NMC
NAMIBIA MEDICAL CARE

2022
FUND RULES

RULE		DESCRIPTION	PAGE
1.		INTRODUCTION	5
	1.1.	PREAMBLE	5
	1.2.	NAME AND HISTORY	5
	1.3.	OBJECT	5
	1.4.	STATUS	5
	1.5.	REGISTERED OFFICE	5
	1.6.	LEGISLATION	5
2.		DEFINITIONS	5
3.		MANAGEMENT OF THE FUND	9
	3.1.	BOARD OF TRUSTEES	9
	3.2.	POWERS AND RESPONSIBILITIES OF THE BOARD	11
	3.3.	APPOINTMENT, POWERS AND DUTIES OF PRINCIPAL OFFICER	12
	3.4.	SIGNING POWERS	13
	3.5.	ACCOUNTS	13
	3.6.	BANK ACCOUNT	13
	3.7.	ADMINISTRATOR	13
	3.8.	AUDITOR	13
	3.9.	ADMINISTRATION COSTS	14
	3.10.	PERSONAL LIABILITY	14
	3.11.	FIDELITY GUARANTEE AND PROFESSIONAL INDEMNITY	14
	3.12.	REGISTRATION AND SAFE CUSTODY OF DOCUMENTS	14
	3.13.	ACTUARY AND ACTUARIAL VALUATION	14
4.		MEMBERSHIP	15
	4.1.	QUALIFICATION	15
		4.1.1 EMPLOYEES	15
		4.1.2 DEPENDANTS	15
		4.1.3 CONTINUATION MEMBERS	16
		4.1.4 DEPENDANTS OF DECEASED MEMBERS	17
		4.1.5 INTERCHANGEABILITY	17
		4.1.6 MOVEMENT FROM ANOTHER MEDICAL AID FUND	17
		4.1.7 PERSONS OTHER THAN EMPLOYEES (INDIVIDUALS)	17
	4.2.	APPLICATION FOR MEMBERSHIP	18
	4.3.	EVIDENCE OF HEALTH	18
	4.4.	PROOF OF AGE AND OTHER EVIDENCE	18
	4.5.	LIMITATION OF BENEFITS	19
	4.6.	NON-DISCLOSURE	19
	4.7.	CESSATION OF MEMBERSHIP	19
		4.7.1 EMPLOYEES	19
		4.7.2 CONTINUATION MEMBERS	19
		4.7.3 INDIVIDUAL MEMBERS	19

	4.7.4	EMPLOYERS	19
	4.7.5	DEPENDANTS	20
	4.7.6	ABUSE OF FUND PRIVILEGES	20
5.		CONTRIBUTIONS	20
5.1.		AMOUNT OF CONTRIBUTIONS	20
5.2.		PAYMENT OF CONTRIBUTIONS	20
5.3.		LIABILITY OF EMPLOYERS AND MEMBERS	20
5.4.		RECOVERY OF AMOUNTS DUE TO THE FUND	21
5.5.		ARREAR CONTRIBUTIONS	21
6.		BENEFITS	21
6.1.		BENEFITS PAYABLE	21
6.2.		BENEFIT OPTIONS	21
6.3.		EXCLUSIONS	22
6.4.		RESTRICTIONS	22
6.5.		PAYMENT OF HEALTH PROFESSIONALS	22
6.6.		CLAIMS PROCEDURE	22
7.		GENERAL MEETINGS OF THE FUND	23
7.1.		ANNUAL GENERAL MEETINGS	23
7.2.		PROCEEDINGS AT ANNUAL GENERAL MEETINGS	23
7.3.		SPECIAL GENERAL MEETINGS	24
7.4.		*QUORUM* AT GENERAL MEETINGS	24
7.5.		CHAIRPERSON AT GENERAL MEETINGS	24
7.6.		ADJOURNMENT OF GENERAL MEETINGS	24
7.7.		VOTING AND PROXIES	24
8.		GENERAL	24
8.1.		*EX GRATIA* PAYMENTS	24
8.2.		CURRENCY	25
8.3.		DISPUTES	25
8.4.		AMENDMENTS TO THE RULES	25
8.5.		INSPECTION OF DOCUMENTS OF THE FUND	25
8.6.		CONDITIONS OF SERVICE OTHERWISE UNAFFECTED	25
8.7.		MEMBERSHIP CARD AND CERTIFICATE OF MEMBERSHIP	25
8.8.		BINDING POWER OF RULES	26
8.9.		CHANGE OF PARTICULARS OF MEMBERS	26
8.10.		INFORMATION REQUIRED FROM EMPLOYERS AND MEMBERS	26
8.11.		INSURANCE OF BENEFITS	26
8.12.		CONFIDENTIALITY	26
8.13.		FUND SURPLUSES	26
8.14.		DISSOLUTION OF THE FUND	26
8.15.		AMALGAMATION OR TRANSFER	27
8.16.		NAMFISA	27
ANNEXURE A2: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE RUBY BENEFIT OPTION			31
ANNEXURE A3: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE SAPPHIRE BENEFIT OPTION			33
ANNEXURE A4: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE DIAMOND BENEFIT OPTION			35

