to do our very best to back up your life every step of the way and are always looking at ways in which we can meet the needs of our members better.

## Accessible Information / Downloads

The Back Up Newsletter is now available and you are welcome to download the electronic file or any other important 2017 documents by visiting our website, [www.nmcfund.com](http://www.nmcfund.com)

Should you not have access to the internet or you are unable to open or download these documents, please send an e-mail to [enquiries@methealth.com.na](mailto:enquiries@methealth.com.na) and we will gladly e-mail the electronic files to you.

## Highlights 2016

- Healthy reserve level of 26.6%
- Solvency ratio of 45.3%
- Membership growth of 4.8% (Oct 2015 – Oct 2016)
- I.See.U Mental Health Awareness campaign a great success

## Premium Contributions

Although the Fund aims to keep the annual increase as low

as possible, it is necessary to implement an increase to ensure that the Fund remains in a position to cover medical claims sufficiently according to the benefit structure and to cover costs related to medical inflation, tariff increases and benefit adjustments. The average premium increase for 2017 is 9.67%.

In an effort to lighten the financial burden of single parents, the single parent reduction in premiums have been adjusted from 6% to 7.5% in the total contribution of single parents with children as dependants on their membership.

## Benefit Options

**Traditional Options** - There are six traditional options that cater for entry level to comprehensive benefits. The traditional options are Diamond, Sapphire, Ruby, Opal, Topaz and Topaz Plus options.

**New Generation Options** - The new generation options cater for comprehensive hospital cover with an optional savings component for day-to-day medical expenses. The new generation options are Emerald and Amber.

For more comprehensive details of NMC's benefits, please refer to pages 16-21

## Benefit Adjustments 2017

We changed the names of two of our options, namely:

Protector Health to Opal and Essential Plus is now known as Amber. This was done to align the names of these options with the others on the Fund. Inflationary increases were made on most of the benefits with significant increases on the following benefits:

## Opal

- Private nursing increase of 257.14%
- Overall Day-to-Day Benefit increase of between 29.03% and 36.36%
- Insertion of Intrauterine device increase of 10%
- New Stomalthery Benefit of N\$27 500 per family

## Ruby, Sapphire and Diamond

- Private nursing increase in benefit of 70% (Ruby); 16.67% (Sapphire); and 16.96% (Diamond)
- Insertion of Intrauterine device increase of 10%
- Dental implant component increase of 9.09%
- New Stomalthery Benefit of N\$27 500 per family

## Emerald and Amber

- Private nursing increase in benefit of 70% (Emerald); 16.67% (Amber)
- Insertion of Intrauterine device increase of 10%
- New Stomalthery Benefit of N\$27 500 per family

Please refer to pages 16-21 for the detailed benefits.

## 2017 BENEFITS

# Important Information!

### Rule Changes

It is important for members to take note of the Rules of the Fund and changes that are made. For 2017, the following changes were made and approved by NAMFISA:

### Renewal of Membership

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.

### Important Information Option Change

Members can only change their option once a year, on 1 January (unless a member changes employment or there is a change in their marital status). If you would like to upgrade to a more comprehensive option or if you intend on downgrading, kindly ensure that you complete the Option Change Form (included). The completed form must reach the Fund on or before 16 January 2017. Completed forms can be submitted to any of the Methealth offices across the country, faxed to (061) 287 6049 or e-mailed to [FinReception@methealth.com.na](mailto:FinReception@methealth.com.na).

### Update of Bank Account and Personal Details

NMC kindly requests that you complete page 2 of the Option Change Form. The Fund requires that you provide us with your up-to-date banking details for Electronic Fund Transfers ("EFT") to ensure speedy settlement of your claims or debit order deduction of your monthly premiums should this not be done via your employer. Also kindly provide us with your updated postal address, physical address, cellphone number, e-mail address and telephone number in order for us to update your data on the medical aid system.

### Opal (Previously Protector Health) Members

Members who are registered on Opal are restricted to a maximum gross income of N\$10 510. Members who have reached the maximum gross income bracket will be required to select any of the other options.

Kindly ensure that your employer provides NMC with your gross salary details as at 1 January 2017 should you be on the Opal option. This will ensure that you make the correct contributions according to the income categories of the Opal Option.

For further details please contact one of our Methealth Offices or visit our website at [www.nmcfund.com](http://www.nmcfund.com)

### Additional Benefits and Services Offered by NMC for 2017 at no Additional Cost

#### 1. International Medical Travel Insurance

The International Medical Travel Insurance

provides cover to members when they travel to any country outside the borders of Namibia with the exception of a country where the United Nations Armed Forces are present and active, or where the British and Commonwealth Office and/or the local department of foreign affairs has issued a travel warning. The cover is limited to N\$10 million per incident and 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 is not applicable to Topaz and Topaz Plus members. Apply for your travel certificate before you embark on your trip.

#### 2. Emergency Evacuation

The Fund offers emergency air and road ambulance evacuation services to NMC members. All authorised air ambulance flights and long distance road ambulance transport services are covered for the SADC region. The cover provides the best possible, most effective and efficient emergency evacuation services. All emergency services for life sustaining conditions that require emergency transport are covered.

#### 3. Premium Waiver

The Premium Waiver benefit covers a member's premiums for 3 (three) months in the event of the principal member passing away, on condition that the members are fully paid-up on their monthly premium. Not applicable to Topaz and Topaz Plus members.

#### 4. Special Premium for Single Parents

The special premium for single parents was implemented to lighten the financial burden of single parents. A 7.5% reduction is awarded on the total contribution of single parents with children as dependants on their membership.

#### 5. Benefit Booster

The Benefit Booster is a supplementary benefit on certain day-to-day medical services where the normal benefit limits have been exceeded. Should a member or a dependant's day-to-day benefit limits on General Practitioner, Specialist, Medicine (self-medication excluded), Primary Healthcare, Dentistry, Auxiliary and Out-of-hospital casualties benefits be depleted, the Benefit Booster will automatically take effect.

*The Benefit Booster is only applicable to the Diamond, Sapphire, Ruby and Opal options.*

#### 6. Additional Hospital Benefit Cover (AHB)

AHB Cover pays (from the first dollar) the excess of NAMAFA tariff for General Practitioners and/or Specialists should a member/dependant be hospitalised. Hospitalisation can be traumatic,

unexpected and expensive and NMC therefore believes that.

AHB will be of immeasurable financial value when a member needs it most.

NMC pays 100% of NAMAFA tariff PLUS a maximum of 125% additional cover for any excess of the NAMAFA tariff that General Practitioners and Specialists may charge.

#### 7. Ex Gratia Policy

Ex gratia is an additional grant from the Board of Trustees, approved on certain criteria for unexpected major medical expenses and costs outside the scope of benefits of NMC.

#### 8. Hospital Bedside Support Services

NMC offers specialised supportive bedside assistance for members in hospital through a daily visit by the Patient Care Co-ordinator. The Patient Care Co-ordinator also keeps in touch with the member's family when necessary by providing information on the particular illness of the member. This service is part of NMC's drive towards its members' overall wellbeing.

#### 9. HIV/AIDS Outreach Programme

NMC recognises the importance of HIV/AIDS positive members to be sufficiently covered for uninterrupted treatment and healthcare management. Provision of HIV/AIDS benefits on ALL options have therefore been made and provide members with peace of mind that they will not run out of benefits during the year. The Namibian owned HIV/AIDS Disease Management Programme is administered by MyHealth Administrators. The programme is managed by qualified HIV/AIDS Case Managers, HIV Counsellors and a Medical advisor who provides monitoring, support and total confidence to members who are HIV positive.

#### 10. Wellness Programme

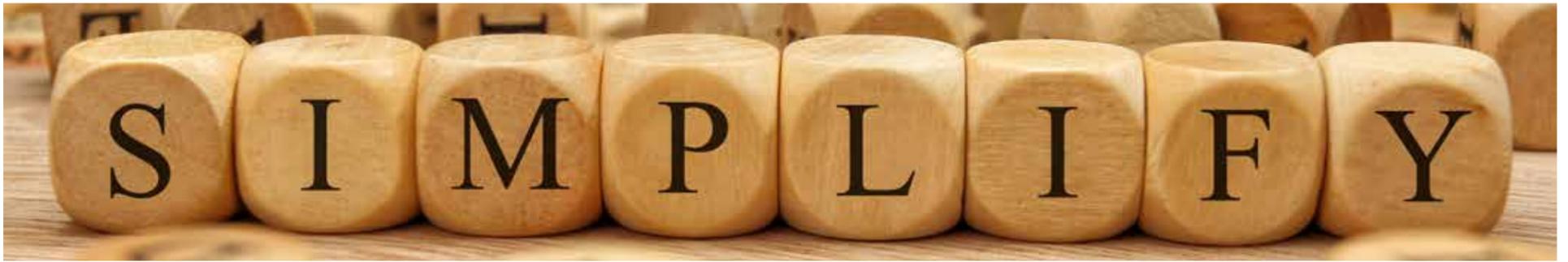
NMC is proud to continue making a difference in the lives of our members through the NMC Wellness Programme. The programme offers the following:

- o Healthy Lifestyle Programme for Individuals
- o Corporate Wellness Programme
- o Gym Rebate Programme
- o The NMC Walking Club
- o Quit the Smoke Programme
- o Wellness for Youngsters (ages 6 - 15 years)

It is our aim to keep supporting you as you continue to build empires and live your life to the fullest. We wish you a happy holiday and an amazing, healthy 2017.

**The PO & Trustees  
Namibia Medical Care**

2017 BENEFITS



Options and Benefits Jargon Simplified

The following explanations of the benefits available under NMC should be read in conjunction with the benefits options, for clarity:

**Subject to Prior Approval**

Pre-authorisation needs to be given for some benefits before the service is rendered by a health professional or the appliance is supplied to ensure that there is a sufficient benefit.

This also assists the member in financial planning for all expenses involved in the treatment needed.

**Managed Healthcare Guidelines**

The Fund has its own set of accepted guidelines to ensure that each member receives the appropriate treatment, at the agreed cost, and that the process is properly managed from an administrative perspective.

Certain complicated procedures are therefore subject to these guidelines. All benefits that are subject to Managed Health Care guidelines require prior approval.

**Case Management**

This function ensures that a collaborative process is followed

to assess, plan, implement, monitor and evaluate the treatment the member receives. Frequent intervention takes place to ensure that the member receives the treatment as prescribed by the healthcare professional.

All benefits that are subject to Case Management require prior approval

**All-inclusive**

The benefit includes all medical costs relating to the procedures, including medicine and materials, hospital, medical practitioner's fees, anaesthetic service, nursing service and all other health care providers involved before, during and/or after the procedures.

The following benefits are **subject to prior approval, managed healthcare guidelines or case management** on all options (except Topaz and Topaz Plus) by Managed Healthcare.

**For further information, please contact The Managed Healthcare Department at: 061-287 6179 or email [mhc@methealth.com.na](mailto:mhc@methealth.com.na)**

Benefit	Requires Prior Approval	Subject to Managed Healthcare Guidelines	Case Management
Accommodation other than a hospital / medical institution	✓	✓	
Specialised Radiology Procedures	✓		
Dialysis	✓	✓	✓
Oncology	✓	✓	✓
Organ Transplant (including medical expenses incurred by donor who is a member of NMC)	✓	✓	✓
Refractive Surgery (All-Inclusive)	✓	✓	
Reconstructive Surgery	✓	✓	
Private Nursing	✓		✓
Frail Care	✓		✓
Alcoholism / Drug Addiction	✓	✓	
Psychiatric Treatment	✓		
Specialised Dentistry – Hospitalisation	✓		
Insertion of Intrauterine Device with Hormone	✓		
Stomalthrapy (All-Inclusive)	✓		
Emergency Ambulance and Flights	✓		
Ambulance / Inter-hospital transfer	✓		
Other transport	✓		
Dental Implants	✓		
Maxillo-Facial and Oral Surgery	✓		
Wheelchair	✓		
Artificial Limbs	✓		
Artificial Eyes	✓		
External Appliances	✓	✓	
Hearing Aid Apparatus	✓		
HIV Resistance Test	✓		

**Additional Hospital Benefit (AHB)**

AHB cover pays the excess that is charged over and above the tariff covered by the benefits for general practitioners and/or specialists if a member is hospitalised.

The Fund pays 100% of NAMAFA tariff PLUS a maximum of 125% additional cover for any excess of tariff that general practitioners and specialists may charge.

AHB is **included** for the following in-hospital services:  
- General Practitioner and Specialists

AHB is **excluded** for the following in-hospital services:

- Radiology and Pathology
- Specialised Radiology Procedures
- Ante-natal Consultation
- Maternity: Sonar Scans
- Maternity:

- Amniocentesis
- Maternity: Midwifery Service

**Referral / Motivations**

Motivations and referrals are required for some services from the Fund. This is to ensure that the treatment fits the parameters of the NMC definition of a medical necessity in some high-cost or unique cases. Motivations are required from members for the following services/ benefits:

- Intensive and High Care – member can be hospitalised for three days, where after a motivation is required from the medical practitioner
- Specialised Radiology Procedures (in and out of hospital) – a referral from a medical specialist is required. A referral from a GP will be

acceptable only in towns where there are no medical specialists available.

- Radiology and Pathology (day-to-day benefit) – a referral from a medical practitioner is required.

**International Medical Travel Insurance**

The International Medical Travel Insurance provides cover of N\$10 million to members when they travel to any country outside the borders of Namibia with the exception of a country where the United Nations Armed Forces are present and active, or where the British and Commonwealth Office and/or the local department of foreign affairs has issued a travel warning.

The travel insurance covers any claims in excess of N\$20 000. Claims of less than N\$20 000, should be submitted

in English (should they be in a foreign language) before being submitted to the Fund. The Fund will cover the claims according to the cost and the applicable exchange rate. The International Medical Travel Insurance does not apply to any non-emergency and planned elective surgery or procedure. This benefit is not applicable to Topaz and Topaz Plus members. Apply for your travel certificate before you embark on your trip.

**Waiting Periods and Pro-rated Benefits**

When an individual member joins the Fund, there is a waiting period on certain benefits and pro-rated benefits on others. This is implemented to protect the Fund and its members from those who have not contributed premiums over a longer period who want to

have a specific (sometimes expensive) procedure performed and then resign from the Fund.

Waiting periods are not applicable to members who join the Fund as part of the Employer Group.

Waiting periods and pro-rated benefits apply to the following benefits for individuals:

- Refractive Surgery: waiting period of 1 year
- Maternity: waiting period of 9 months
- Maternity: Ante-natal Consultation: pro-rated from date of joining
- Stomalthrapy: prorated from date of joining
- Day-to-day benefits (Opal, Ruby, Sapphire and Diamond):

The day-to-day benefit limits are pro-rated as follows:

## 2017 BENEFITS

Month of joining: Member has one month benefit only (Benefit /12 months x 1 month)

Second month after joining: Member has two months benefit only (Benefit/12 months x 2 months)

Third month after joining: Member has three months benefit only (Benefit/12 months x 3 months)

Fourth month + after joining: Member has the remainder of the year's benefit.

For example: Chronic Medication Benefit under Ruby is N\$4 400. If a single member joins in March 2017, the following benefits will accrue.

- Month of joining: N\$4 400/12 months x 1 month = Member has benefit of N\$366.67
- Second month after joining: N\$4 400/12 months x 2 months = Member has benefit of N\$733.33
- Third month after joining: N\$4 400/12 months x 3 months = Member has benefit of N\$1 100.01
- Fourth month+ after joining: N\$4 400/12 months x 10 months = Member has benefit of N\$3 666.67

### Important Notes on Benefits:

#### • General Practitioners and Specialists

Please note that all out-of-hospital and casualty cases (when you visit the hospital as an out-patient after hours) are included in the general practitioners and specialist day-to-day consultations/visits and procedures/services.

#### • Dental Implants

Consultations and procedures are included in the Dental Implant Benefit. It is important to note that the Dental Implant Benefit is for a procedure in the hospital OR in the practice, but not for both. The maximum cost per dental implant component is N\$3 000 on Ruby, Sapphire and Diamond.

#### • All Medications, Injections, Vaccinations/ Immunisations

They are all paid in accordance to the Maximum Namibia Medicine Price List on generics.

This means that the Fund only pays the equivalent of the generic medication that is prescribed by your doctor or dispensed by your pharmacist in an effort to encourage practitioners and members to make use of generic medication which has the same composition of the branded medication, but is better priced.

The Fund will cover the branded medication where there is no generic available or where a health professional writes a motivation to pay for the branded medication.

Vaccinations and Immunisations are also paid according to the internationally accepted World Health Organisation guidelines.