ANNEXURE A5: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE EMERALD BENEFIT OPTION **37**
ANNEXURE A6: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE AMBER BENEFIT OPTION **40**
ANNEXURE A7: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE TOPAZ OPTION **43**
ANNEXURE A8: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE JADE OPTION **46**
ANNEXURE B1: BENEFITS PAYABLE UNDER THE TOPAZ BENEFIT OPTION **49**
ANNEXURE B2: BENEFITS PAYABLE UNDER THE TOPAZ PLUS BENEFIT OPTION **55**
ANNEXURE B3: BENEFITS PAYABLE UNDER THE OPAL BENEFIT OPTION **62**
ANNEXURE B4: BENEFITS PAYABLE UNDER THE JADE BENEFIT OPTION **71**
ANNEXURE B5: BENEFITS PAYABLE UNDER THE RUBY BENEFIT OPTION **80**
ANNEXURE B6: BENEFITS PAYABLE UNDER THE SAPPHIRE BENEFIT OPTION **93**
ANNEXURE B7: BENEFITS PAYABLE UNDER THE DIAMOND BENEFIT OPTION **105**
ANNEXURE B8: BENEFITS PAYABLE UNDER THE EMERALD BENEFIT OPTION **117**
ANNEXURE B9: BENEFITS PAYABLE UNDER THE EMERALD PLUS BENEFIT OPTION **122**
ANNEXURE B10: BENEFITS PAYABLE UNDER THE AMBER BENEFIT OPTION **130**
ANNEXURE B11: BENEFITS PAYABLE UNDER THE AMBER PLUS BENEFIT OPTION **135**
ANNEXURE C: EXCLUSIONS **143**
ANNEXURE D: CHRONIC CONDITIONS IN RESPECT WHEREOF CHRONIC MEDICATION BENEFITS MAY BE CLAIMED **146**
ANNEXURE E: EXTERNAL MEDICAL APPLIANCES COVERED BY NMC **147**
ANNEXURE F: ACCOMMODATION EXPENSES REIMBURSEMENT POLICY **148**
ANNEXURE G: TRAVELLING EXPENSES REIMBURSEMENT POLICY **149**
ANNEXURE H: HEALTH PROFESSIONALS **151**
ANNEXURE I: APPROVED TRUSTEE REMUNERATION STRUCTURE **155**
ANNEXURE J: GROUPS SPECIAL TABLES (INCOME & AGE) **156**
ANNEXURE K: E-THERAPY AND E-CONSULTATION **163**
Index **164**

1. INTRODUCTION

1.1. PREAMBLE

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

1.2. NAME AND HISTORY

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

1.3. OBJECT

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

1.3.1 The granting of financial or other assistance to MEMBERS and their DEPENDANTS in defraying expenditure incurred by them or their DEPENDANTS within Namibia or in countries other than Namibia in connection with the rendering of SERVICES; and

1.3.2 The rendering of a SERVICE, to MEMBERS and their DEPENDANTS, either by the FUND itself or by any SUPPLIER OF SERVICES or group of SUPPLIERS OF SERVICES in association with or in terms of an agreement with the FUND;

1.3.3 The FUND, where it is necessary to do so, will defray the expenses of a PRINCIPAL MEMBER for health services in countries other than Namibia, provided that the services required by such MEMBERS are not available in Namibia, provided further that if a PRINCIPAL MEMBER is residing in a country other than Namibia, the FUND will defray the healthcare expenses of that PRINCIPAL MEMBER in that country of residence.

1.4. STATUS

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

1.5. REGISTERED OFFICE

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

1.6. LEGISLATION

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

2. DEFINITIONS

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

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

2.10. Benefit Options means the benefit options provided for in Annexure B to the Rules.

2.11. Benefits means the benefits provided for in Annexure B to the Rules.

2.12. Benefit Year means A FINANCIAL YEAR or such other period as the BOARD may determine from time to time.

2.13. BOARD shall mean The BOARD of Trustees elected in terms of Rule 3.1 to manage the FUND.

2.14. Child shall mean a MEMBER'S biological child, stepchild or legally adopted child or a child in respect of which a MEMBER holds legal guardianship, provided that such child is:

- Under the age of 18 years;
- not a member or a dependant of a member of another MEDICAL AID FUND; or
- PSEMAS.

2.15. Continuation Member shall mean an existing MEMBER whose status has changed as follows:

- Employee changed to individual member and *vice versa*;
- Dependant changed to member and *vice versa*;
- Change in marital status.

2.16. Contributions shall mean the amount calculated on the basis set out in the Rules and payable to the FUND as membership fees. Such CONTRIBUTIONS shall include the admission fee charged by the ADMINISTRATOR and levies payable to NAMAF and NAMFISA, but shall exclude any statutory duty, fee, levy or impost charged or levied on or in respect of the administration fee, or on the CONTRIBUTIONS to any statutory authority.

2.17. Contribution Year means A FINANCIAL YEAR ending on 31 December annually.

2.18. Date of Service In the event of:

2.18.1 **A consultation, visit or treatment by a HEALTH PROFESSIONAL,** shall mean the date on which each such consultation, visit or treatment occurred, whether for the same illness or not.

2.18.2 **An OPERATION** shall mean a procedure or a confinement, the date on which each such OPERATION, procedure or confinement occurred or was carried out;

2.18.3 **HOSPITALISATION** shall mean the earlier of the date of each discharge from a day clinic, hospital or nursing home, or the date of cessation of membership;

2.18.4 Any other **SERVICE** or requirement means the date on which each such SERVICE was rendered or each such requirement obtained.

2.19. Dependant in relation to a PRINCIPAL MEMBER shall mean:

2.19.1 The MEMBER'S LEGAL SPOUSE including spouses qualifying under the customary (traditional marriage) law: provided that such spouse is neither a member of another MEDICAL AID FUND, nor a member of PSEMAS;

2.19.2 The MEMBER's CHILD;

2.19.3 The MEMBER's UNMARRIED CHILD who is older than 18 but under the age of 30, a full-time student or scholar and totally dependent on the member;

2.19.4 Persons that fall within the age category of 18 years or older, but under 21 years, who are considered to be financially dependent on the PRINCIPAL MEMBER - in a similar manner in which a minor child depend on his or her guardian or parent for financial support, but excluding persons identified in Rule 2.54. [Such persons can include, but is not limited to scholars, unemployed majors or majors earning not more than the monthly government pension, which substantiates their financial dependency on the PRINCIPAL MEMBER];

2.19.5 The MEMBER's UNMARRIED CHILD who is older than 18, not self-supporting owing to a mental or physical disability and who is not a member or a dependent of a member of another MEDICAL AID FUND or PSEMAS and has been a member of the Fund;

2.19.6 Any other person who is dependent on the MEMBER and who, on application to the BOARD and subject

to such conditions as the BOARD may determine is recognised as a "SPECIAL DEPENDANT" by the BOARD. It is a *proviso* that if any such person is so recognised by the BOARD, the MEMBER concerned shall be required to pay such contributions as determined by the BOARD in consultation with the ACTUARY in respect of the admission of such person as a SPECIAL DEPENDANT.