#### • Hearing Aid Apparatus and Wheelchair

The Hearing Aid Apparatus and Wheelchair benefits are inclusive of any repair and maintenance costs that may arise.

#### • HIV/AIDS

The HIV/AIDS benefits are paid in line with the national guidelines for antiretroviral therapy.

#### • Benefit Booster

The Benefit Booster is a supplementary benefit on certain day-to-day medical services where normal benefit limits have been exceeded.

Should a member or a dependant's day-to-day benefit limits on General Practitioner, Specialist, Medicine (**self-medication excluded**), Primary Healthcare, Dentistry (**excluding Orthodontics**), Auxiliary and out-of-hospital casualties' benefits be depleted, the Benefit Booster will automatically take effect.

The Benefit Booster is only applicable to the Diamond, Sapphire, Ruby and Opal options.



2017 BENEFITS									
OVERALL ANNUAL BENEFIT		OPAL	RUBY						
		N\$400 000 per Beneficiary N\$600 000 per Family	N\$1 000 000 per Beneficiary N\$1 500 000 per Family						
CATEGORY A: Hospital Benefit		% Tariff	Pre-notification: 100% of tariff will be paid out. Without Pre-notification: 90% of tariff will be paid out.						
1	Hospitalisation								
	1.1 Accommodation & Theatre	100%	Overall Annual Limit	Overall Annual Limit					
	1.2 Accommodation in private ward	100%	No benefit	N\$7 000 per beneficiary   N\$15 250 per family					
	1.3 Accommodation other than a hospital / medical instiution	100% of cost	N\$525 per day per Family (Maximum of 2 days)	N\$525 per day per family (Maximum of 2 days)					
	1.4 Blood Transfusions	100%	Overall Annual Limit	Overall Annual Limit					
	1.5 Intensive and High Care	100%	Overall Annual Limit	Overall Annual Limit					
	1.6 Medicine, fixed tariff procedures, hospital aparatus and To Take out medicine	100%	Overall Annual Limit	Overall Annual Limit					
	1.7 Radiology & Pathology (in-hospital)	100%	Overall Annual Limit	Overall Annual Limit					
2	Specialised Radiology Procedures (In & Out of Hospital)								
	2.1 MRI & CT Scans	100%	N\$11 000 per family	N\$16 250 per family					
	2.2 Nuclear Medicine	100%	Overall Annual Limit	Overall Annual Limit					
	2.3 Radiation Oncology	100%	Overall Annual Limit	Overall Annual Limit					
3	General Practitioners and Specialists (in hospital services)	100%	N\$31 000 per family	Overall Annual Limit					
4	Internal Appliances & Materials	100% of cost	According to NMC Protocol	According to NMC protocol					
5	Dialysis	100%	Overall Annual Limit	Overall Annual Limit					
6	Oncology – Active surgery, chemotherapy and radiotherapy	100%	Overall Annual Limit	Overall Annual Limit					
7	Organ Transplant	100%	Overall Annual Limit	Overall Annual Limit					
8	Refractive Surgery – All-inclusive	100%	No benefit	N\$5 250 per beneficiary once off   N\$6 250 per family					
9	Reconstructive Surgery								
	9.1 Consultation and Procedure	100%	No benefit	N\$6 220 per family					
	9.2 Hospitalisation	100%		Overall Annual Limit					
10	Private Nursing	100%	N\$7 500 per family	N\$20 000 per family					
11	Frail Care	100%	Sub-limit 10	Sub-limit 10					
12	Alcoholism / Drug Addiction	100%	N\$27 000 per family	N\$27 000 per family					
13	Psychiatric Treatment – Hospitalisation	100%	Sub-limit 12	Sub-limit 12					
14	Specialised Dental Surgery - Hospitalisation								
	14.1 Maxillo-Facial & Oral Surgery - Trauma / non-elective	100%		N\$84 000 per family					
	14.2 Maxillo-Facial & Oral Surgery - Other / elective	100%	No benefit	N\$8 250 per beneficiary   N\$12 000 per family					
	14.3 Dental Implant - Hospitalisation	100%		Sub-limit 14.2					
	14.4 Maxillo-Facial & Oral Surgery - Internal Prosthesis	100% of cost		Sub-limit 4					
15	Maternity								
	15.1 Confinement – Full Procedure	100%	Overall Annual Limit	Overall Annual Limit					
	15.2 Ante-natal Consultation	100%	12 Consultations per beneficiary	12 consultations per beneficiary					
	15.3 Sonar Scans (excluding 3D)	100%	2 scans per beneficiary per pregnancy	2 Scans per beneficiary per pregnancy					
	15.4 Amniocentesis	100%	Overall Annual Limit	Overall Annual Limit					
	15.4 Midwifery Service	100%	Overall Annual Limit	Overall Annual Limit					
16	Insertion of Intrauterine Device w/ hormone (Mirena) (All-inclusive)	100%	N\$5 500 per beneficiary	N\$5 500 per beneficiary					
17	Stomalthery (All-inclusive)	100%	N\$27 500 per family	N\$27 500 per family					
18	Ambulance & Evacuation Services								
	18.1 Emergency Ambulance & Flights	100%	Unlimited Benefit	Unlimited benefit					
	18.2 Ambulance/Inter-hospital transfer	100%	N\$2 100 per family	Overall Annual Limit					
	18.3 Other conveyances	80% of cost	Sub-limit 18.2	Overall Annual Limit					
19	International Medical Travel Insurance	100% of cost	N\$10 000 000 per incident (Excluding Specified Illness Conditions)	N\$10 000 000 per incident (Excluding Specified Illness Conditions)					
CATEGORY B: DAY-TO-DAY BENEFIT		COVER	Overall sub-benefit limit N\$15 000 per beneficiary   N\$20 000 per family						
			OVERALL ANNUAL LIMIT	M	M1	M2	M3	M4	M5+
20	General Practitioners and Specialists		N\$5 250 per family	N\$ 7,000	N\$ 9,250	N\$ 9,750	N\$ 10,000	N\$ 10,250	N\$ 10,500
	20.1 Consultations/Visits	100%	8 consultations per beneficiary / Sub-limit 20	10 Consultations	18 Consultations	24 Consultations	30 Consultations	35 Consultations	40 Consultation
	20.2 Procedures	100%	Sub-limit 20	Sub-limit 20					
	20.3 Materials and Disposable Items	100%	Sub-limit 20	Sub-limit 20					
	20.4 Radiology and Pathology	100%	Sub-limit 20	Sub-limit 20					
	20.5 MRI & CAT Scan	100%	Sub-limit 2	Sub-limit 2					
21	Dentistry								
	21.1 Conservative & Specialised Dentistry	100%	N\$3 750 per family	N\$ 8,750	N\$ 10,250	N\$ 11,750	N\$ 12,000	N\$ 12,250	N\$ 12,500
	21.2 Dental Implants		No benefit	N\$8 750 per beneficiary					
	21.2.1 In-Hospital	100%	No benefit	Either in-hospital or in practice, not both					
	21.2.2 In-Practice	150%	No benefit	N\$8 750 per beneficiary   N\$15 250 per family					
	21.3 Orthodontics	100%	No benefit	N\$15 250 per beneficiary   N\$23 750 per family					
	21.4 Maxillo-Facial and Oral Surgery - Consultation & Procedure		No benefit	N\$11 000 per beneficiary once-off					
	21.4.1 In-Hospital	100%	No benefit	Either in-hospital or in practice, not both					
	21.4.2 In-Practice	150%	No benefit	N\$ 4,750	N\$ 6,000	N\$ 6,500	N\$ 7,000	N\$ 7,500	N\$ 8,000
				N\$4 750 per beneficiary					
				N\$ 6,750	N\$ 8,750	N\$ 9,500	N\$ 10,250	N\$ 11,000	N\$ 11,250
				N\$6 750 per beneficiary					
22	Medicine & Injections		N\$11 000 per family	N\$ 11,950	N\$ 13,300	N\$ 13,950	N\$ 14,600	N\$ 15,250	N\$ 15,850
	22.1 Acute	80%	(100%) N\$5 500 per beneficiary	N\$ 4,400	N\$ 4,650	N\$ 4,900	N\$ 5,150	N\$ 5,400	N\$ 5,650
	22.2 Chronic	80%	(100%) Sub-limit 22	N\$4400 per beneficiary					
	22.3 Essential Vaccination/Immunization	100%	Sub-limit 22	N\$ 6,600	N\$ 7,600	N\$ 7,850	N\$ 8,100	N\$ 8,350	N\$ 8,600
	22.4 Self-medication	100%	N\$680 per family   N\$105 per claim per beneficiary per day	No limit per beneficiary					
			Sub-limit 22	N\$ 950	N\$ 1,050	N\$ 1,200	N\$ 1,350	N\$ 1,500	N\$ 1,600
				N\$150 per claim per beneficiary per day   Sub-limit 22					

**2017 BENEFITS**

SAPPHIRE						DIAMOND					
Unlimited Benefit						Unlimited Benefit					
% Tariff											
Overall Annual Limit						Overall Annual Limit					
N\$10 000 per beneficiary   N\$22 000 per family						N\$14 000 per beneficiary   N\$27 500 per family					
N\$525 per day per family						N\$525 per day per family					
(Maximum of 2 days)						(Maximum of 2 days)					
Overall Annual Limit						Overall Annual Limit					
Overall Annual Limit						Overall Annual Limit					
Overall Annual Limit						Overall Annual Limit					
Overall Annual Limit						Overall Annual Limit					
Overall Annual Limit						Overall Annual Limit					
N\$28 500 per family						N\$30 000 per family					
Overall Annual Limit						Overall Annual Limit					
Overall Annual Limit						Overall Annual Limit					
Overall Annual Limit						Overall Annual Limit					
According to NMC protocol						According to NMC protocol					
Overall Annual Limit						Overall Annual Limit					
Overall Annual Limit						Overall Annual Limit					
Overall Annual Limit						Overall Annual Limit					
N\$19 000 per beneficiary once off and N\$24 500 per family						N\$25 250 per beneficiary once off and N\$30 000 per family					
N\$13 300 per family						N\$15 250 per family					
Overall Annual Limit						Overall Annual Limit					
N\$35 000 per family						N\$50 000 per family					
Sub-limit 10						Sub-limit 10					
N\$27 000 per family						N\$27 000 per family					
Sub-limit 12						Sub-limit 12					
N\$120 000 per family						N\$144 000 per family					
N\$11 000 per beneficiary and N\$17 750 per family						N\$13 750 per beneficiary and N\$19 500 per family					
Sub-limit 14.2						Sub-limit 14.2					
Sub-limit 4						Sub-limit 4					
Overall Annual Limit						Overall Annual Limit					
12 consultations per beneficiary						12 consultations per beneficiary					
2 Scans per beneficiary per pregnancy						2 Scans per beneficiary per pregnancy					
Overall Annual Limit						Overall Annual Limit					
Overall Annual Limit						Overall Annual Limit					
N\$5 500 per beneficiary						N\$5 500 per beneficiary					
N\$27 500 per family						N\$27 500 per family					
Unlimited benefit						Unlimited benefit					
Overall Annual Limit						Overall Annual Limit					
Overall Annual Limit						Overall Annual Limit					
N\$10 000 000 per incident (Excluding Specified Illness Conditions)						N\$10 000 000 per incident (Excluding Specified Illness Conditions)					

**Sub-limits are pro-rated from date of joining, except Optical Benefit.**

**OVERALL LIMIT**

M	M1	M2	M3	M4	M5+	% Tariff	M	M1	M2	M3	M4	M5+
N\$ 11,750	N\$ 15,000	N\$ 17,000	N\$ 17,250	N\$ 17,500	N\$ 17,750	130%	N\$ 15,000	N\$ 18,000	N\$ 19,750	N\$ 20,250	N\$ 20,500	N\$ 20,750
10 Consultations	18 Consultations	24 Consultations	30 Consultations	35 Consultations	40 Consultations		10 Consultations	18 Consultations	24 Consultations	30 Consultations	35 Consultations	40 Consultations
Sub-limit 20						130%	Sub-limit 20					
Sub-limit 20							Sub-limit 20					
Sub-limit 20							Sub-limit 20					
Sub-limit 2							Sub-limit 2					
N\$ 13,250	N\$ 15,750	N\$ 17,500	N\$ 18,000	N\$ 18,500	N\$ 19,000	130%	N\$ 14,750	N\$ 17,750	N\$ 19,000	N\$ 19,500	N\$ 20,000	N\$ 20,500
N\$13 250 per beneficiary							N\$14 750 per beneficiary					
Either in-hospital or in practice, not both							Either in-hospital or in practice, not both					
N\$12 250 per beneficiary and N\$20 500 per family						130%	N\$15 750 per beneficiary and N\$22 750 per family					
N\$21 000 per beneficiary and N\$31 750 per family						150%	N\$25 750 per beneficiary and N\$35 000 per family					
N\$19 000 per beneficiary once-off						130%	N\$22 000 per beneficiary once off					
Either in-hospital or in practice, not both							Either in-hospital or in practice, not both					
N\$ 5,250	N\$ 6,250	N\$ 6,750	N\$ 7,250	N\$ 7,750	N\$ 8,250	130%	N\$ 6,000	N\$ 7,000	N\$ 7,500	N\$ 8,000	N\$ 8,500	N\$ 9,000
N\$5 250 per beneficiary							N\$6 000 per beneficiary					
N\$ 7,750	N\$ 9,250	N\$ 10,000	N\$ 10,750	N\$ 11,500	N\$ 12,000	150%	N\$ 8,500	N\$ 10,000	N\$ 10,750	N\$ 11,500	N\$ 12,250	N\$ 12,750
N\$7 750 per beneficiary							N\$8 500 per beneficiary					
N\$ 24,800	N\$ 39,000	N\$ 42,850	N\$ 43,700	N\$ 44,350	N\$ 45,250		N\$ 29,800	N\$ 48,650	N\$ 51,100	N\$ 51,950	N\$ 52,850	N\$ 53,500
N\$ 6,750	N\$ 10,250	N\$ 13,000	N\$ 13,500	N\$ 13,750	N\$ 14,000		N\$ 8,000	N\$ 13,000	N\$ 14,500	N\$ 15,000	N\$ 15,500	N\$ 15,750
N\$6 750 per beneficiary							N\$8000 per beneficiary					
N\$ 16,500	N\$ 27,000	N\$ 28,000	N\$ 28,250	N\$ 28,500	N\$ 29,000		N\$ 20,250	N\$ 34,000	N\$ 34,750	N\$ 35,000	N\$ 35,250	N\$ 35,500
No limit per beneficiary							No limit per beneficiary					
Sub-limit 22							Sub-limit 22					
N\$ 1,550	N\$ 1,650	N\$ 1,850	N\$ 1,950	N\$ 2,100	N\$ 2,250		N\$ 1,550	N\$ 1,650	N\$ 1,850	N\$ 1,950	N\$ 2,100	N\$ 2,250
N\$190 per claim per beneficiary per day   Sub-limit 22							N\$190 per beneficiary per claim, per day   Sub-limit 22					

**2017 BENEFITS**

				N\$ 3,150	N\$ 4,150	N\$ 4,550	N\$ 4,650	N\$ 4,750	N\$ 4,850
23	Optical Benefits		N\$3 100 per family	N\$3 150 per beneficiary every 2 years (including frame)					
23.1	Optical Test	100%	N\$1 150 per beneficiary every 2 years (including frame)	Sub-limit 23					
23.2	Spectacles and lenses		Sub-limit 23	Sub-limit 23					
23.3	Frame	100% of cost	N\$450 per beneficiary	N\$1000 per beneficiary					
			Sub-limit 23	Sub-limit 23					
23.4	Readers Spectacles	100% of cost	No benefit	N\$90 per family					
				Sub-limit 23					
24	Primary Health Care Services								
24.1	Consultations	100%	Sub-limit 20	Sub-limit 20					
24.2	Medicine & Injections	100%	Sub-limit 22.1	Sub-limit 22.1					
25	Auxiliary Services		N\$2 000 per family	N\$ 10,250	N\$ 10,500	N\$ 10,750	N\$ 11,000	N\$ 11,100	N\$ 11,200
				N\$10 250 per beneficiary					
25.1	Biokinetics, Clinical Psychology/Psycological Counsellor, Physiotherapy, Social Worker	100%	Sub-limit 25	N\$3 400 per beneficiary per discipline					
				Sub-limit 25					
25.2	Chiropractor, Homeopathy, Naturopathy, Phytotherapy, Osteopathy, Adiology/Speech tTherapy, Hearing Aid Acoustician, Podiatry/Chiroprody, Dietician, Occupational Therapy, Social Worker, Orthodist/Prosthetist	100%	Sub-limit 25	Sub-limit 25					
26	Wheelchair inclusive of repairs and maintenance	100% of cost	No benefit	N\$8 000 per beneficiary every 4 years					
27	Artificial Limbs	100% of cost	No benefit	N\$16 150 per beneficiary every 2 years					
28	Artificial Eyes	100% of cost	No benefit	N\$5 200 per beneficiary every 4 years					
29	Hearing Aid Apparatus	100% of cost	No benefit	N\$10 900 per family every 2 years					
30	Appliances (External)	80/100% of cost	Sub-limit 25 (100% of cost)	N\$4 250 per family (80% of cost)					
31	Specified Illness Conditions		N\$36 000 per family (Overall Annual Limit)	N\$ 26,000	N\$ 36,000				
31.1	HIV/AIDS		N\$21 000 per beneficiary	N\$26 000 per beneficiary					
31.1.1	Medicine	100%	Sub-limit 31	Sub-limit 31.1					
31.1.2	First Full HIV Consultation / Assessment	N\$ 375	Once-off benefit	Sub-limit 31.1 (once-off benefit)					
31.1.3	Consultation (after the first full HIV consultation / assessment)	N\$ 362	6 consultations per beneficiary	6 Consultations per beneficiary					
			Sub-limit 31.1	Sub-limit 31.1					
31.1.4	HIV Counselling	100%	N\$1 000 per beneficiary	N\$1 000 per beneficiary					
			Sub-limit 31.1	Sub-limit 31.1					
31.1.5	Pathology Tests	100%	N\$4 500 per beneficiary	N\$ 4,750 per beneficiary					
				Sub-limit 31.1					
31.1.6	HIV Resistance Test	100%	Sub-limit 31.1	Sub-limit 31.1					
31.2	Prevention of Mother- to-Child Transmission (PMTCT)	100%	Sub-limit 31.1	Sub-limit 31.1					
31.3	Post-Exposure Prophylaxis (PEP)	100%	Sub-limit 31.1	Sub-limit 31.1					
31.4	Sexually Transmitted Diseases	100%	N\$500 per beneficiary	N\$2 500 per family					
			Sub-limit 31	Sub-limit 31					
32	Benefit Booster		N\$1 300 per family	N\$2 150 per beneficiary					
				N\$3 400 per family					
32.1	Medicine & Injections (Acute & Chronic) Excluding self medication, Dentistry & Dental Implant (Excluding Orthodontics), Auxilliary Services	70%	Sub-limit 32	Sub-limit 32					
32.2	General Practitioners & Specialists (Consultations, visits and procedures outside of hospitals, including casualties) and Primary Health Care	80%	Sub-limit 32	Sub-limit 32					
33	Health SmartCard		No additional cost	No additional cost					

# Contribution Tables

## Opal Group Individual Contributions

Age Band		Main	Adult	Child
0	25	1 331	829	370
26	30	1 474	933	370
31	35	1 606	1 047	370
36	40	1 799	1 183	375
41	45	1 971	1 299	375
46	50	2 110	1 419	375
51	55	2 297	1 565	375
56	60	2 449	1 679	375
61	65	2 608	1 796	375
66+		2 767	1 925	375

## Ruby Individual Contributions

Age Band		M0	M1	M2	M3	M4	M5+
0	25	1 848	3 111	3 683	4 251	4 824	5 374
26	30	2 060	3 503	4 069	4 633	5 202	5 764
31	35	2 268	3 864	4 435	5 004	5 570	6 137
36	40	2 557	4 376	4 947	5 525	6 106	6 684
41	45	2 807	4 825	5 406	5 990	6 589	7 168
46	50	3 032	5 230	5 803	6 384	6 962	7 536
51	55	3 317	5 719	6 303	6 888	7 468	8 049
56	60	3 547	6 134	6 714	7 292	7 866	8 450
61	65	3 791	6 564	7 146	7 711	8 284	8 852
66+		4 027	7 001	7 581	8 139	8 699	9 275

## Opal Group Contributions

Age Band		Main	Adult	Child
0	2 770	1 153	747	213
2 771	3 670	1 327	847	245
3 671	5 610	1 422	879	262
5 611	8 240	1 462	942	270
8 241	9 270	1 636	1 047	302
9 271	10 510	1 811	1 152	334

## Ruby Group Contributions

Age Band		M0	M1	M2	M3	M4	M5+
0	25	1 623	2 683	3 152	3 629	4 104	4 575
26	30	1 797	2 981	3 451	3 920	4 396	4 860
31	35	1 921	3 215	3 678	4 131	4 595	5 049
36	40	2 098	3 529	3 985	4 434	4 896	5 349
41	45	2 313	3 915	4 379	4 845	5 304	5 770
46	50	2 463	4 178	4 628	5 088	5 540	5 991
51	55	2 658	4 536	4 979	5 451	5 910	6 354
56	60	2 847	4 866	5 318	5 768	6 229	6 678
61	65	3 018	5 173	5 626	6 065	6 513	6 958
66+		3 032	5 201	5 654	6 091	6 543	6 990

**2017 BENEFITS**

N\$ 4,250	N\$ 7,250	N\$ 8,000	N\$ 9,000	N\$ 9,250	N\$ 9,500		N\$ 5,500	N\$ 9,250	N\$ 9,750	N\$ 10,250	N\$ 10,750	N\$ 11,000
N\$4 250 per beneficiary every 2 years (including frame)							N\$5 500 per beneficiary every 2 years (including frame)					
Sub-limit 23							Sub-limit 23					
Sub-limit 23							Sub-limit 23					
N\$1 600 per beneficiary							N\$1 900 per beneficiary					
Sub-limit 23							Sub-limit 23					
N\$90 per family							N\$90 per family					
Sub-limit 23							Sub-limit 23					
Sub-limit 20							Sub-limit 20					
Sub-limit 22.1							Sub-limit 22.1					
N\$ 12,750	N\$ 21,000	N\$ 23,000	N\$ 26,000	N\$ 26,500	N\$ 27,000		N\$ 17,000	N\$ 24,000	N\$ 31,500	N\$ 32,000	N\$ 32,250	N\$ 32,500
N\$12 750 per beneficiary							N\$17 000 per beneficiary					
N\$6 300 per beneficiary per discipline						130%	N\$8 400 per beneficiary per discipline					
Sub-limit 25							Sub-limit 25					
Sub-limit 25						130%	Sub-limit 25					
N\$16 000 per beneficiary every 4 years							N\$16 000 per beneficiary every 4 years					
N\$32 250 per beneficiary every 2 years							N\$32 250 per beneficiary every 2 years					
N\$15 500 per beneficiary every 4 years							N\$15 500 per beneficiary every 4 years					
N\$21 750 per family every 2 years							N\$27 250 per family every 2 years					
N\$4 250 per family (80% of cost)							N\$5 250 per family (80% of cost)					
N\$ 30,000	N\$ 60,000		N\$ 30,000	N\$ 60,000	N\$ 60,000	N\$ 6,000	N\$ 60,000	N\$ 60,000				
N\$30 000 per beneficiary							N\$30 000 per beneficiary					
Sub-limit 31.1							Sub-limit 31.1					
Sub-limit 31.1 (once-off benefit)							Sub-limit 31.1 (once-off benefit)					
6 Consultations per beneficiary						130%	6 Consultations per beneficiary					
Sub-limit 31.1							Sub-limit 31.1					
N\$1 000 per beneficiary							N\$1 000 per beneficiary					
Sub-limit 31.1							Sub-limit 31.1					
N\$6 000 per beneficiary							N\$6 000 per beneficiary					
Sub-limit 31.1							Sub-limit 31.1					
Sub-limit 31.1							Sub-limit 31.1					
Sub-limit 31.1							Sub-limit 31.1					
N\$4 000 per family							N\$4 500 per family					
Sub-limit 31							Sub-limit 30					
N\$2 900 per beneficiary							N\$3 500 per beneficiary					
N\$5 250 per family							N\$6 050 per family					
Sub-limit 32							Sub-limit 32					
Sub-limit 32							Sub-limit 32					
No additional cost							No additional cost					

# Contribution Tables

Sapphire Individual Contributions							
Age Band	M0	M1	M2	M3	M4	M5+	
0	25	2 336	4 207	5 030	5 859	6 688	7 526
26	30	2 648	4 763	5 593	6 431	7 257	8 086
31	35	2 958	5 305	6 137	6 963	7 805	8 629
36	40	3 366	6 037	6 881	7 734	8 582	9 431
41	45	3 743	6 700	7 556	8 409	9 274	10 126
46	50	4 077	7 287	8 137	8 986	9 837	10 681
51	55	4 491	8 009	8 856	9 726	10 583	11 441
56	60	4 836	8 621	9 468	10 321	11 177	12 018
61	65	5 195	9 258	10 100	10 939	11 785	12 621
66+		5 566	9 898	10 738	11 557	12 403	13 233

Diamond Individual Contributions							
Age Band	M0	M1	M2	M3	M4	M5+	
0	25	3 003	5 466	6 557	7 660	8 751	9 844
26	30	3 422	6 202	7 297	8 404	9 496	10 587
31	35	3 825	6 923	8 023	9 112	10 215	11 315
36	40	4 367	7 879	9 007	10 128	11 245	12 362
41	45	4 849	8 760	9 892	11 018	12 150	13 282
46	50	5 294	9 537	10 662	11 773	12 898	14 019
51	55	5 825	10 477	11 613	12 746	13 874	15 010
56	60	6 287	11 296	12 417	13 534	14 661	15 781
61	65	6 767	12 135	13 248	14 355	15 463	16 576
66+		7 247	12 995	14 097	15 187	16 287	17 381

Sapphire Group Contributions							
Age Band	M0	M1	M2	M3	M4	M5+	
0	25	2 060	3 631	4 342	5 044	5 746	6 452
26	30	2 264	3 995	4 683	5 366	6 045	6 731
31	35	2 439	4 308	4 966	5 635	6 298	6 955
36	40	2 747	4 862	5 530	6 208	6 876	7 550
41	45	3 072	5 427	6 120	6 802	7 485	8 170
46	50	3 304	5 850	6 512	7 188	7 859	8 540
51	55	3 604	6 378	7 059	7 729	8 406	9 080
56	60	3 982	7 046	7 736	8 415	9 109	9 794
61	65	4 226	7 467	8 148	8 814	9 486	10 156
66+		4 232	7 478	8 157	8 831	9 498	10 169

Diamond Group Contributions							
Age Band	M0	M1	M2	M3	M4	M5+	
0	25	3 003	5 466	6 557	7 660	8 751	9 844
26	30	3 320	5 996	7 045	8 098	9 146	10 200
31	35	3 674	6 592	7 644	8 673	9 714	10 752
36	40	4 111	7 374	8 416	9 458	10 504	11 544
41	45	4 575	8 219	9 272	10 337	11 387	12 445
46	50	4 918	8 814	9 851	10 882	11 908	12 946
51	55	5 328	9 545	10 572	11 589	12 616	13 642
56	60	5 842	10 456	11 490	12 528	13 556	14 593
61	65	6 321	11 307	12 341	13 370	14 398	15 426
66+		6 356	11 362	12 395	13 432	14 463	15 498

2017 BENEFITS

		EMERALD	AMBER
OVERALL ANNUAL BENEFIT		N\$1 000 000 per Beneficiary N\$1 500 000 per Family	Unlimited Benefit
CATEGORY A: Hospital Benefit		Pre-notification: 100% of tariff will be paid out. Without Pre-notification: 90% of tariff will be paid out.	
	% Tariff		
	Cover		
1	Hospitalisation		
1.1	Accommodation & Theatre	Overall Annual Limit	Overall Annual Limit
1.2	Accommodation in private wards	N\$7 000 per beneficiary and N\$15 250 per family	N\$10 000 per beneficiary and N\$22 000 per family
1.3	Accommodation other than a hospital / medical institution	N\$525 per day per family (Maximum of 2 days)	N\$525 per day per family (Maximum of 2 days)
1.4	Blood Transfusions	Overall Annual Limit	Overall Annual Limit
1.5	Intensive and High Care	Overall Annual Limit	Overall Annual Limit
1.6	Medicine, fixed tariff procedures, hospital apparatus and To Take out medicine	Overall Annual Limit	Overall Annual Limit
1.7	Radiology & Pathology (in-hospital)	Overall Annual Limit	Overall Annual Limit
2	Specialised Radiology Procedures (In & Out of Hospital)		
2.1	MRI & CT Scans	N\$16 250 per family	N\$28 500 per family
2.2	Nuclear Medicine	Overall Annual Limit	Overall Annual Limit
2.3	Radiation Oncology	Overall Annual Limit	Overall Annual Limit
3	General Practitioners and Specialists (in hospital services)	Overall Annual Limit	Overall Annual Limit
4	Medical and Surgical Appliances (External)	No benefit	No benefit
5	Internal Appliances & Materials	According to NMC protocol	According to NMC protocol
6	Dialysis	Overall Annual Limit	Overall Annual Limit
7	Oncology – Active surgery, chemotherapy and radiotherapy	Overall Annual Limit	Overall Annual Limit
8	Organ Transplant	Overall Annual Limit	Overall Annual Limit
9	Refractive Surgery – All-inclusive	N\$5 250 per beneficiary once off   N\$6 250 per family	N\$19 000 per beneficiary once off and N\$24 500 per family
10	Reconstructive Surgery		
10.1	Consultation and Procedure	N\$6 220 per family	N\$13 300 per family
10.2	Hospitalisation	Overall Annual Limit	Overall Annual Limit
11	Private Nursing	N\$20 000 per family	N\$35 000 per family
12	Frail Care	Sub-limit 11	Sub-limit 11
13	Alcoholism / Drug Addiction	N\$27 000 per family	N\$27 000 per family
14	Psychiatric Treatment – Hospitalisation	Sub-limit 13	Sub-limit 13
15	Medication and Injections - Chronic	No benefit	
16	Specialised Dental Surgery - Hospitalisation		
16.1	Maxillo-Facial & Oral Surgery - Trauma / non-elective	N\$84 000 per family	N\$120 000 per family
16.2	Maxillo-Facial & Oral Surgery - Other / elective	N\$8 250 per beneficiary   N\$12 000 per family	N\$11 000 per beneficiary and N\$17 750 per family
16.3	Dental Implant - Hospitalisation	Sub-limit 16.2	Sub-limit 16.2
16.4	Maxillo-Facial & Oral Surgery - Internal Prosthesis	Sub-limit 5	Sub-limit 5
17	Maternity		
17.1	Confinement – Full Procedure	Overall Annual Limit	Overall Annual Limit
17.2	Ante-natal Consultation	12 consultations per beneficiary	12 consultations per beneficiary
17.3	Sonar Scans (excluding 3D)	2 Scans per beneficiary per pregnancy	2 Scans per beneficiary per pregnancy
17.4	Amniocentesis	Overall Annual Limit	Overall Annual Limit
17.5	Midwifery Service	Overall Annual Limit	Overall Annual Limit
18	Insertion of Intrauterine Device w/ hormone (Mirena) (All-inclusive)	N\$5 500 per beneficiary	N\$5 500 per beneficiary
19	Stomatherapy (All-inclusive)	N\$27 500 per family	N\$27 500 per family
20	Ambulance & Evacuation Services		
20.1	Emergency Ambulance & Flights	Unlimited benefit	Unlimited benefit
20.2	Ambulance/Inter-hospital transfer	Overall Annual Limit	Overall Annual Limit
20.3	Other Transport	Overall Annual Limit	Overall Annual Limit
21	International Medical Travel Insurance	N\$10 000 000 per incident	N\$10 000 000 per incident
CATEGORY B: DAY-TO-DAY BENEFIT		AF = Accumulation Fund	AF = Accumulation Fund
22	General Practitioners and Specialists		
22.1	Consultations/Visits (out-of-hospital, including casualties)		
22.2	Procedures/Services (out-of-hospital, including casualties)	100% of cost from AF	100% of cost from AF
22.3	Materials and Disposable Items		
22.4	Radiology and Pathology		
23	Dentistry		
23.1	Basic Conservative Dentistry		
23.2	Specialised Dentistry	100% of cost from AF	100% of cost from AF
23.3	Orthodontics		
23.4	Dental Implants (Consultation, Procedure and cost of Dental Implant Components)		
24	Medicine & Injections		
24.1	Acute & Chronic	100% of cost from AF	100% of cost from AF
24.2	Self-medication		
25	Optical Benefits		
25.1	Optical Tests		
25.2	Spectacles and lenses	100% of cost from AF	100% of cost from AF
25.3	Frame		
25.4	Readers Spectacles		
26	Primary Health Care Services		
26.1	Consultations	100% of cost from AF	100% of cost from AF
26.2	Medicine & Injections		
27	Auxiliary Services		
27.1	Biokinetics, Clinical Psychology/Psychological Counsellor, Physiotherapy, Social Worker	100% of cost from AF	100% of cost from AF
28	Specified Illness Conditions		
28.1	HIV/AIDS		
28.1.1	Medicine		
28.1.2	First Full HIV Consultation / Assessment		
28.1.3	Consultation (after the first full HIV consultation / assessment)		
28.1.4	HIV Counselling		
28.1.5	Pathology Tests		
28.1.6	HIV Resistance Test		
28.2	Prevention of Mother- to-Child Transmission (PMTCT)		
28.3	Post-Exposure Prophylaxis (PEP)		
28.4	Sexually Transmitted Diseases		
29	Health SmartCard	No additional cost	No additional cost