2.20. **Dependant** in relation to a PRINCIPAL MEMBER shall not mean:

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

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

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

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

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

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

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

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

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

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

2.30. **Health Professional** shall mean a person or entity, as defined in Annexure H.

2.31. **Hospitalisation** means the admission of a MEMBER or a DEPENDANT to a registered day clinic, hospital, nursing home or step down facility for a procedure which cannot usually be performed in a doctor's surgery.

2.32. **Income** shall mean a person's gross monthly income, salary, wage or pension, including commission(s), but excluding special allowances while holding a position in a temporary capacity, provided however that where an income, salary, wage, pension, commission or reward is paid weekly, or at intervals other than monthly, such amount shall be pro-rated equal to monthly income.

2.33. **Individual Member** shall mean A MEMBER whose membership of the FUND is not dependant on an EMPLOYER'S participation in the FUND or if the MEMBER is not classified as a member of an EMPLOYER Group, and shall include, with effect 01 January 2006, such schemes with a membership of less than twenty members, or such other schemes as determined by the BOARD from time to time and shall include a MEMBER, provided that existing

EMPLOYER Groups are not to be affected.

2.34.	**In-house tariffs**	shall mean the tariff as determined and approved by the BOARD from time to time.
2.35.	**Insurer**	means a registered insurer or re-insurer as defined in section 1 of the Short Term Insurance Act, 1998 (Act No 4 of 1998); and of the Long Term Insurance Act, 1998 (Act No 5 of 1998); and appointed by the BOARD in terms of Rule 8.12 to underwrite all or any of the BENEFITS.
2.36.	**Medical Aid Fund**	shall mean any business carried on under a scheme established with the objective of providing financial or other assistance to members of the fund and their dependants in defraying expenditure incurred by them in connection with the rendering of any medical service, but excludes any such scheme which has been established in terms of an insurance policy.
2.37.	**Member**	A Principal Member or dependant or special dependant.
2.38.	**NAMAF**	shall mean The Namibian Association of Medical Aid Funds, established in terms of section 10 of the Act.
2.39.	**NAMAF tariff**	shall mean the benchmark tariff published by and adopted by NAMAF.
2.40.	**NAMFISA**	shall mean The Namibia Financial Institutions Supervisory Authority.
2.41.	**Operation**	means a SURGICAL PROCEDURE performed under local or general anaesthetic for the purposes of correcting a disease or a bodily defect.
2.42.	**PSEMAS**	means The Public Service Employees Medical Aid Scheme.
2.43.	**PREMIUM HOLIDAY**	shall mean a period of not longer than six months where an EMPLOYER or a PRINCIPAL MEMBER from sectors that are severly impacted by the State of Emergency and COVID-19 pandemic,do not pay premiums to the FUND due to the State of Emergency or COVID-19. In this period Members will not receive any benefits.
2.44.	**Principal Member**	shall mean a person whose application for membership has been accepted by the BOARD and who is recognised as the main member.
2.45.	**Principal Officer**	means the person appointed as such in terms of Rule 3.3.1.
2.46.	**Registrar**	means the Registrar of Medical Aid Funds appointed under section 3 of the Act.
2.47.	**Risk Rating**	shall mean the process in terms of which the BOARD, or a committee specifically delegated by the BOARD for that purposes, determine the risk factor applicable to a MEMBER, provided however that the maximum loading shall be limited to 140% of the normal premium.
2.48.	**Rule(s)**	shall mean these rules, as amended from time to time, including the Annexures to these rules, any bye-laws and any other provisions relating to the BENEFITS that may be granted or the CONTRIBUTIONS that may become payable in terms of a resolution adopted by the BOARD, subject to approval by the REGISTRAR.
2.49.	**Scale of Benefits**	shall mean the benefits as determined from time to time by the Board of Trustees.
2.50.	**Secretary**	means the secretary of the FUND appointed in terms of Rule 3.1.8.
2.51.	**Service**	shall mean a “medical service” as defined in section 1 of the ACT.
2.52.	**Specialist**	shall mean a person registered and authorised to practise as such under the Medical and Dental Professions Act, 1993 (Act No 21 of 1993).
2.53.	**Specific Exclusions**	means specific requisites, or medical and surgical treatment for a complaint, an illness condition or an injury excluded from BENEFITS under a particular membership option, by the BOARD at the admission of such MEMBER or DEPENDANT to the FUND, other than the general exclusions contained in Annexure “C”.
2.54.	**Special Dependant**	shall mean any dependant of a PRINCIPAL MEMBER who wishes to register under his/her membership, but subject to the

following conditions and the provisions of Rule 4.4:

2.54.1 Parents/in laws – must be financially dependant on the child and their income must be less than the monthly social income, and under the age of 60 upon application of membership, provided that no grandparent can qualify as SPECIAL DEPENDANT;

2.54.2 Divorced wife/husband – for who the member is obliged to provide medical aid cover in terms of a divorce settlement reached by such member and his/her ex-spouse. (A certified copy of the court order must be submitted to the fund);

2.54.3 The MEMBER's cohabitant partner, who has lived with the MEMBER for at least two years and who is not a member or dependant of a member of any Medical Aid Fund or PSEMAS and who, on application and subject to such conditions as the Trustees may determine, who, upon application, is under the age of 60. Only one co-habitant partner can be registered as such. The MEMBER and his/her partner must be able to prove that they have been living together for longer than two years, which proof must be furnished by way of notarially certified declaration/affidavit;

2.54.4 DEPENDANT over the age of 30: Student: – proof of registration at a registered tertiary institution must be provided and such dependants' income must be less than the amount of the monthly social pension as determined by the BOARD from time to time. The student must turn 30 years of age during a continuous period of study for an undergraduate course or during a postgraduate course which follows directly after the completion of the undergraduate course. The Student must apply annually;

2.54.5 In exceptional circumstances (the details of which must be stated), any Individual Member, or other dependant of the Member who is not a member or dependant of a member of any Medical Aid Fund or PSEMAS, and who is recognised as a SPECIAL DEPENDANT by the Trustees subject to the prior approval of the Employer employing the Member: Provided further that such a person does not receive income exceeding the maximum annual amount of social pension as determined by the BOARD from time to time. Risk rating will apply and will also be subject to the provisions of Rule 4.4;

2.54.6 Not allowed to be a member of Topaz/Topaz Plus unless otherwise determined by the BOARD.

2.55. Students shall mean a group of individuals, approved by the TRUSTEES, who are full-time students at any accredited educational institutions approved for this purpose by the TRUSTEES. The same age limits applicable in definition 2.19.3 will apply. For Students over the age of 30, definition 2.53.4 will apply. A FOREIGN student shall mean a non-Namibian studying in Namibia. And NAMIBIAN student shall mean a student who is a Namibian citizen.

2.56. Surgical Procedure shall mean an incision into the body, the insertion of an instrument into the body, the placement of temporary or permanent medical equipment or the removal of temporary or permanent medical equipment.

2.57. Trustee shall mean a member of the BOARD

2.58. Waiting Periods shall mean the nine month period following admission to the FUND of a pregnant MEMBER in which no confinement related benefits will be paid by the Fund.

2.59. Pro-rated Waiting Periods Shall mean a three month period following admission to the FUND of a MEMBER during which period the day-to-day benefits for each of these months will be limited to one-twelfth of the annual limits, with the exception of HIV/AIDS benefits.

3. MANAGEMENT OF THE FUND

3.1. BOARD OF TRUSTEES

3.1.1 The BOARD shall be responsible for the management of the FUND.

The Board shall consist of not less than 5 (five) TRUSTEES and not more than 10 (ten) TRUSTEES elected by the MEMBERS from the ranks of the MEMBERS at the duly constituted Annual General Meeting. In order to be considered as TRUSTEES, the particular skills and experience of the prospective TRUSTEES shall include, but shall not necessarily be limited to relevant financial, legal, medical and/or administrative experience. The Board shall further ensure that of the 10 (ten) elected MEMBERS, it shall include at least 1 (one) MEMBER with clinical experience, 1 (one) with legal experience, an HR person, as well as person sufficiently knowledgeable in the investments of asset funds. In addition to the 10 (ten) elected TRUSTEES, the Board my appoint 2 (two) further TRUSTEES, subject to the criteria as stipulated above. These Board appointed MEMBERS will serve on the Board for the period of 3 (three) years after which they may be reappointed for a further period if the Board so decide.

3.1.2 The TRUSTEES shall be elected by ballot. Before an annual general meeting at which TRUSTEES are to be elected, the PRINCIPAL OFFICER shall call for nominations. Nominations must be in writing and be seconded by at least ten members. The nominee must accept the nomination in writing. Nominations must be received by the PRINCIPAL OFFICER at least fourteen days prior to the Annual General Meeting. Once the PRINCIPAL OFFICER has received nominations, he or she shall issue ballot papers at the annual general meeting in question. If two or more candidates in such election receive an equal number of votes, there will be a second round of voting of the members with an equal number of votes, which process will be repeated in the event of a further equality of votes until one candidate can be elected by simple majority.

A TRUSTEE shall hold office for a period of three years up to the annual general meeting which is held in the year following the completion of three successive years. A TRUSTEE shall not hold office for more than three terms (nine years). A TRUSTEE who have held office for three terms will not be eligible for re-election.

Any casual vacancy that may arise on the BOARD OF TRUSTEES shall be filled by a MEMBER appointed by the TRUSTEES. Any appointment of a TRUSTEE to fill a casual vacancy shall be ratified by the MEMBERS at the annual general meeting following such TRUSTEE'S appointment for a period of three years.

3.1.3 No person may hold office as a TRUSTEE if -

3.1.3.1 he/she is a minor or a person under the age of 18 years; or

3.1.3.2 he/she is contractually incapacitated; or involved in the medical industry where conflict of interest may occur; or

3.1.3.3 he/she is of unsound mind and has been so declared by a competent court; or

3.1.3.4 he/she is an unrehabilitated insolvent; or

3.1.3.5 he/she has been found guilty by a competent court, in the Republic of Namibia or elsewhere, of theft, fraud, forgery or any similar offence; or

3.1.3.6 he/she has been dismissed from an office of trust on account of misconduct; or

3.1.3.7 he/she has been found guilty by a competent court on any charge and sentenced to imprisonment without the option of a fine; or

3.1.3.8 he/she is a director, member, employee or other official of any organisation serving as the ADMINISTRATOR of the FUND or a director, member, employee or other official of any organisation rendering services to the ADMINISTRATOR in connection with the business of the FUND; or

3.1.3.9 he/she is the PRINCIPAL OFFICER of the Fund; or

3.1.3.10 he/she is the AUDITOR of the Fund: or

3.1.3.11 he/she is not a paid up active MEMBER of the FUND

3.1.3.12 he/she is a service provider to the FUND; however, in a case where a MEMBER is elected such MEMBER must declare any possible conflict of interest prior to each BOARD meeting.

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

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

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

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

3.1.8 Any TRUSTEE shall cease to be such if:

3.1.8.1 He/she resigns by written notice to the chairperson; or

3.1.8.2 He/she is declared of being of unsound mind by a competent court;

3.1.8.3 He/she becomes contractually incapacitated; or

3.1.8.4 His/her estate is sequestrated (whether provisionally or finally) or given over to his/her creditors; or

3.1.8.5 He/she is found guilty by a competent court, in the Republic of Namibia or elsewhere, of theft, fraud, forgery or any similar offence; or

3.1.8.6 He/she is dismissed from an office of trust on account of misconduct; or

3.1.8.7 He/she is found guilty by a competent court on any charge and sentenced to imprisonment without the option of a fine; or

3.1.8.8 He/she absents himself/herself from two consecutive BOARD meetings without the prior permission of the chairperson; or

3.1.8.9 The FUND is dissolved, subject, however, to the further provisions of Rule 8.17.

3.1.10 The BOARD shall meet at least four times per annum.

3.1.11 Any three TRUSTEES may request the chairperson in writing to arrange a meeting of the BOARD to discuss such matters as are set out in the request. Upon receipt of such request, the chairperson shall convene a meeting within fourteen days of the receipt of such request.