2017 BENEFITS

# Contribution Tables

Emerald Individual Contributions				
Age Band		Main	Adult	Child
0	25	769	487	192
26	30	856	547	192
31	35	944	610	192
36	40	1 067	689	196
41	45	1 169	765	196
46	50	1 263	833	196
51	55	1 380	919	196
56	60	1 478	989	196
61	65	1 575	1 060	196
66+		1 680	1 129	196

Amber Individual Contributions				
Age Band		Main	Adult	Child
0	25	1 026	646	230
26	30	1 141	730	230
31	35	1 259	810	230
36	40	1 422	917	236
41	45	1 559	1 021	236
46	50	1 685	1 111	236
51	55	1 840	1 224	236
56	60	1 968	1 321	236
61	65	2 099	1 416	236
66+		2 239	1 508	236

Emerald Group Contributions				
Age Band		Main	Adult	Child
0	25	769	487	180
26	30	856	547	180
31	35	909	560	180
36	40	979	598	183
41	45	1 048	658	183
46	50	1 138	723	183
51	55	1 175	755	183
56	60	1 243	809	183
61	65	1 348	879	183
66+		1 380	901	183

Amber Group Contributions				
Age Band		Main	Adult	Child
0	25	1 026	646	218
26	30	1 141	730	218
31	35	1 213	746	218
36	40	1 304	798	223
41	45	1 397	877	223
46	50	1 519	962	223
51	55	1 568	1 007	223
56	60	1 658	1 079	223
61	65	1 797	1 170	223
66+		1 840	1 203	223

A GOOD HOSPITAL PLAN IS CRUCIAL

EMERALD

Let's be real for a minute: We all need medical cover. Thankfully, the Emerald option from NMC offers all the hospital cover you need at a price you can afford. Don't live in uncertainty—secure your physical wellbeing today with the plan that's perfect for you.

Affordable hospital plan with day-to-day benefits

NMC NAMIBIA MEDICAL CARE

www.nmcfund.com

2017 BENEFITS			
Overall Annual Benefit	% Agreed tariffs with Network Administrator (DHS)	Topaz	Topaz Plus
<b>Category A: Primary Healthcare Benefits</b>		Unlimited according to Defined Primary Healthcare Protocols	
<b>1 Nurse</b>	100%	<b>Registered Nurse</b>	<b>Registered Nurse</b>
1.1 Consultations		Unlimited (N\$20 per visit)	Unlimited (N\$20 per visit)
1.2 Medication / Injections		Unlimited (According to Topaz & Topaz Plus Medicine Formulary)	Unlimited (According to Topaz & Topaz Plus Medicine Formulary)
1.3 Procedure		Unlimited	Unlimited
<b>2 General Practitioner</b>	100%	<b>According to defined protocols through network service providers only</b>	<b>According to defined protocols through network service providers only</b>
2.1 Consultations		Unlimited	Unlimited
2.2 Acute Medication / Injections		Unlimited	Unlimited
2.3 Chronic Medication / Injections		Unlimited (According to Topaz & Topaz Plus Medicine Formulary)	Unlimited (According to Topaz & Topaz Plus Medicine Formulary)
Subject to registration with the Network Administrator			
2.4 Procedures		Unlimited	Unlimited
<b>3 Pathology</b>	100%	<b>Specified Tests</b>	<b>Specified Tests</b>
<b>4 Radiology</b>	100%	<b>Unlimited long bones, chest &amp; trauma</b>	General Radiology excluding MRI & CT Scans
<b>5 Dentistry</b>	100%	<b>Extractions &amp; Fillings only</b>	Unlimited pain & sepsis Unlimited according to defined protocols 2 x oral hygiene visits per beneficiary
<b>6 Optical</b>	100%	No benefit	6 months waiting period, complete test, specified frames and lenses every 2 years
<b>7 Specialist Consultations</b>	100%	No benefit	5 per family per year (pre-approval required)
<b>8 Ultrasound</b>	100%	2 per pregnancy and 2 per member per annum Pre-authorization required	2 per pregnancy and 2 per member per annum Pre-authorization required
<b>9 Paramedical (Psychologists, Physiotherapists, Occupational Therapists)</b>	100%	No benefit	3 consultations per family per year (pre-approval required)
<b>Category B: HIV/AIDS Treatment and Other</b>		Unlimited according to defined protocols	
<b>10 HIV/AIDS Treatment</b>	100%	As per National Guidelines for Antiretroviral Therapy	As per National Guidelines for Antiretroviral Therapy
10.1 Consultations		Unlimited	Unlimited
10.2 Medication (Acute & chronic including vitamins & supplements)		Unlimited	Unlimited
10.3 Pathology		Unlimited	Unlimited
10.4 Counseling (pre-, post & adherence)		3 Sessions	3 Sessions
10.5 Rape Cover		As per National Guidelines for Antiretroviral Therapy	As per National Guidelines for Antiretroviral Therapy
<b>Other Specified Conditions</b>			
<b>11 Sexually Transmitted Diseases</b>		According to National Guidelines	According to National Guidelines
<b>Category C: Hospitalisation Benefit</b>		<b>Private Wing of State Hospital</b>	
Planned procedures: waiting period of 6 months after joining; Emergency cases: Immediate cover			
<b>Overall Annual Limit</b>	<b>% Tariff</b>	<b>Unlimited</b>	N\$115 000 per family Pre-notification: 100% of tariff will be paid Without pre-notification: 90% of tariff will be paid
<b>12 Hospitalisation</b>	100%	Overall Annual Limit	Overall Annual Limit 15 days per beneficiary
12.1 Accommodation and Theatre		Overall Annual Limit	Overall Annual Limit
12.2 Blood Transfusions		Overall Annual Limit	Overall Annual Limit
12.3 Intensive and High Care (3 days then referral to State Hospital)		Overall Annual Limit (7 days supply only)	Overall Annual Limit (7 days supply only)
12.4 Medicine, fixed tariff procedures, hospital apparatus and To Take Out medicine		Overall Annual Limit	Overall Annual Limit
12.5 Radiology & Pathology (In-hospital)			
<b>13 General Practitioners &amp; Specialists (In-hospital services)</b>	100%	N\$25 000 per Family	N\$25 000 per Family
Additional Hospital Benefit Cover Excluded			
<b>14 Maternity</b>		Unlimited Hospitalisation in state hospital (GP's and Specialist limited to sub-limit 10)	Unlimited Hospitalisation in state hospital (GP's and Specialist limited to sub-limit 10)
<b>15 Ambulance Services</b>	100%	Unlimited	Unlimited
15.1 Emergency Road Ambulance (Coverage SADC countries)		N\$550 per member	N\$550 per member
15.2 Ambulance/Inter-hospital transfer (subject to pre-approval)			

# Contribution Tables

Topaz

Contributions - Individuals		
Main Member	Adult Dependant	Child
487	430	151

Contributions - Groups		
Main Member	Adult Dependant	Child
388	334	127

Topaz Plus

Contributions - Individuals		
Main Member	Adult Dependant	Child
883	730	259

Contributions - Groups		
Main Member	Adult Dependant	Child
730	602	214

## 2017 BENEFITS

# Detailed Benefits:

## These rules apply for Topaz and Topaz Plus

### Service Availability

Please note that all benefits on Topaz are only available through registered Topaz Network Health Professionals.

Please visit our website at [www.nmcfund.com](http://www.nmcfund.com) for the updated Topaz Network Health Professionals list.

### Pathology

The following tests are pre-approved and can be done at the discretion of the treating general practitioner:

- Albumin
- ALP
- ALT
- Amylase
- AST
- Bilirubin Direct
- Bilirubin Total
- CD4 cell count
- Cholesterol
- CKMB; Trop T; Trop I
- Creatine
- CRP
- ESR
- Estimated GFR
- FBC
- GGT
- Glucose
- HBsAg
- HIV antibodies-Elisa (HIV-DNA PCR is specifically excluded).
- HIV viral load, according to treatment guidelines
- H-Pylori faecal antigen
- Malaria smear
- Potassium
- Pregnancy test
- Protein Total
- PSA Total
- RF
- RPR

- Stool MC&S
- Stool parasites
- Swabs
- TB microscopy
- Urea
- Uric acid
- Urine MC&S

Other tests are excluded, but will be considered if a motivation is provided by the treating GP, and on the sole discretion of the DHS Medical Director.

### Radiology

General Radiology excluding MRI and CT scans.

### Ultrasonounds

Ultrasonounds are limited to 2 sonars per pregnancy and 2 sonars per member per annum. Pre authorisation required, except in emergencies.

### Dentistry

Basic dentistry is covered, including extractions, fillings and oral hygiene. Benefit for basic dentistry specific to pain and sepsis treatment and two oral hygiene visits per beneficiary. The following treatments are covered:

- Consultation
- Examination for specific problem
- Intra-oral radiographs, per film
- Infection Control
- Sterile tray
- Local anaesthetic
- Polishing only
- Scaling
- Fluoride treatment
- Fissure sealant – per tooth
- Extraction 1st tooth
- Extraction 2nd Tooth
- Full upper or lower dentures
- Amalgam – one surface
- Amalgam - two surface
- Amalgam – three surface
- Amalgam – four or more surface
- Resin – one surface, anterior
- Filling front tooth (small)

- Filling front tooth (medium)
- Filling front tooth (large)

### HIV/AIDS

- A. Treatment-Unlimited: According to the National Guidelines for Antiretroviral Therapy (2014).
- B. Counselling – 3 sessions Pre, Post and Adherence
- C. Pathology – Baseline and monitoring laboratory tests as detailed in the National Guidelines for Antiretroviral Therapy.
- D. Rape Cover – Covered according to the defined protocol in the National Guidelines for Antiretroviral Therapy.
  - Tenofovir (300mg) plus Lamivudine (300mg) fixed dose combination daily, Plus Lopinavir/ritonavir combination BD for 28 days.
  - Plus other supportive actions as detailed in the above guidelines.

### Optical\*

Six months waiting period with a pair of glasses only every two years. A pair of glasses will consist of an eye test, specified frames, non-glass lenses or non-glass bifocal lenses. Benefit of N\$60 for Optical Examination, benefit of N\$300 per frame, benefit of N\$300 per set of glass single focal lenses and N\$650 per set of glass bifocal lenses.

### Paramedical\*

Limited to three sessions per family, per annum. Paramedical includes services by a Psychologist, Physiotherapist and Occupational Therapist.

### Specialist Consultations\*

Limited to five consultations per family, per annum. Requires pre-approval.

### Medicine Formulary

Topaz Plus only covers medication as specified in the Topaz and Topaz Plus Medicine Formulary available from our website [www.nmcfund.com](http://www.nmcfund.com)

*\*Applies to Topaz Plus only*

## A LIST of Chronic Conditions recognised by the fund

- Acne
- Addison's Disease
- Allergic Rhinitis
- Alzheimer's Disease
- Angina
- Ankylosing Spondylitis
- Anorexia Nervosa
- Asthma
- Attention Deficit Disorder (ADD)
- Barrett's Oesophagus
- Benign Prostatic Hyperplasia
- Bipolar Mood Disorder
- Bronchiectasis
- Bulimia Nervosa
- Cancer
- Cardiac Arrhythmias
- Cardiomyopathy
- Chronic Bronchitis
- Chronic Obstructive

- Pulmonary Disease (COPD)
- Chronic Renal Disease
- Congestive Cardiac Failure
- Conn's Syndrome
- Coronary Artery Disease
- Crohn's Disease
- Cushing's Syndrome
- Cystic Fibrosis
- Deep Vein Thrombosis
- Dermatomyositis
- Diabetes Mellitus
- Insipidus
- Eczema
- Emphysema
- Endocarditis
- Epilepsy
- Glaucoma
- Gout

- Hyperuricaemia
- Haemophilia
- Hypercholesterolaemia
- (full lipogram results required)
- Hypertension
- Hypoparathyroidism
- Ischaemic Heart Disease
- Major Depression
- Menopause (Hormone Replacement Therapy)
- Migraine (Prophylactics)
- Motor Neuron Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Narcolepsy
- Obsessive Compulsive Disorder

- Osteoporosis (Bone density test required)
- Paget's Disease of the Bone
- Pancreatic Disease
- Panic Disorder
- Paraplegia and Quadriplegia (Associated Medicine)
- Peripheral Vascular Disorders
- Pituitary Adenoma
- Polyarteritis Nodosa
- Post Traumatic Stress Syndrome
- Psoriasis
- Pulmonary Intestinal Fibrosis
- Rheumatoid Arthritis
- Schizophrenia (if managed by a

- Psychiatrist)
- Scleroderma
- Stroke
- Systemic Lupus Erythematosus
- Thromboangitis Obliterans
- Thrombocytopenic Purpura
- Tourette's Syndrome
- Ulcerative Colitis
- Unipolar Mood Disorder
- Upper Gastro-Intestinal Tract
- Disorder (Gastroscopy and HP test results required)
- Valvular Heart Disease
- Zollinger-Ellison Syndrome

# Exclusions on Medical Expenses and Treatments



## Medication

### Bandages & dressings

Household type bandages and dressings, cotton wool 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.

### Contact lens preparations

Contact lens preparations specifically used for the care and cleaning process of contact lenses, including wetting agents.

### Cosmetic preparations

Cosmetic and toilet preparations, medicated or otherwise.

### Immunosuppressives

Unless prescribed by a medical specialist.

### Soaps and shampoos

Soaps, shampoos, and other topical applications (of a cosmetic nature) medicated or otherwise.

### Unregistered medication

Medicines and products not registered with the Namibian Medicine Control Council including complementary medicine.

### Breathing exercises

Costs 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 benefits, for treatment of injuries, where such costs are the responsibility of another party unless the rules of NMC provide otherwise.

### Libido enhancers

Preparations or devices generally supposed 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.

### HIV/AIDS

Medicines used specifically to treat acquired immune deficiency syndrome (AIDS), unless the patient is registered for Case Management.

### Alcoholism treatment

Medicines used specifically to treat alcoholism and drug addiction other than Protector Health, Ruby, Sapphire and Diamond options.

### Anabolic steroids

Unless prescribed for medical reasons (full motivation letter required).

### Anti-smoking preparations

All preparations designed specifically to treat or stop the smoking habit (unless approved by the Wellness Programme).

### Contraceptive devices

Foam preparations, jellies and condoms.

### Mineral preparations

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; provided that

the elemental calcium dose is greater than 300 mg per tablet.

Prescribed for osteoporosis in the case of calcium supplements; provided that the elemental calcium dose is greater than 300 mg per tablet Prescribed for patients older than 50 years of age (full motivation required).

### Nutritional supplements

Nutritional supplements including patent foodstuffs, baby food and special formulas.

Items other than those intended for the treatment of lice, scabies and other parasitic infestations or fungal infections, as indicated by a doctor's diagnosis.

### Slimming products

Preparations used specifically to treat and/or prevent obesity or overweight or any slimming preparations.

### Patent & secret preparations

Patent and secret medicines and preparations, household remedies, and preventative preparations generally promoted to the public to increase consumption unless prescribed in the form of a mixture together with any medicated cream or ointment e.g. a topical steroid.

### Sterility, impotence & infertility

Medicines used specifically for the treatment of sterility, impotence and infertility.

### Sun screening / tanning

Sun screening and sun tanning agents, unless prescribed by a dermatologist in the form of a mixture together with any medicated cream or ointment e.g. a topical steroid. Unless prescribed by a dermatologist for medical

reasons (full motivation letter required). Products used to relieve or treat sunburn unless prescribed by a doctor

### Vitamins

Vitamins, multivitamins, vitamin combinations and tonics (unless bought from self-medication benefit). Payable by the Fund only under the following conditions:

- Prescribed for patients older than 50 years of age and children aged 5 and younger; Vitamin B supplementation when prescribed as an adjunct to antibiotic therapy Thirty (30) days supply only;
- For supplementation during pregnancy and lactation;
- Injections (unless prescribed for the treatment of obesity);
- Haematinics;
- Vitamin C 500 mg or more prescribed together with cold and flu treatments. Thirty (30) days supply only. Preparations not easily classified including complementary medicine. Exclusions for certain procedures, treatments & services

NMC will not pay for the medical expenses arising directly or indirectly from the following:

- Acupuncture, Acupressure, Reflexology & Massages.
- Accommodation and treatment in headache and stress-relief clinics, spas and resorts whether deemed medically necessary or not.
- Accommodation other than a recognised hospital/medical institution for treatment, investigation, operations and procedures outside the borders of Namibia unless: such treatment, investigation, operations and procedure cannot be done in Namibia,

as part of Case Management with prior approval.

- Accommodation in old age homes and similar institutions.
- Appointments with suppliers of services not kept by the patient and charged for by such suppliers.

### Drug, narcotic & alcoholism abuse

Costs relating to the taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a medical practitioner or any examination, investigation, addiction other than Protector Health, Ruby, Sapphire and Diamond options.

### Dental

Gold in dentures and fillings. Dental devices and materials such as dental floss, tooth brushes and tooth paste. Bleaching of teeth or any dental procedures that are recommended for cosmetic purposes.

Oral hygiene instructions. Nutritional or tobacco counselling. Laboratory costs where associated dental procedure is not covered.

### Erectile Dysfunction

Any procedure intended to induce, enhance, maintain and promote penile erection or to address erectile dysfunction.

Examinations, routine physical examinations, procedures and/or 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

# Exclusions on Medical Expenses and Treatments (Cont')

establishment by prior call or attendance of a medical practitioner.

## External Medical Appliances

The purchases or hire of external appliances other than those specified on the list of External Medical Appliances covered by NMC.

## Forensics

Group counselling, group therapy or group rehabilitation. Holidays for recuperative purposes, whether deemed medically necessary or not.

## Infertility

Examinations, investigations, treatment or surgery for infertility, sterility, impotence and artificial insemination or hormone treatment for infertility, including all costs relating to surrogacy.

Medical examinations for insurance purposes, school camps, visa employment or for litigation purposes.

Medical expenses, travel and accommodation for any planned or non-emergency consultations, examinations, procedures and treatment incurred in foreign countries other than the Republic of South Africa.

## Obesity

Examinations, investigations, treatment or surgery for obesity and overweight including gastric bypass, reversal of gastric bypass and any other procedures performed in combination with gastric bypass. Gastric bypass is only covered as part of gastric bypass protocol.

## Optical

Ophthalmic examinations by anyone other than an eye specialist or registered optician.

Sunglasses and spectacle cases.

Tinting of prescription lenses by 35% or more.

Physical fitness tests, other than for members or dependants registered under the Wellness Programme offered by the fund.

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.

## Pregnancies

Hospitalisation or

accommodation in an institution similar to a hospital for breastfeeding mothers for the sole benefit of their newborn babies.

All costs pertaining to

pregnancies for the first 9 months of membership in the case of members who are registered as individuals.

Specific exclusions upon entry to the Fund.

## Suicide

Suicide, attempted suicide or intentional self-inflicted injury, unless the patient qualifies in terms of the suicide protocol.

## Hypnotherapy

Telephonic consultations / prescriptions.

Traditional healing



**PARAMOUNT**  
HEALTHCARE CENTRE

- QUALITY
- ACCESSIBLE
- AFFORDABLE

### OBJECTIVE

To provide and establish quality, affordable and accessible healthcare to members of Medical Aid Funds including Psemas, private patients and the general public.

### SERVICES RENDERED by Sisters and Doctors

- Baby Clinic and Immunization/ Vaccinations
- Family Planning
- Breast examinations and Pap smear
- Education, assistance and management of chronic conditions such as Hypertension, Diabetes, Asthma, Cancer etc.
- Psychological disorders such as Depression, Anxiety and Sleep disorders

### CONSULTING HOURS:

OPEN  
Monday to Friday  
08:00 – 18:00  
Please phone (061) 287 1188  
For appointments

### ONCOLOGY TREATMENT SERVICES

Our team of highly skilled oncologists and clinical staff will be dealing with the cancer in a holistic way to ensure the best healthcare outcome is achieved.

As part of this process we encourage all patients to become actively involved in their treatment through active participation and asking questions.

At Paramount Healthcare Centre Oncology we believe in following an integrated treatment approach. As such the following areas of assistance and guidance all play an important interdependent role:



**PHYSIOTHERAPISTS CARPE  
DIEM MED CENTRE**



*Lets Talk*  
psychologists



#### 1) ONCOLOGISTS:

Through our alliance with GVI ONCOLOGY/CANCER CARE: PANORAMA/CAPE GATE CANCER CARE CENTRES, CAPE TOWN we have access to five world class Clinical and Radiation Oncologists with each of them having a special interest.

- Dr Conrad Jacobs: Prostate, skin, lung, bronchus, rectum, colon and breast cancers
- Dr Laura Serfontein: Cervix, ovary, head, neck, breast, lung, colon and rectum cancers
- Dr Redmund Nel: Bladder, prostate, lungs, bronchus, rectum, colon and breast cancers
- Dr Andre Dreyer: Brain, head, neck, thyroid and prostate cancers

#### MONTHLY COMBINED BREAST CANCER CLINIC:

- Dr Rika Pienaar: Breast cancer oncologist, management of breast diseases.
- Professor Justus Appfelstaedt: Breast cancer surgeon, breast cancer genetic screening
- Professor Frank Graewe: Breast reconstruction and Plastic surgeon

#### 2) ADMINISTRATION AND SUPPORT OF CANCER PATIENTS

As part of our team we have dedicated Oncology staff who not only offer emotional support to patients and families, but also schedule patients, scheduling of follow up appointments, scheduling of diagnostic procedures etc.

#### RADIATION THERAPY

We now offer Radiation treatment in Windhoek.

#### CHEMOTHERAPY:

PHCC has both experienced pharmacists and chemo sisters to assist with the aseptic preparation under laminar conditions as well as an administration of the chemotherapy. Both the preparation and administration of the chemotherapy is done in accordance with best practice guidelines. We have a dedicated Clinical and Radiation Oncologist on call for our Namibian patients.

#### 3) MULTIDISCIPLINARY TEAMS:

PHCC works closely with : Physiotherapists Karin Stofberg, Ellen Hoffman and Sonika Swiegelaar at Carpe Diem Med.

Tel: (061) 305060/249 0024

Physiotherapy provides services to maintain and restore maximum movement and functional ability.

#### 4) Psychologists:

Let's Talk psychologists are focused in helping the patient and family deal with the trauma of a cancer diagnoses.

Tel: (061) 221123

### PHARMACY

Business hours: 08:00 – 18:00

The Paramount Healthcare Centre also host a Pharmacy which is open to the general public.

Our pharmacy not only acts as an in-hospital facility, but also specializes in acute & chronic medication and supplies chemotherapy medicines to the Paramount Healthcare Chemo Therapy unit.

The pharmacy has 3 dedicated highly qualified Pharmacists with at least 60 years of pharmacology experience.

### CONTACT US

#### PARAMOUNT HCC RECEPTION:

Tel: +264 61 287 1188 / 1103  
Fax: +264 61 287 1114  
Email: info@paramounthcc.com

#### GVI ONCOLOGY/CANCER CARE OFFICE:

Carpe Diem Med Building (opposite PHCC)  
Manager: GVI/PHCC/Patient Liaison  
**Joleen Louw**  
Tel: +264 61 287 1270  
Email: jlouw@paramounthcc.com

#### NURSING SERVICE MANAGER SUB ACUTE WARD AND FRAIL CARE

**Sr Regina Apollus**  
Tel: +264 61 287 1106  
Email: rapollus@paramounthcc.com

#### CHEMOTHERAPY DEPT:

Tel: +264 61 287 1188 / 1103

#### PHARMACY:

Tel: +264 61 287 1102  
Email: cserfontein@paramounthcc.com

#### GP CARE (AFTER HOURS)

Tel: +264 61 287 1188 / 1103

### SUB ACUTE/POST ACUTE & REHABILITATION FACILITY

The centre provides sub-acute, post-acute and rehabilitation services to patients that no longer require in-hospital care but are not yet ready to go home.

Typically these patients may have undergone a surgical intervention such as a knee or hip replacement or have suffered a stroke or spinal cord injury. Our staff also specialize in the treatment of terminally ill cancer patients.

From a rehabilitation perspective we follow a multi disciplinary approach consisting of highly trained nursing staff, occupational therapists, speech therapist as well as physiotherapists.

### WHY SEND YOUR PATIENT TO PARAMOUNT SUB-ACUTE REHABILITATION FACILITY?

All patients are treated by a multi-disciplinary team that performs treatment in close liaison with the patients and attending doctor.

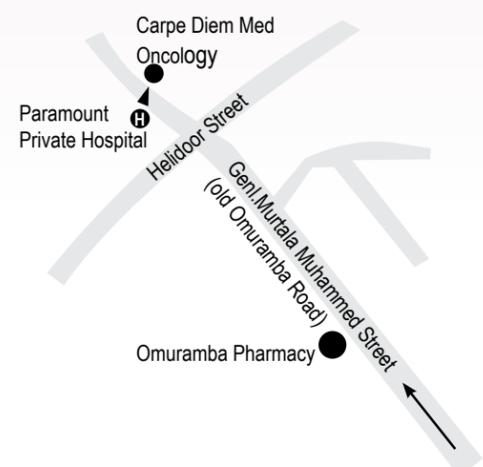
Paramount Healthcare Centre endorses the Namibian Association of Medical Aid Funds (NAMAf) benchmark tariffs. Patients and members of Medical Aid Funds will therefore experience no "out of pocket" payments.

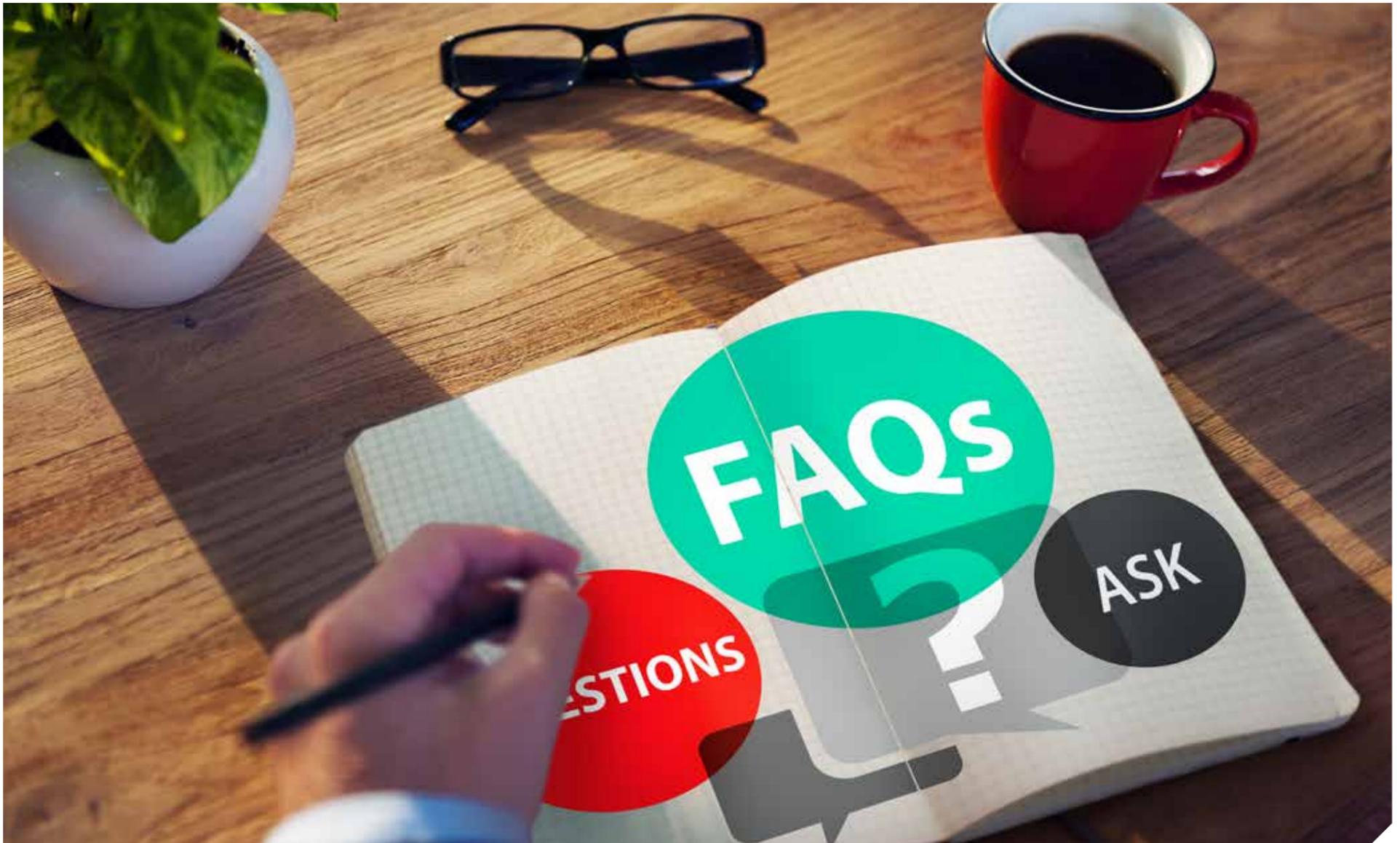
### GP CARE

#### Business hours:

Monday – Fridays: 19:00 – 24:00  
Weekends/Public Holidays: 07:00 – 24:00

GP Care is an Independent Practice Association hosted within the Paramount Healthcare Centre. Their objective is to provide quality, cost effective after hours consulting services and medicines to the public – to the benefit of the community. This essential practice provides the community with the peace of mind that general practitioners are available in times of need without attending "casualties at hospitals" at much higher fees.





### 1. Why are the Self Medication benefits so little?

For members to treat themselves until they can consult their doctor.

### 2. What happens to my benefits if I do not use them?

Benefits are per financial year, what you do not make use of expires and new benefits are allocated to you during the next financial year.

### 3. I recently saw a specialist, and paid cash, which I had to claim from my medical aid. Although, I still have benefits available, the medical aid only paid a portion of the claim. Why should I be liable for these co-payments, while I still have benefits available?

Namibian private medical aid funds pay according to the NAMAf benchmark tariffs for out of hospital (day-to-day) services rendered by health professionals to members. The benefits are designed to cover the member(s) throughout the year and paying exact amounts even when the claimed amount is above a tariff rate could result in a member depleting benefits early in the year.

### 4. I have been a member of NMC for the past three years, and I recently depleted my day-to-day benefits. I have, however, not used my dentistry benefits for the past two years. Is it possible to use my dentistry benefits to cover for my day-to-day benefits (is it possible to convert the benefits I hardly use to the benefits I use the most)?

Benefits are per financial year and specific type of benefit. That which is not used may not be carried over to the next benefit or financial year – this applies to all benefits.

### 5. I am 25 years old and my husband is 30 years old respectively. We joined NMC recently as individual members. Although I am the one duly responsible for paying our NMC premiums, NMC made my husband the Main Member. Why is that?

The NMC Fund rules specify that for individual members the eldest person must be the main member.

### 6. My daughter is a dependant on my medical aid and she gave birth recently. Can I put

### my daughters' daughter on my medical aid as my dependent?

Unfortunately not, only as a special dependent, under specific circumstances

### 7. I would like to structure my own benefits according to my needs. Does the Fund give a member the option to structure their own benefits?

Yes, this can be done on the new generation products - Amber or Emerald.

### 8. Is my new born automatically registered by NMC Fund and if not, whose responsibility is it to register my baby?

No, the member should ensure that he/she registers the new born with the Fund within 30 days after birth.

### 9. Why is the orthodontic benefit not revised annually?

It's a once-off benefit, as a result it is only from time to time.

### 10. Why does NMC not cover accommodation within the borders of Namibia when one is referred to see a specialist in other towns?

Other accommodation other than Hospitalisation will be subject to Managed Health Care's protocol.

### 11. Why is the wellness services only located in Windhoek and not in other towns in the regions?

Members can join the Wellness Program in towns where there are registered Biokinetic practices and Dieticians. A detailed list of available Dieticians is available at the Wellness department or mail [wellness@methealth.com.na](mailto:wellness@methealth.com.na) to obtain the list.