3.1.12 Minutes shall be kept of all meetings of the BOARD. At every meeting the minutes of the previous meeting shall be signed by the chairperson and such other persons authorised by the BOARD in terms of Rule 3.4, after same being approved by the meeting. Such signed minutes shall be *prima facie* evidence of the authenticity of the matters recorded therein.

3.1.13 The BOARD may co-opt any person to the BOARD as a co-opted TRUSTEE: provided however that no co-opted TRUSTEE shall be entitled to a vote.

3.1.14 Subject to the REGISTRAR'S approval, the BOARD may introduce further rules and regulations to govern its method of operation: provided that such rules and regulations may not be inconsistent with the provisions of the Rules or the Act.

3.1.15 The TRUSTEES shall be entitled to reasonable market related *honoraria* for their services as approved by MEMBERS annually at the Annual General Meeting. The TRUSTEES shall also be entitled to payment to defray expenditure incurred by them in the performance of their duties: provided that the policy providing such expenditure must be authorised by the BOARD.

3.1.16 All TRUSTEES are obliged to attend formal training sessions from time to time to familiarise themselves with the tasks at hand as well as their fiduciary responsibilities.

3.2. POWERS AND RESPONSIBILITIES OF THE BOARD

3.2.1 Subject to the provisions of the Act, the BOARD is authorised to give effect to the objectives of the FUND in terms of the Rules and, without in any way detracting from the generality of this Rule, the BOARD shall have the following express powers:

3.2.1.1 To receive, administer and apply money on behalf of the FUND;

3.2.1.2 To raise money on such terms as may be agreed upon;

3.2.1.3 To purchase, sell, let, lend or otherwise acquire or dispose of movable or immovable property on behalf of the FUND;

3.2.1.4 To invest with, or delegate their powers to make investments to a financial institution as defined in the Financial Institutions (Investment of Funds Act), 1984 (Act No. 39 of 1984), place on deposit, advance or otherwise deal with any money not immediately required for running expenses of the FUND, against such securities and in such manner as the BOARD may determine, and to realise, change, reinvest or otherwise deal with such securities as the BOARD may determine;

3.2.1.5 Subject to the provisions of any law, to cause the FUND, whether on its own or in association with any person or entity, to establish or operate any pharmacy, hospital, clinic, nursing home or other health care facility, home for the aged or any similar institution in the interests of the MEMBERS of the FUND;

3.2.1.6 To prescribe, rescind and amend regulations as to how a claim for BENEFITS should be submitted to and dealt with by the FUND;

3.2.1.7 To insure with an insurance company or insurance broker registered with NAMFISA, any such BENEFITS as the BOARD may deem necessary;

3.2.1.8 To institute legal action or process on behalf of the FUND and to conduct, abandon or settle any such action or process and to defend or settle any legal action or process instituted against the FUND;

3.2.1.9 To appoint as advisors such experts as it may from time to time direct;

3.2.1.10 To appoint the DISPUTES COMMITTEE as referred to in Rule 8.3 hereunder;

3.2.1.11 To appoint an Advisory Committee (AC) to oversee the PRINCIPAL OFFICER in day-to-day operations;

3.2.1.12 To appoint any other Committee, to assist the BOARD as required by the BOARD;

3.2.1.13 To exercise its discretion in any matter not specifically provided for in the Rules: provided that such exercise of its discretion is not inconsistent with the provisions of the Act or of the Rules.

3.2.1.14 To take such other steps as are necessary for achieving the FUND'S objectives.

3.2.1.15 To avoid conflict of interests, members of the BOARD must declare any interest they may have in any particular matter before the BOARD.

3.2.1.16 To ensure that all remuneration to TRUSTEES, committees, the PRINCIPAL OFFICER, other employees, the AUDITOR and relevant service providers to the FUND will be set according to a market related benchmark.

3.2.2 The BOARD shall be responsible for the following:

3.2.2.1 Monitoring the state of the funds established under the FUND;

3.2.2.2 Evaluating the provisions and the operation of the Rules;

3.2.2.3 The revision of CONTRIBUTIONS and BENEFITS;

3.2.2.4 Considering, alternatively the duly mandated committee of the BOARD shall consider, the granting of *ex gratia* payments to a MEMBER or in respect of a DEPENDANT, to assist such MEMBER in meeting his/her/their proportion of any claim admitted in respect of him/her or any of their DEPENDANTS;

3.2.2.5 To impose such sanctions as the BOARD deems fit against any supplier of a SERVICE who is guilty of an offence in relation to the FUND;

3.2.2.6 To impose such sanctions as the BOARD deems fit against any MEMBER, DEPENDANT or EMPLOYER who contravenes the Rules.

3.3. APPOINTMENT, POWERS AND DUTIES OF PRINCIPAL OFFICER

3.3.1 The BOARD shall appoint a PRINCIPAL OFFICER for the FUND. Such PRINCIPAL OFFICER may not be a director, partner, member, employee or other official of any organization serving as the ADMINISTRATOR of a registered medical aid fund, or the director, partner, member, employee or other official of any organization rendering services to the ADMINISTRATOR in connection with the business of such fund. Should the PRINCIPAL OFFICER be absent from the Republic of Namibia for more than thirty days or be otherwise unable to perform his/her duties, the BOARD shall appoint an acting or a new PRINCIPAL OFFICER, as the case may be. The BOARD shall inform the REGISTRAR of the appointment of the PRINCIPAL OFFICER.

3.3.2 The PRINCIPAL OFFICER shall have the following powers:

3.3.2.1 To propose any matter to the BOARD for consideration and implementation if he/she is of the opinion that such proposal is in the best interests of the FUND. It is a proviso that any such proposal that affects the financial position of the FUND shall first be referred to the ACTUARY for an opinion as to the financial soundness thereof.