### 12. Why can't the GP and Specialist benefit be separated from the casualty benefit, pathology, radiology, specialist visits?

Separating GP's and Specialist benefits will have an enormous impact on the premium.

### 13. Are vitamins paid out from Chronic and Acute Benefits?

Vitamins are claimable under the self-medication benefit

### 14. Why are suicide attempts not covered while alcohol and drug addiction is covered?

It's an excluded benefit on the Fund. Suicide, attempted suicide or intentional self-inflicted injury forms part of the fund exclusions unless, the patient qualifies in terms of the suicide protocol.

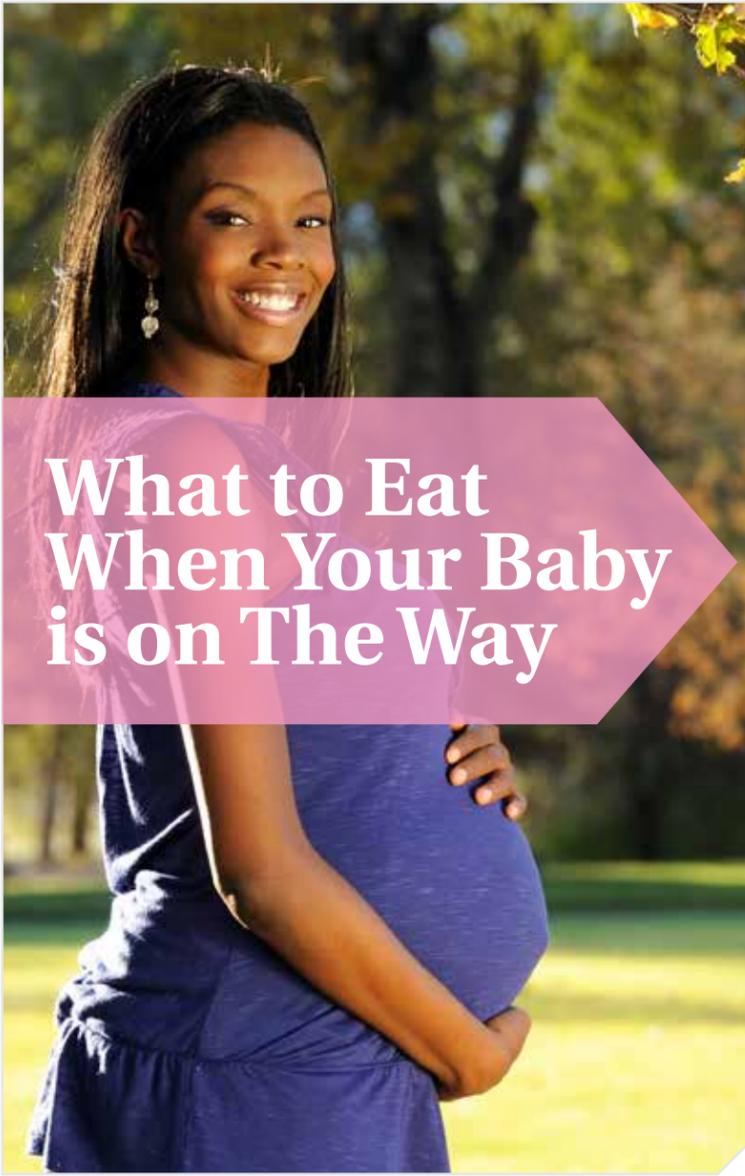
### 15. If a person has a terminal illness, why are the doctor's visits and follow-up tests outside the Hospital not paid from the overall benefit?

The day-to-day doctor consultations and procedures benefit are structured to accommodate all outside hospital visits and tests. On the other hand, consultations by specialists and general practitioners whilst a member is hospitalised are paid from the Overall benefit.

### 16. Why aren't members informed of their available benefits instead of being called by HP's for claims rejected?

The Fund does inform members once they have reached 80% of a specific benefit via remittance statements. In addition, members receive statements indicating claims paid to health professionals; members can register to have online access to benefits or they can request the benefit statement from client services any time of the year.

## PARENTING



### What to Eat When Your Baby is on The Way

Eating nutritiously while you're expecting a baby is one of the best ways to give your newborn a head start in life; it can make pregnancy safer and more comfortable for you, too.

Windhoek-based dietician, Dorle Verrinder, says that knowing the right foods to eat helps to guard against food poisoning, which can be very harmful to the unborn baby.

**“One should practice eating healthy in order to have good vitamin and mineral stores for the baby and to stay healthy,”** Verrinder says, adding that if a person eats right when they are expecting, then they will not have as many high calorie and fatty food cravings during the pregnancy.

She says cravings means that the expectant mother is either not eating the right foods or she is missing vitamins and minerals that her body needs. Either of these deficits can result in low blood sugar as the body starts craving foods that contain the missing nutrition.

An expectant mother must make sure that she maintains a balanced diet of all seven food groups including wholegrain starchy foods, lean meat, beans, legumes, milk and eggs to get the right levels of iron and protein in her system.

“Iron is essential in making red blood cells, which carry oxygen from your lungs to other parts of your body, including the placenta. If you skip on iron, you might feel weak, lethargic, and dizzy; you'll also be at increased risk of delivering prematurely. Excellent sources of iron include lean

proteins, iron-fortified cereal, leafy vegetables and orange juice,” she says.

Verrinder advises pregnant women to get three to four daily servings of dairy products as they are packed with calcium, protein, and vitamin D to help build their baby's developing bones, teeth, heart and nerves.

However, not all dairy products are safe to eat when one is expecting. Verrinder says that one should avoid raw eggs, unpasteurised milk and certain cheeses because they contain a lot of bacteria.

**“Check the label to see if your milk and cheese have been pasteurised because that process kills bacteria which can be harmful if consumed,”** she says.

Certain varieties of soft cheese are considered risky, such as brie, camembert, blue cheese, and feta. These are often (but not always) unpasteurised, and can carry Listeria, a germ that can cause miscarriages.

Although fish is encouraged when one is expecting, it is important to know which type to eat. Pregnant women need to avoid consistent consumption of fish that may have certain levels of mercury since this metal has a tendency to accumulate in the body and it may cause damage to the nervous system. Avoid shark, swordfish, tilefish, king mackerel, and canned albacore tuna, since these larger fish tend to contain

higher mercury levels.

The good news is that you can stock up on high-quality protein and omega-3 fatty acids by limiting yourself to low-mercury fish. According to Verrinder, safe choices include tilapia, salmon, shellfish, and canned light tuna. It is not always advisable for an expecting mother to gain a lot of weight, because it makes her prone to diseases such as hypertension.

**“One should avoid unhealthy foods such as deep fried junk food and sugary foods as this will make the mother gain unnecessary weight,”** Verrinder warns.

Caffeine and alcohol are also not advised although some experts say that taking caffeine in moderation has not been proven to be detrimental during pregnancy.

“Consuming very high amounts of caffeine on a consistent basis has been linked to miscarriages in certain conditions, so doctors recommend that expectant mothers must cut down on their daily consumption of coffee and black teas.”

Some of the local and traditional foods that are cheap and of high nutritious value are recommended during pregnancy. These include dairy products such as Omaere, Oshikandela and Oshikundu.



### Perfect control

## AMBER



When it comes to taking care of your family, you need to know that you are in control. The Amber option from NMC offers members both a robust hospital plan as well as total self-management over their day-to-day benefits, allowing you to save for those who matter most in your life.

Quality hospital cover for your family



## PARENTING

# CHILD OBESITY

Over **223 million** schoolchildren globally are overweight or obese.  
This is expected to rise to **268 million by 2025** unless we act now.

**Obesity puts our children's health in immediate danger.**

by **2025** as many as

**12 million**  
will have impaired glucose tolerance

**4 million**  
will have type 2 diabetes

**27 million**  
will have high blood pressure

**38 million**  
will have first stage fatty liver disease



Children who **eat healthy foods** and **get daily physical activity** have:

- Fewer school absences
- Higher academic achievement
- Higher self-esteem
- Fewer behavioral problems



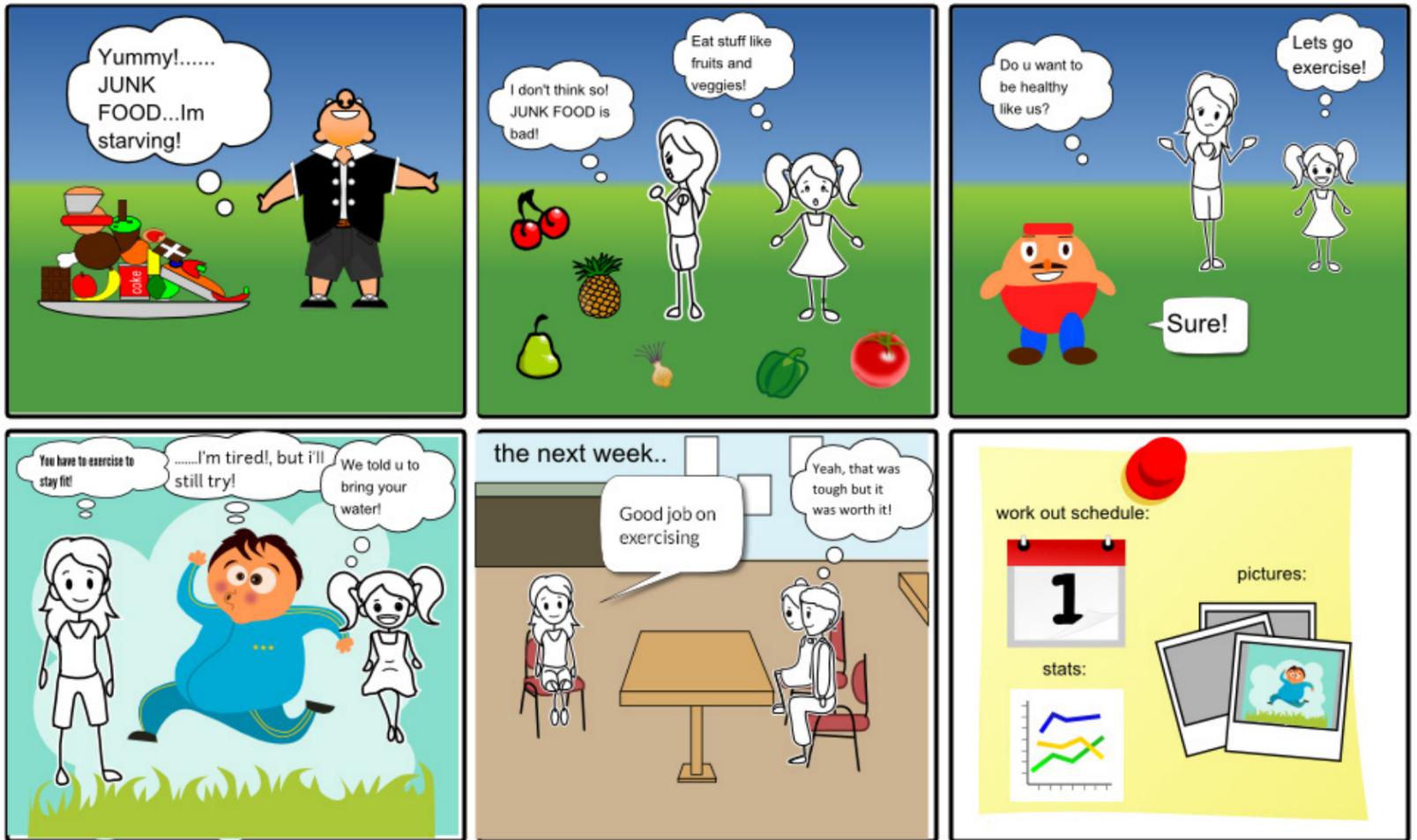
Obesity may be prevented by: physical activity, good nutrition, less screen time, and more sleep.

**Developmentally, birth to age five** is an important time to **teach** children to **prefer healthy foods** and **develop gross motor skills**, setting positive patterns and habits.

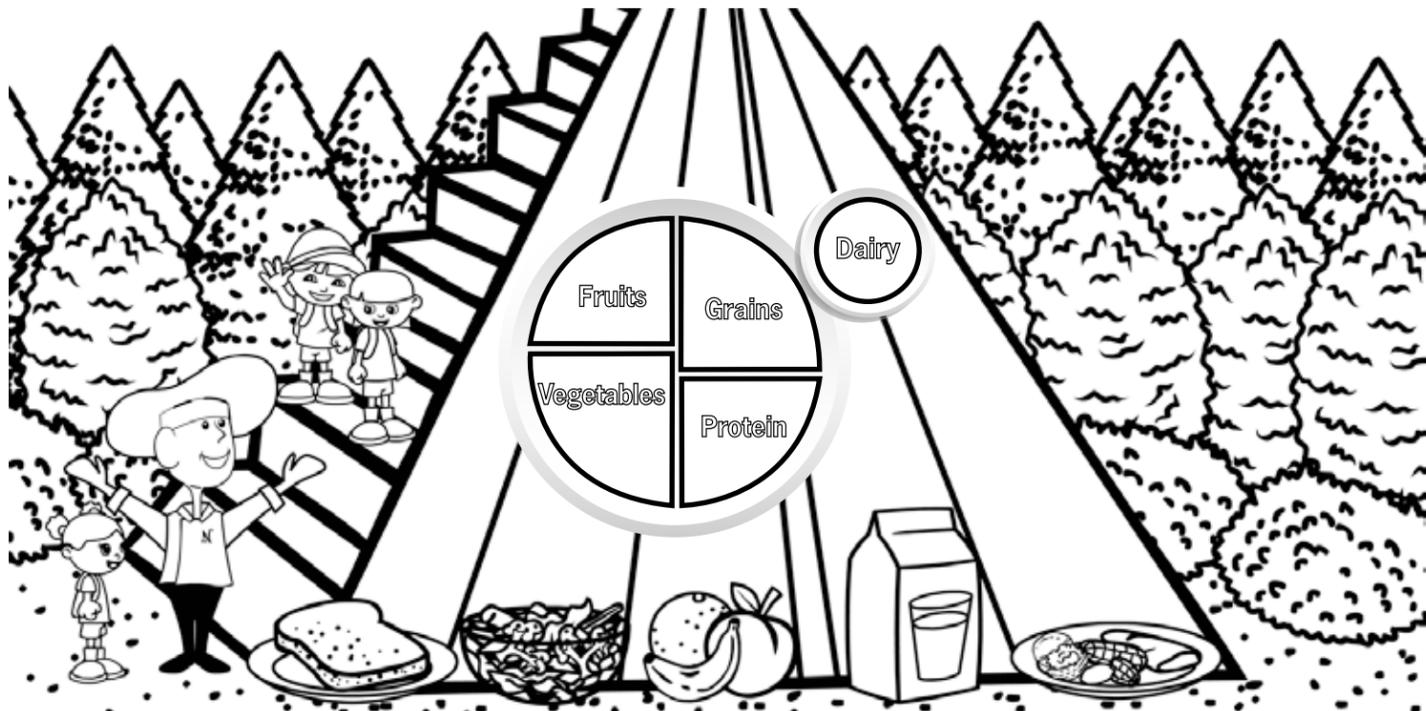
Sources:

[www.obesityday.worldobesity.org](http://www.obesityday.worldobesity.org) and <http://www.heart.org>

### KIDDIES CORNER



### Solusville Food Groups Activity Coloring Sheets



Chef Solus and the explorers discover My Plate on the food pyramid.

Visit [www.ChefSolus.com](http://www.ChefSolus.com) for free online nutrition games, healthy eatings, fun kids activities and tips!

7	3			5		
	4		6			
		1		9	5	
	5			1	9	2
			4	7	5	8
3			7	2		
6	9				2	
		6	3	4		

## SUDOKU

Sudoku is easy to play and the rules are simple. Fill in the blanks so that each row, each column, and each of the nine 3x3 grids contain one instance of each of the numbers 1 through 9.

*Do you have all the answers? Send your completed puzzle to [scoop@nmcfund.com](mailto:scoop@nmcfund.com) for a surprise gift.*

*\*Participants should be 16-years or younger, and the email should include the membership number and contact details.*

## HEALTH &amp; NUTRITION

# The Banting Diet Demystified

The Banting diet is popular once again as a way to safely and successfully lose weight. Media messages about nutrition and diets have always been conflicting and confusing. The facts about what a suitable diet for a healthy body and weight loss should be remain inconsistent and are not always evidence-based.

The 150-year-old high fat, low carbohydrate Banting diet has had a revival in the last five years and is receiving lots of new publicity.