3.3.2.2 Any specific powers and responsibilities as the BOARD may formally delegate to the office of the PRINCIPAL OFFICER. Such power may be delegated and/or revoked at the BOARD's exclusive discretion.

3.3.2.3 May approve option downgrades: In the case of EMPLOYERS or PRINCIPAL MEMBERS from sectors that are severely impacted by the State of Emergency and COVID-19 pandemic, who approach the FUND to change BENEFIT OPTIONS during the period until 30 June 2020.

3.3.3 The PRINCIPAL OFFICER shall have the following duties:

3.3.3.1 To ensure that the FUND is managed in the best interests of all MEMBERS;

3.3.3.2 To attend all meetings of the FUND and of the BOARD, as well as any other meetings that may require his/her attendance;

3.3.3.3 To ensure that annual financial statements of the FUND, as stipulated in terms of Section 33 of the ACT, are prepared in respect of every FINANCIAL YEAR;

3.3.3.4 To prepare an annual report on the activities of the FUND during each FINANCIAL YEAR;

3.3.3.5 To submit all statutory returns and, in particular, within six months of every FINANCIAL YEAR end, to furnish a copy of the audited financial statements and of his/her annual report to the REGISTRAR.

3.3.3.6 To supervise any staff employed by the FUND;

3.3.3.7 To convene meetings of all committees;

3.3.3.8 To refer any dispute referred to in terms of Rule 8.3 to the DISPUTES COMMITTEE;

3.3.3.9 In the case of an objection to such MEMBER'S voting right at any general meeting, to decide on the eligibility of any MEMBER to vote at that general meeting;

3.3.3.10 To ensure that all duties as are necessary for the proper conduct of the business of the FUND are properly discharged;

3.3.3.11 To carry out any other duties that the BOARD may from time to time require.

3.4. SIGNING POWERS

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

3.5. ACCOUNTS

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

3.6. BANK ACCOUNT

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

3.7. ADMINISTRATOR

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

3.8. AUDITOR

3.8.1 The BOARD shall appoint an AUDITOR. The AUDITOR's appointment must be ratified at the AGM.

3.8.2 The AUDITOR's appointment shall remain in force for a period of 12 (twelve) months, which appointment shall be reconsidered on an annual basis, unless, prior to the expiry of the said period, the BOARD rescinds the appointment or the AUDITOR relinquishes same.

3.8.3 The AUDITOR shall have access to all books, accounts, vouchers and other documents pertaining to the FUND. The BOARD, ADMINISTRATOR and any officer of the FUND shall, upon request, provide the AUDITOR with such information and explanations as the AUDITOR deems necessary for the performance of his/her duties.

3.8.4 The AUDITOR may attend any general meeting of the FUND and shall receive all notices of and other communications relating to any general meeting that any PRINCIPAL MEMBER is entitled to receive. At any general meeting, the AUDITOR may also make any statement in relation to any return, account or balance sheet examined by him/her or report made by him/her.

3.8.5 The AUDITOR shall certify the findings of each audit in writing and present a report to the MEMBERS of the accounts examined by him/her and of the financial statements presented at a general meeting.

3.9. ADMINISTRATION COSTS

Th0e FUND shall bear all expenses arising from the management of the FUND, including actuarial fees, administration fees, audit fees, consultancy fees, managed health care fees, and any other expenses as approved by the BOARD.

3.10. PERSONAL LIABILITY

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

3.11. FIDELITY GUARANTEE AND PROFESSIONAL INDEMNITY

3.11.1 The BOARD shall ensure that the FUND effects and maintains insurance for such an amount as the BOARD regards as sufficient for protection against losses which may arise as a result of the gross negligence, dishonesty or fraud of any of the FUND'S officers, including the PRINCIPAL OFFICER, who receives or handles money of the FUND.

3.11.2 The BOARD shall ensure that the ADMINISTRATOR, the Asset Manager and any other person who renders services to the FUND effect and maintain insurance to adequately indemnify the FUND against losses which may arise as a result of the negligence, dishonesty or fraud of any person employed by such ADMINISTRATOR, Asset Manager or other person, as the case may be.

3.12. REGISTRATION AND SAFE CUSTODY OF DOCUMENTS

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

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

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

3.13. ACTUARY AND ACTUARIAL VALUATION

3.13.1 The BOARD shall appoint an ACTUARY for the FUND. Such appointment shall remain in force until the BOARD rescinds it or the ACTUARY relinquishes it, whichever event occurs first. The BOARD shall cause such records to be maintained as will enable the ACTUARY to perform an actuarial valuation at any time.

3.13.2 If any valuation reveals a surplus, such surplus shall be applied in such manner as determined by the BOARD in consultation with the ACTUARY, subject however to the provisions of the Act.

3.13.3 If any valuation reveals a deficit, the BOARD shall arrange that such deficit be extinguished in such a manner as recommended by the ACTUARY, subject however to the provisions of the Act.

14. MEMBERSHIP

4.1. QUALIFICATION

4.1.1 EMPLOYEES

4.1.1.1. An EMPLOYEE of an employer group should apply in writing within 30 days of permanent employment to be eligible to become a member of the FUND.

4.1.1.1. (a) 4.1.1.1 above will not apply in the case of an EMPLOYEE of an EMPLOYER GROUP who has been on a PREMIUM HOLIDAY, in which case all employees who have been on the FUND must return to the fund in a group on the same date being the first day of a calendar month.

4.1.1.2. (a) After the expiration of the 30 day period referred to in 4.1.1.1 above no EMPLOYEE applying for membership shall be admitted to membership unless he/she submits proof of satisfactory health within three months of such application to the BOARD in respect of himself/herself and his/her DEPENDANTS. If the BOARD requires any such person to undergo a medical examination, such examination shall be performed at the FUND'S expense and such person shall then submit to such medical examination. The BOARD may conduct a risk rating in its discretion, on a particular person applying for membership to determine whether or not he/she qualifies for membership or not.

(b) On admission of such EMPLOYEE's membership of the FUND, a PRO-RATED PERIOD and a nine month waiting period for confinements may apply or such other measures as may otherwise be determined by the BOARD, during which periods no benefit shall accrue to, but CONTRIBUTIONS by the PRINCIPAL MEMBER shall be payable to the FUND.

(c) After consideration of the evidence of health submitted by a PRINCIPAL MEMBER in terms of Rule 4.3, the BOARD may, subject to the provisions of Rules 4.1.6 and 4.1.7, limit or specifically exclude BENEFITS in respect of a particular disease, disorder or disability that existed at the time of admission as a PRINCIPAL MEMBER or DEPENDANT. The BOARD shall notify the PRINCIPAL MEMBER in writing of any limitation or SPECIFIC EXCLUSION imposed in terms of this Rule and any such limitation or SPECIFIC EXCLUSION shall be recorded on the MEMBER's profile.

(d) The TRUSTEES, in their exclusive discretion may under special circumstances, waive the membership restriction, thereby entitling the PRINCIPAL MEMBER and his/her DEPENDANTS to membership of the FUND.

4.1.1.3. Subject to Rules 4.1.6 and 4.1.7, BENEFITS under the FUND are available to the EMPLOYEES of an EMPLOYER and the DEPENDANTS of such EMPLOYEES from a date as determined by the BOARD in respect of such EMPLOYER'S EMPLOYEES: Provided that an EMPLOYEE shall not be admitted to membership of the FUND on a date other than the first day of a calendar month.

4.1.1.4. An EMPLOYEE who, by virtue of his/her previous employment, is a CONTINUATION MEMBER of any MEDICAL AID FUND and chooses to remain so or an EMPLOYEE, who is a dependant of a PRINCIPAL MEMBER of any MEDICAL AID FUND, shall not be eligible for membership of the FUND.

4.1.1.5. No person shall be compelled to become a member of the FUND, merely by virtue of his or her employment by a particular employer.

4.1.2 DEPENDANTS

4.1.2.1. An EMPLOYEE who is a PRINCIPAL MEMBER and who wishes to register DEPENDANTS, must apply in writing within thirty days of the under mentioned dates for the inclusion of such DEPENDANTS under his/her membership, namely:

- The date on which such MEMBER applies for membership, if he/she has DEPENDANTS on that date;
- The date of such MEMBER'S marriage or of his/her entry into a common law marriage, if such date is later than the date on which such MEMBER becomes a PRINCIPAL MEMBER;
- The date of birth or legal adoption of any CHILD born or adopted after the date on which the MEMBER becomes a PRINCIPAL MEMBER.

4.1.1.1. (a) 4.1.2.1 above will not apply in the case of DEPENDANTS of an EMPLOYEE of an EMPLOYER GROUP who has been on a PREMIUM HOLIDAY in which case all DEPENDANTS who has been on the FUND must return to the fund in a group on the same date being the first day of a calendar month.

4.1.2.2. The DEPENDANTS of a PRINCIPAL MEMBER shall be entitled to the same BENEFITS as the PRINCIPAL MEMBER, provided that such BENEFITS shall be limited to a spouse, CHILD and SPECIAL DEPENDANT of a PRINCIPAL MEMBER.

4.1.2.3. (a) After the expiration of the 30 day period referred to in Rule 4.1.2.1 above on admission of such DEPENDANT's membership of the FUND, a PRO-RATED PERIOD and a nine month waiting period for confinements may apply, or such other measures as may otherwise be determined by the BOARD, during which periods no benefit shall accrue to, but CONTRIBUTIONS by the PRINCIPAL MEMBER shall be paid to the FUND.

(b) If a PRINCIPAL MEMBER does not register his/her dependants as required in Rule 4.1.2.1, such dependant shall not be admitted as a DEPENDANT of the PRINCIPAL MEMBER of the FUND unless he/she submits proof of satisfactory health within three months of such application to the BOARD in respect of his/her DEPENDANTS. If the BOARD requires any such person to undergo a medical examination, such examination shall be performed at the FUND'S expense and such person shall then submit to such medical examination. The BOARD may conduct a risk rating in its discretion, on a particular person applying for membership to determine whether or not he/she qualifies for membership or not.

(c) After consideration of the evidence of health submitted by a PRINCIPAL MEMBER in terms of Rule 4.3, the BOARD may, subject to the provisions of Rules 4.1.6 and 4.1.7, limit or specifically exclude BENEFITS in respect of a particular disease, disorder or disability that existed at the time of admission as a DEPENDANT. The BOARD shall notify the PRINCIPAL MEMBER in writing of any limitation or SPECIFIC EXCLUSION imposed on his/her DEPENDANT in terms of this Rule and any such limitation or SPECIFIC EXCLUSION shall be recorded on the DEPENDANT's profile.

(d) The TRUSTEES, in their exclusive discretion may under special circumstances, waive the membership restriction, thereby entitling the DEPENDANTS to immediate membership of the FUND.

4.1.3 CONTINUATION MEMBERS

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

4.1.3.1. (a) Subject to the provisions of section 30(2) of the Act, a PRINCIPAL MEMBER who retires from the service of an EMPLOYER or whose service with an EMPLOYER is terminated on account of the State of Emergency or COVID-19 pandemic, and approved by the EMPLOYER shall, on such PRINCIPAL MEMBER's application to the BOARD, be allowed to remain a MEMBER of the FUND as a CONTINUATION MEMBER: provided that CONTRIBUTIONS are paid up.

4.1.3.2. A CONTINUATION MEMBER and his/her DEPENDANTS shall be entitled to all BENEFITS.

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

4.1.4 DEPENDANTS OF DECEASED MEMBERS

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

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

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

4.1.5 INTERCHANGEABILITY

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

4.1.5.1. has been a PRINCIPAL MEMBER of another MEDICAL AID FUND or PSEMAS for a continuous period of at least two years and whose application for membership is necessitated by a change in his/her employment; and

4.1.5.2. has, for a continuous period of at least two years, been a dependant of a person who during the aforesaid period was a PRINCIPAL MEMBER of any MEDICAL AID FUND.