This diet, initially prescribed with great success by surgeon, Dr William Harvey, to an obese London undertaker, Mr William Banting, became the textbook prescription for weight loss for the following 100 years.

The Harvey/Banting diet then went out of fashion and was rediscovered and slightly adjusted by Dr Robert Atkins in 1974.

## What is a Banting Diet?

A Banting diet is high in fat content, including more protein foods and minimal carbohydrates. It may contain 20g of carbohydrates only – which allows for a medium sized apple and no other fruit, starches or grains, with a moderate amount of low carb vegetables such as cabbage, broccoli and cauliflower.

Professor Tim Noakes reinstated “Banting” as not only the best way to lose weight, but also for prevention and improvement of conditions such as diabetes and heart disease. He claimed that the low carbohydrate high fat (LCHF) diet can solve the global obesity and diabetes problem.

There is no harm in eating an unlimited amount of fat like saturated fat and cholesterol as this does not cause heart disease. We were all misled to believe that fat, especially saturated fat, is bad for us and contributes to hypertension, heart disease and obesity.

The professor says that all of the facts behind low fat dietary guidelines were based on a flawed “Keys study” of 1953.

According to supporters of the eating regime, a Banting diet is what human beings were designed to eat and still need to eat. Claiming it to be suitable for any person and even young children has caused major public confusion as to what healthy eating is all about. Now that books about the Banting diet are best sellers, the controversial weight loss method has achieved good PR (once again), but it must be asked: is it good science?

## What is Good Science?

With the increasing amount of confusing information in the media and all over the internet, it has become important that the public should be taught how to critically evaluate whatever they hear or read.

Most healthcare providers know how to evaluate scientific studies,

but do not necessarily base their statements on strong evidence. Small studies done for short periods do not necessarily prove anything. There must be many redundant studies over a reasonable period of time involving a statistically significant number of vetted participants who consistently show similar results in order to confidently make statements about reasonable tendencies or conclude that certain things are facts.

The best studies are randomised controlled trials. Systematic reviews and meta-analysis compare evidence from many studies done on the same subject – the researchers doing this must select the suitable studies and objectively evaluate the results. So don't just believe everything you read – even if the article uses the typical catch phrase: “research has shown.”

People normally go on a diet for health or weight loss reasons, whether it will be temporary or long term, or because of specific health conditions such as diabetes, hypertension, heart disease or cancer and the psychosocial environment.

After consulting your doctor or dietician, the following four questions should be answered before considering the Banting diet.

breath) which suppresses appetite and are excreted through urine.

Nutritional ketosis is achieved with rapid weight loss – the weight lost being mainly water. The same will happen in fasting – causing fasting ketosis.

Extreme low carb diets that emphasize high animal fat intake and restrict sources of other nutrients and fibre are not only unhealthy, but also nutritionally inadequate.

The real Banting diet contains no grains, very little or no fruit and milk, and only certain vegetables. Foods are divided into groups for the simple reason that each group provides certain important nutrients.

Various studies confirm that low carb diets can cause deficiencies in vitamin C, B1, B3, B6, folate, magnesium, calcium and fibre. These might cause dry skin, delayed healing of wounds, bleeding gums, fatigue, poor immunity, cramps, spasms and constipation.

## 2. What will be the Long Term Effect on Health?

When comparing weight loss diets containing more or less carbohydrates or fats, no difference in cardiovascular risk was found for up to two years.

The long term safety of a low

## What is a Diet?

It is the kinds of food a person habitually eats. The most suitable diet for every individual is determined by the following factors: age, weight, culture and food preferences.

### 1. Does it Provide Adequate Nutrients?

Food contains three main nutrients, called macronutrients which include carbohydrates, protein and fat. The amounts of each taken per day make up the total energy intake - measured in kilojoules (kJ) or kilocalories (kcal).

Carbohydrates and protein contains less energy per gram than fats, and that is why foods with a higher fat content are more calorie-dense.

To lose weight, an energy deficit has to be sustained – a person has to take less than what the body requires. It doesn't really matter what percentage of carbohydrates, protein and fat will be taken – as long as the total kcals are less.

Carbohydrates are a source of energy, which is digested into glucose. Glucose in our blood is the body's preferred source of energy, especially for the brain. If we severely restrict carbohydrates intake, glucose will be supplied from glycogen stored in our liver and muscle.

Once these are exhausted, fat stores will be broken down and used as energy. During this process, ketones are produced (causing bad

carbohydrate high fat diet, however, could not be guaranteed. Such a diet has been associated with increased risk of heart disease and mortality.

More recent findings show that the immediate effect of a high fat / cholesterol meal seems to be more dangerous for the arteries than the effect of the fasting cholesterol.

Dr David Spence, a Canadian neurologist, who has done significant scientific work over many years, describes the inflammatory effect of a high fat /cholesterol meal as much worse than that of the fasting cholesterol.

Claims that diets high in saturated fats do not increase risk for heart disease and are not harmful in the long run were confirmed in a review by Chowdhury and others.

They concluded that: “Current evidence does not clearly support cardiovascular guidelines that encourage high consumption of polyunsaturated fatty acids and low consumption of total saturated fats.” A correction was published thereafter, indicating multiple errors and omissions, and the claims that that type of fat doesn't matter, were regarded as misleading.



There is still enough strong data providing support for current recommendations to replace saturated fat with polyunsaturated fat for primary prevention of coronary heart disease (CHD).

The Mediterranean diet is the only diet associated with a reduced risk of all-cause mortality, cardiovascular disease (CVD), cancer, and neurodegenerative disease through all the decades of research.

The Mediterranean Diet is abundant in fruits, vegetables, whole grains, legumes and olive oil. It features fish and poultry—lean sources of protein—over red meat, which contains more saturated fat. Many consider this diet as the world's healthiest diet.

Good evidence exists for low-fat, reduced calorie diets for the prevention of diabetes. However, no evidence exists to suggest that a low-carbohydrate diet should be used to prevent or delay diabetes.

### 3. Is it Maintainable?

Achieving weight loss might not be as difficult as maintaining it – some of these weight loss diets might not be maintainable for a period longer than six months to two years.

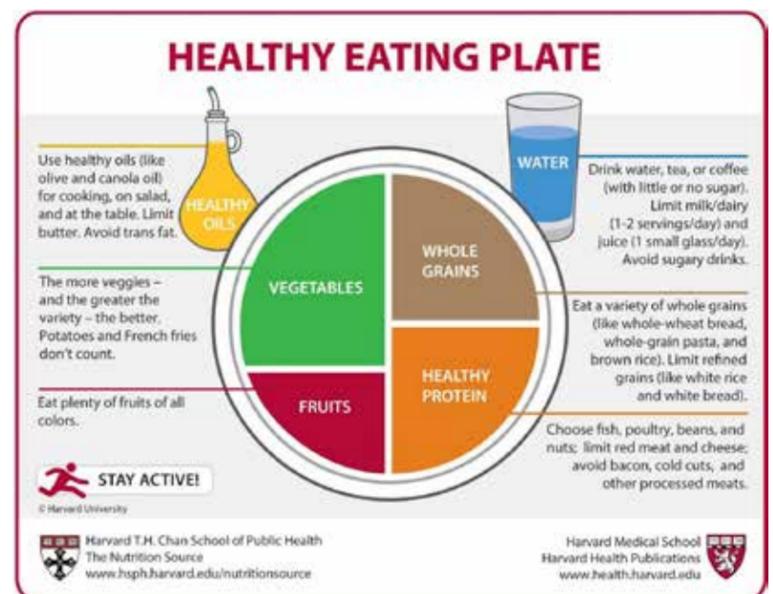
The easier it is to stick to a diet, the better the weight loss will be maintained.

A review of 33 studies involving 73 589 people showed that lower total fat intake leads to small, but statistically significant and clinically meaningful, sustained reductions in body weight in adults from six months to over eight years. Evidence supports a similar effect in children and younger people.

A low carbohydrate high fat diet may be maintainable for a person who likes eating meat and fatty foods, but someone who loves fruit will not be able to stick to such a diet.

### 4. Is it Affordable?

Most people do not have the luxury



## The Banting Diet Demystified (Cont')

to choose what food they can eat because they cannot afford it. Cost of food is a major factor in adherence to any diet.

Most people can only afford staple foods like maize porridge since high fat and protein foods are more expensive, which leaves many people

hungry with inadequate energy. The 2014 Global Hunger Index, published by The International Food Policy Research Institute (IFPRI), indicated that Namibia has a serious food problem. Drought experienced in the last three years has left 370 000 Namibians facing the risk of hunger.

The United Nations 2015 report indicated that 42.7% of Namibians are undernourished.

### Conclusion

Any weight loss by obese people is good – no matter what diet was followed to achieve it. But to

maintain it, we need guidelines that are not extreme and easy to adhere to in our circumstances.

Instead of debating macronutrient composition of diets, we need to give practical, affordable, nutritionally sound guidelines to the public. Individuals should be able to

make informed decisions on what is healthy, affordable and maintainable, and of course, enjoyable for them.

*Article contributed by  
Charlotte Thiele, Dietitian*

# Seasonal Eating

**Dieticians and other health experts recommend that people should eat “seasonally,” or include foods in their diet that are grown at the same time of the year that you eat them. They say that eating seasonally is important, and carries benefits to your health, the planet, and your wallet.**

As the weather changes across the globe so does the fresh produce that is available, thus each season offers an array of beautiful fresh produce that will not only refresh your palate, but present valuable health benefits too.

Seasonality of food refers to the times in a year when the harvest or the flavour of a given type of food is at its peak. This is usually the time when the item is cheapest and freshest on the market.

Windhoek based Dietician Dorle Verrinder says that seasonal eating is not only beneficial nutritionally, but is also cheaper and environmentally friendly.

She says that eating seasonally reduces the demand for out of season produce which further supports more local produce and local farming in the area which means less transportation, less refrigeration, less hot houses, and less irradiation of produce.

When you buy what's in season, you buy food that's at the peak of its naturally occurring supply, and costs less to farmers and distribution companies to harvest and get to your grocery store.

According to [lifehacker.com](http://lifehacker.com), foods that are out of season tend to be more expensive. They have to be shipped from around the world to get to you,

usually picked before the peak of their flavour in order to survive the long trip (or be allowed to mature while they travel) to your local grocery store. As a result, they're much more expensive because of the time, the distance, and the sheer number of people involved with getting those food items to you that need to be paid.

Seasonal produce can grow without too much added human assistance i.e. pesticides and genetically modification. Toxic compounds can contaminate the water and soil and also our health.

Verrinder adds that seasonal eating supports your body's natural nutritional needs as the different seasons provide exactly what the body needs during that time. The natural cycle of produce is perfectly designed to support our health.

According to [mindbodygreen.com](http://mindbodygreen.com), apples in season are the perfect transition food helping the body get rid of excess heat and cool down. The abundance of leafy greens help us alkalize, detox and lose some extra pounds after a winter of eating heavier foods.

In the summer we need to cool down and stay hydrated by eating more fruits, berries, watermelon etc. Building a lifestyle around seasonal food facilitates the body's natural healing process.

“In winter, nature provides us with citrus fruits and these are particularly high in Vitamin C which is very important for preventing infections such as colds and flus. Winter vegetables such as broccoli, Brussels sprouts, kale, winter cabbage and leeks, offer comfort and are perfect for hot meals, healthy stews, soups,

casseroles and other warming meals.

“Summer foods such as stone fruits provide us with extra beta-carotenes and other carotenoids that help protect us against sun damage. They also provide more sweetness for a more energetic hot season, as well as salad vegetables for those tasty cool summer salads,” Verrinder says.

When fruits and vegetables are picked for consumption that have been naturally ripened on the vine or the tree and harvested at the right time, they will have much more flavour and nutrition.

Most people have experienced that super juicy perfectly sweet orange in winter or that crispy sweet pineapple in summer.

Namibia has a few standout seasonal delicacies one should take the opportunity to sample apart from the fruits and vegetables.

Kalahari ‘truffles’ known as !nabba or mafumpula are uncovered from the desert sands of eastern Namibia after the rains in April/May, and used to flavour sauces and soups.

Omajova, which is a tasty giant wild mushroom, is plucked from the bases of termite mounds from late January to March (only after heavy rains), and is occasionally available from roadside sellers.

Swakopmund asparagus (Sept–May) is another favourite, possessing a distinctive flavour due to being grown in brackish water natural to the Coast of Namibia.

Mopane worms (which are actually large caterpillars of the emperor



moth) harvested across northern Namibia (and indeed in other parts of Africa) from February to April are highly nutritious. They are harvested from the mopane tree, cleaned out, dried, spiced and sold as crispy snacks, or cooked in a variety of ways.

Marula fruits ripen and fall to the ground from January to March each year. The Marula tree bears the small round shaped fruit; (green in colour when unripe) that ripens to a yellow colour and are harvested and mashed for their juice or eaten when ripe to provide nutritious fruit supplement at all meals during the season.

The nuts inside the center of the marula fruit are opened to harvest the kernel inside. The soft kernel eaten raw or roasted, adds a piquant flavour to food dishes. The kernels are also pressed to create marula oil, a naturally processed, high-stability lipid, high in oleic acid.

The marula oil is then used with main meal throughout the season as it is consumed with traditional foods.

Experts, however, warn that like any food ‘trend’, don't go overboard with seasonal eating. There are great benefits, but as soon as your food consumption pattern becomes a banner you march under, you could lose sight of the benefits.

If you can get apples year round and you love apples, then enjoy them whether they are naturally in season or not.

If your doctor suggests you get more leafy greens in your diet and kale or collards are out of season, but in stock at the store, don't turn them down just to say you're “eating seasonally.” That's silly. Just be mindful that you'll spend more in the process and there may be a seasonal or local alternative that's just as good, and good for you.



## HEALTH &amp; NUTRITION

# LISTEN TO YOUR BODY AND LOWER YOUR CANCER RISK



prostate and gallbladder cancers.

Alcohol is also strongly linked to an increased risk of several cancers. Reducing alcohol consumption decreases the risk of cancers of the mouth, pharynx, larynx, esophagus, bowel, liver and breast.

Overall, scientists postulate that more than a third of common cancers could be prevented by a healthy diet, being physically active and maintaining a healthy body weight. Reducing exposure to ultraviolet (UV) radiation from the sun is also one way to reduce the risk of some cancers.

Diagnosing cancer isn't always easy - not all cancers show early signs and symptoms and the warning signs often appear when the cancer has advanced to a more serious stage.

However, for a number of cancers, increasing awareness of signs and symptoms and the importance of timely treatment has been shown to improve the chances of survival from cancer.

This is because finding cancer early almost always makes it easier to treat or even cure. In fact, recent figures from the United Kingdom, for example, have found that for eight common cancers - bladder, bowel, breast, cervical, womb, malignant melanoma, ovarian and testicular cancers - survival is three times higher when cancer is diagnosed in the early stages.

Health professionals play a critical role in early diagnosis. Being equipped with the knowledge and skills to recognise the early warning signs of most cancers, knowing when

symptoms need to be investigated and referring patients promptly for tests is vitally important. The global cancer burden can be reduced through synergistic partnership between governments, civil society and the private sector, that leverage complementary skills, competencies and spheres of influence to accelerate progress on shared goals and aspirations.

By joining forces, civil society organisations, cancer patient advocacy groups and other stakeholders can bolster their advocacy efforts around common issues by creating a united voice for positive change.

*Source: Cancer Association of Namibia, Cancer Manual*

The Cancer Association of Namibia (CAN) has urged Namibians to make the necessary lifestyle changes, which are in their control in order to reduce the risk of cancer.

Skin cancer is the leading form of the disease in Namibia while breast cancer is the number one cause of death among women.

Cervical cancer, which is reported to be increasing at an alarming rate, is caused by the human papilloma virus (HPV). According to a 2014 study on Integrated Africa Cancer Fact Sheet & Summary Score Card, a woman faces a higher risk of contracting HPV if she has many sexual partners. The report concluded that a weak immune system, frequent childbirths, a high fertility rate and smoking quicken HPV's progression to cancer.

"Long-term use of oral contraceptives is also associated with increased risk and women living with HIV-AIDS are at increased risk of cervical cancer," read the report, which added that HPV infections also increase the risk of developing both vulva and vaginal cancers.

In Namibian men, prostate and lung cancer is dominant.

The 2016-2018 Cancer Awareness and Prevention Manual compiled by the CAN states that everyone can take steps to reduce their risk of cancer by choosing healthy options, including quitting smoking, staying physically active and choosing healthy food and drinks.

CAN highlights that educating and informing individuals and communities about the links between lifestyle and cancer risks, is the first

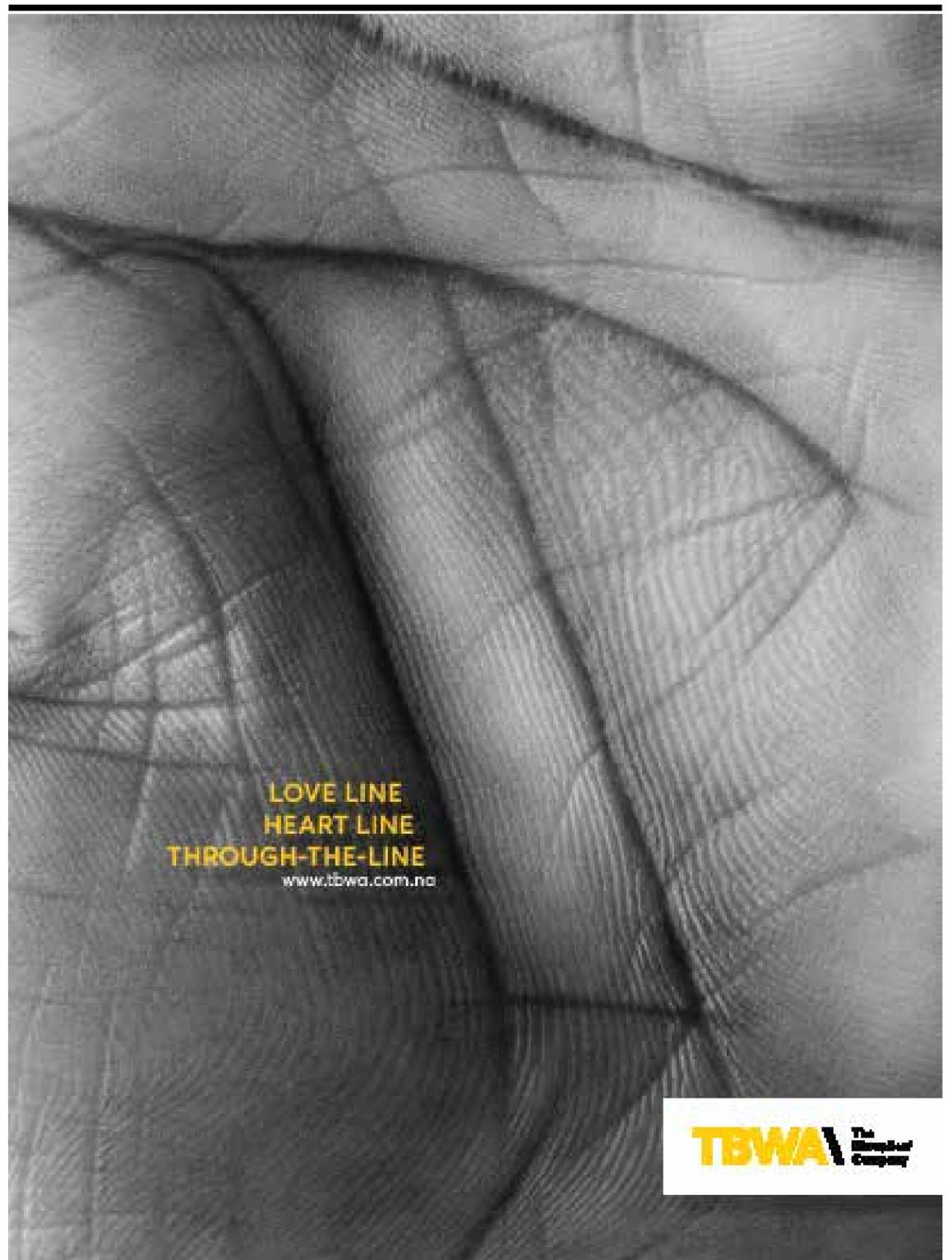
step in effective cancer prevention. According to the association, tobacco use is the single largest preventable cause of cancer globally. Smoking is still the biggest cancer risk factor, as tobacco use reportedly accounts for five million deaths every year, or 22% of all cancer deaths.

"Quitting smoking will have a major positive impact on an individual's health and that of their families and friends. The good news is that quitting at any age is beneficial, increasing life expectancy and improving quality of life."

Individuals can also reduce their risk of many common cancers by maintaining a healthy weight, and making physical activity part of their everyday lives. Dietary factors, physical inactivity and obesity are estimated to account for approximately 30% of cancers in western countries where people live more sedentary, urban-based lives.

This proportion is thought to be about 20% in developing countries, but is projected to increase as agrarian and manual labour based employment structures slowly shift to higher tech, lower physical input, 'white collar' jobs.

"Energy balance" is defined as a balance between energy intake, in the form of food and drink, and energy output, in the form of physical activity. An imbalance between energy intake and energy expenditure leads to weight gain or loss. Being overweight or obese increases the risk of ten cancers - bowel, breast, uterine, ovarian, pancreatic, esophagus, kidney, liver, advanced



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# VISION IS THE ART OF SEEING WHAT YOU'RE LOOKING AT

Most of us opened two gifts this morning... "our EYES". Do you see what other people see? How often do you go for an eye test? The field of optometry involves a lot more than simply a choice between "one or two" and "green or red"...

**OPTOMETRY** is a healthcare profession, in which the optometrist measures the degree of eye sight. It is the aim of the optometrist to achieve the best possible method for having 6/6, single, clear, comfortable, binocular vision, depending on the patient's visual status. 6/6 vision means you have normal central vision and that you are able to distinguish details and shapes at 6 metres.

The optometrist will then prescribe correctional spectacle lenses, contact lenses or eye exercises for the associated visual defect. The optometrist should also be able to detect eye diseases and refer accordingly for further management or treatment.

Optometry involves a multidisciplinary approach. An optometrist can work together with an optical dispenser, whose occupation involves choosing appropriate frames to satisfy patient requirements, recommending lens types and enhancements, shaping and fitting lenses into frames and repairing damaged frames. If necessary, the optometrist will refer the patient to an ophthalmologist who is a specialised doctor in medical and surgical care of eye diseases, eye injuries and the visual system.

Orthoptists could also be approached who will assist with eye exercises for eye movement abnormalities. Referring to other healthcare professionals outside the optical field is also essential when indicated, in order to maintain optimal functional health.

It is important to go for regular optometric evaluations. Every two years is sufficient, except if advised differently by your optometrist.

If abnormal decreased vision or any strange visual disturbances are experienced, seek your nearest optometrist. It is advisable for children to go for an eye test before they start school, for early detection of visual problems, such as amblyopia (which is a "lazy eye" caused by abnormal visual stimulation), that might possibly interfere with academic ability. The earlier visual problems are diagnosed, the better the prognosis will be. It is also advisable to go for an eye test if there is any family history of eye conditions.

## What causes decreased vision?

*There are two major categories: Refraction problems or pathology. Refraction problems cause decreased/blurred vision when light rays do not focus perfectly on the macula (focus point of the eye on the retina). Pathology is eye diseases or any deviation from normal ocular structures that interfere with processing normal vision. Refractive problems in the absence of pathology can be corrected with optical lenses. In the case of any pathology being present, vision might not be correctable to 6/6 and further medical/surgical intervention would be required, with or without optical lenses being prescribed.*

## Refraction problems include:

- Myopia - short-sightedness, which is decreased distance vision caused by the eye ball being longer than normal or the cornea (front surface of the eye) being steeper than normal or a combination of these factors.
- Hyperopia - far-sightedness, which is decreased near vision caused by the

eye ball being shorter than normal or the cornea being flatter than normal or a combination of these factors.

- Astigmatism – when light rays focus on two different points, due to the cornea or lens not being smooth enough caused by some areas being steeper/flatter than normal (this is sometimes explained as the eye having a "rugby ball shape")
- Presbyopia – the decreased ability of the eye's crystalline lens to focus clearly on near objects, due to a loss of elasticity, typically occurring from the age of 40.

Ocular pathology includes a very wide field. The eye itself is a very small and delicate organ, with many structures and layers each playing an essential role in normal visual functioning. The slightest change in structure may cause a visual defect, such as congenital abnormalities/deformations, trauma, degenerations, strabismus (misalignment of the eyes) or eye diseases. Common ocular pathology includes:

- Pterygium – triangular, pink, fleshy growth on the white part of the eye (usually nasal) commonly found in people who spend lots of time outdoors.
- Keratoconus – thinning of the cornea into a cone shape
- Cataract – opacification of the crystalline lens and it might best be described as looking through a dirty window.
- Glaucoma – damage to the optic nerve which will cause gradual visual loss, commonly caused by increased eye pressure (although not always).
- Age related macular degeneration – damage to the macula (essential for

central vision)

- Diabetic/hypertensive retinopathy – a retinal condition that might be found in diabetic and hypertensive patients, due to damage of blood vessels.

It is important to inform your optometrist about any previous ocular conditions that have been diagnosed or is present in your immediate family. You must also notify your optometrist about your medical condition and history as well as any chronic systemic medication that you are using. Your eyes are part of the rest of your body, sharing the same circulatory system and are affected by how you maintain your health and diet. Smoking also has a negative impact on your eyes. It plays a role in cataract formation and macular degeneration.

The optometrist might make use of the following methods to aid in achieving best corrected vision:

- Spectacles/sunglasses – depending on the need, occupation and comfort of the patient. The spectacles might be for full time or occasional wear as needed/ advised by optometrist.
- Soft contact lenses – most common type of contact lens worn by patients. Advanced manufacturing of different contact lens materials allow for an increased rate of successful fitting, with fewer complications.
- Rigid gas permeable lenses (Hard contact lenses) – these are smaller and harder contact lenses more often fit on patients with high prescriptions or irregular corneal surfaces, that do not achieve 6/6 vision with soft contact lenses.
- Scleral lenses – these are large diameter rigid gas permeable lenses

which do not touch the cornea. This is a good option for those patients who have struggled to obtain good vision and comfort with contact lenses in the past. Good candidates may possibly include patients with keratoconus, corneal transplants, refractive surgeries, dry eyes and even patients who do not manage with their contact lenses while doing sports.

• Orthokeratology – involves fitting a carefully designed rigid gas permeable lens to temporarily reshape the cornea overnight to correct refractive problems. The objective is to have clear vision during the day without wearing spectacles or contact lenses. This is an alternative measure to refractive surgery and needs careful analysis of corneal shape.

• Low vision devices – include different types of magnifiers to achieve the most appropriate vision for a specific activity.

• The optometrist might also refer a patient to an ophthalmologist to determine if the patient is a good candidate for refractive surgery such as alteration of corneal shape or insertion of an artificial lens with a pre-calculated dioptric value (unit used to measure eye sight). Other factors such as age and medical condition play an important role.

"Sometimes we are limited not by our abilities but by what we see". Regular eye examinations are essential to maintain optimal visual functioning and ocular health!

Article supplied by : Namibian Optometric Association

"Focus" on what matters...  
your eyes are the "window"  
to your health!





NOA

Namibia Optometric Association



Schedule an eye test with your Optometrist or contact the  
Namibia Optometric Association for any questions regarding vision health:

www.noa.com.na

INFORMATION TECHNOLOGY

# Our Mobile App Now Available for Download

We've made it easier for you to access your medical information on the move, using our App available on the App Store and Google Play.

## HOW TO USE OUR APP.

### 1. Welcome Page

The welcome page has two options. **Login and register**



If you are a registered user (App/website), please click the 'Member Login' button, and 'Register' if you are a first timer.

### 2. Register Page

Register by providing the following details:  
 Member Number: Issued by NMC, Name & Date of Birth: Use the details, which appear on your medical aid card. Email: Provide a valid e-mail address, as a confirmation email will be sent to that address. Please reply to the email, and the status on the App will change to 'Waiting for approval'. You are able to log in once Admin approves the request. **Note: A valid email address and correct date of birth are essential for registration**



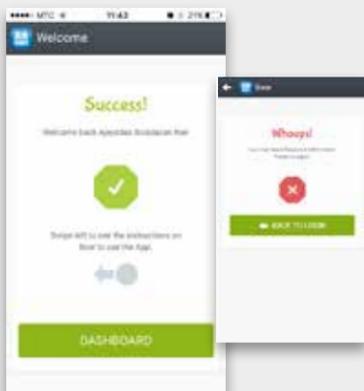
### 3. Login Page

Login to the app using your member number and password. If "Remember password" is checked once, then you will be redirected to the home page when app is selected.



### 4. Welcome Page

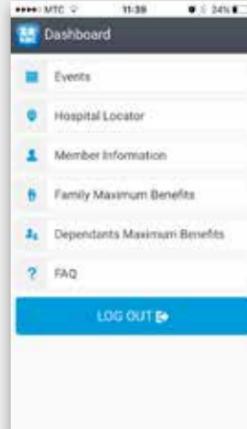
If login is successful, you are redirected to the welcome page. However, entering incorrect information will see you being redirected to an error page.



Click 'Dashboard' button to redirect to home page. If error is displayed, you are redirected back to login page click the "Back to Login" button.

### 5. Dashboard

The dashboard or user home has the following options:



**Events:** Loads a calendar – any events for the period you are viewing would be highlighted.

**Hospital Locator:** Shows the list of hospitals near you.

**Member Information:** Shows member details (information will be available only when the third party server is online.)

**Family Maximum Benefits:** Shows family benefits details (information will be available only when the third party server is online.)

**Dependants Maximum Benefits:** Shows dependants benefits details (Information will be available only when the third party server is online.)

**FAQ:** Frequently Asked Questions.

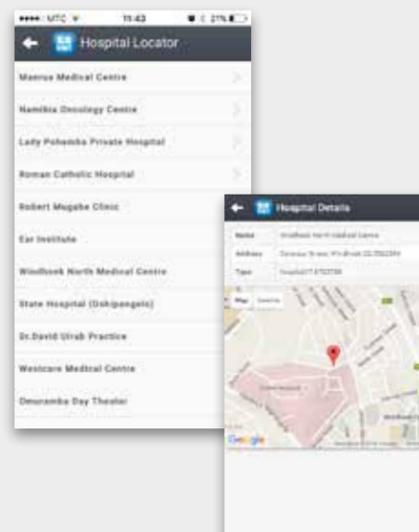
### 6. Events

Click the highlighted date for event details



### 7. Hospital Locator

Click on the hospital name for details.

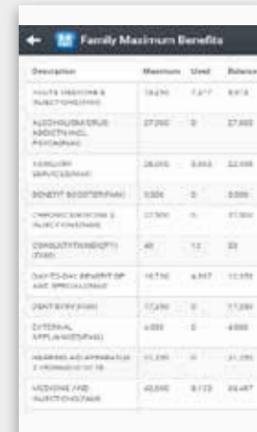


### 8. Member Details



### 9. Family Maximum Benefits

If login is successful, you are redirected to the welcome page. However, entering incorrect information will see you being redirected to an error page.



### 10. Dependants Maximum Benefits



### 11. FAQ

Click on the question for details.



### 12. Logout

You can logout from the app to enable another family member to login.



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## Emergency Numbers

Discipline	Emergency Evacuation Provider	Emergency Contact Number	Main area of coverage
ALS	AEMS Ambulance Services	081 963	Windhoek & surrounding areas
ALS	City of Windhoek Emergency Services	061 211 111	Windhoek & surrounding areas
ILS	Crisis Response	081 881 8131	Windhoek & surrounding areas
ALS	E-Med Rescue 24	081 924	All major centres
ILS	Emergency Assist 991	081 128 8903	Okahandja
ALS	Helixtract Emergency Medical Assistance	081 94 354	Northern Namibia & all major centres
ECT	Intensive Therapy Unit Ambulance Services	081 444 7807	Eenhana & surrounding areas
ALS	International SOS Namibia	061 289 0999	International travel only
ALS	Lifelink Emergency Services	999 (from any landline) 085 900 (from cell)	All major centres
ECT	Mr 24/7	085 956	Windhoek & surrounding areas
ILS	Namibia Private Ambulance Services	081 9696	Northern Namibia (Rundu, Katima & Tsumeb)
ILS	Ohangwena Private Ambulance Services	081 9797	Ohangwena & surrounding areas
ILS	Ondangwa Ambulance Services	081 90 200	Ondangwa & surrounding areas
ILS	Roshcare Clinic Ambulance Services	063 274 911	Rosh Pinah
ILS	Shaduka Trading Ambulance Services	081 404 7945	Outapi & surrounding areas
ILS	St. Gabriel Community Ambulance Trust	085 955	Coast (Walvis Bay, Swakopmund & Henties Bay)

\*ALS Advanced Life Support Service  
 \*ILS Intermediate Life Support Service  
 \*ECT Emergency Care Support Technician Service