4.1.6 MOVEMENT FROM ANOTHER MEDICAL AID FUND

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

4.1.6.1. is a pensioner;

4.1.6.2. is the widow or widower of a PRINCIPAL MEMBER of such other fund; or

4.1.6.3. is the dependant of a PRINCIPAL MEMBER of such other fund;

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

4.1.7 PERSONS OTHER THAN EMPLOYEES (INDIVIDUALS)

4.1.7.1. The provisions of Rules 4.1.1 to 4.1.6 above, shall apply *mutatis mutandis* to any INDIVIDUAL MEMBER, who applies for membership of the FUND.

4.1.7.2. Notwithstanding the provisions of Rule 4.1.7.1 above, but subject to Rule 4.1.3 above, the underwriting of the PRINCIPAL MEMBER of individual membership shall always be in relation to the oldest member of the household.

4.1.7.3. If an individual member resigns within the benefit year, he/she can only re-join on 1 January of the following year, except if he/she joins in terms of group membership or unless the Trustees determine otherwise.

4.1.7.3. (a) If an INDIVIDUAL MEMBER who resigns from the fund within the period to 30 June 2020 due to the State of Emergency or COVID-19 pandemic, and his/her DEPENDANT, who were members on the Fund may re-join the Fund without risk rating or exclusions within six month of such a date. Benefits however will be pro-rated.

4.2. APPLICATION FOR MEMBERSHIP

4.2.1. Subject to the terms and conditions set out in the Rules; the BENEFITS are available to EMPLOYEES of EMPLOYERS and their DEPENDANTS, as well as individual members and their DEPENDANTS. Subject to Rules 4.1.5, 4.1.6 and 4.1.7, BENEFITS shall be available to the aforementioned EMPLOYEES/individuals and their DEPENDANTS from a date as determined by the BOARD in respect of each EMPLOYER group or individual, as the case may be, provided that no person shall be admitted to membership of the FUND on a date other than the first day of a calendar month.

4.2.2. When applying for membership, a person shall complete and submit to the FUND the application form required by the FUND. Unless the BOARD in its discretion determines otherwise, the following persons and EMPLOYEES shall not be admitted to membership of the FUND:

4.2.2.1. an individual who has attained the age of 60 years at the time of applying for membership;

4.2.2.2. a full time EMPLOYEE, from an EMPLOYER group with an official retirement age policy of 65 years, who has attained the age of 65 years at the time of applying for membership;

4.2.2.3. a full time EMPLOYEE of an EMPLOYER group, which EMPLOYER group does not have any official retirement age, who has attained the age of 60 years at the time of applying for membership.

4.2.3. An electronic copy of the Rules shall be available on the NMC website.

4.2.4. No person (including an EMPLOYEE) shall become a PRINCIPAL MEMBER unless he/she has satisfied the requirements set out in Rules 4.3 and 4.4.

4.2.5. Subject to Rules 4.1.5 and 4.1.6, if an application to include a DEPENDANT is made on a date later than:

- The date on which such PRINCIPAL MEMBER applies for membership if he/she had DEPENDANTS on that date; or
- The date of such PRINCIPAL MEMBER's marriage or of proof of commencement of his/her cohabitant partnership status, if such date is later than the date on which such PRINCIPAL MEMBER became a MEMBER; or
- The date of birth or legal adoption of any CHILD born or adopted after the date on which the PRINCIPAL MEMBER became a MEMBER, then and in such an event, such application is subject to risk rating and to the imposition of a PRO-RATED PERIOD and may further be subject to SPECIFIC EXCLUSIONS.

4.2.6. No person shall be allowed to become a MEMBER if such person is a MEMBER, or DEPENDANT of a MEMBER, of PSEMAS or any other Medical Aid Fund.

4.3. EVIDENCE OF HEALTH

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

Evidence of health will not be required from MEMBERS who resign from the fund within the period to 30 June 2020 due to the State of Emergency or COVID-19 pandemic, or his/her DEPENDANTS, who were members on the Fund and who apply to re-join the Fund within six months of such a date.

4.4. PROOF OF AGE AND OTHER EVIDENCE

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

Proof of age and other evidence will not be required from MEMBERS who resign from the fund within the period to 30 June 2020 due to the State of Emergency or COVID-19 pandemic, or his/her DEPENDANTS, who were members on the Fund and who applies to re-join the Fund within six months of such a date.

4.5. LIMITATION OF BENEFITS

After consideration of the evidence of health submitted by a PRINCIPAL MEMBER in terms of Rule 4.3, the BOARD may, subject to the provisions of Rules 4.1.5 and 4.1.6, limit or specifically exclude BENEFITS in respect of a particular disease, disorder or disability that existed at the time of admission as a PRINCIPAL MEMBER or DEPENDANT. It is a proviso that no such limitation or SPECIFIC EXCLUSION in respect of congenital ailments or conditions shall be imposed on a CHILD of a MEMBER born into the FUND. The BOARD shall notify the PRINCIPAL MEMBER in writing of any limitation or SPECIFIC EXCLUSION imposed in terms of this Rule and any such limitation or SPECIFIC EXCLUSION shall be recorded on the MEMBER's profile.

4.6. NON-DISCLOSURE

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

4.6.2. The provisions of Rule 4.6 shall apply *mutatis mutandis* in the event of a MEMBER making a false declaration under Rule 4.4.

4.7. CESSATION OF MEMBERSHIP

4.7.1 EMPLOYEES

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

4.7.1.2. In order for a PRINCIPAL MEMBER's notice of intention to withdraw from the FUND to be accepted by the FUND, such notice must be personally signed by the PRINCIPAL MEMBER

4.7.2 CONTINUATION MEMBERS

4.7.2.1. A CONTINUATION MEMBER who becomes a PRINCIPAL MEMBER or a dependant of a PRINCIPAL MEMBER of another MEDICAL AID FUND, shall cease to be a PRINCIPAL MEMBER as from the date on which he/she becomes a PRINCIPAL MEMBER or a dependant of a member of such other fund and all rights to BENEFITS in respect of such CONTINUATION MEMBER shall thereupon cease, except for claims in respect of SERVICES rendered prior to cessation of membership. Such CONTINUATION MEMBER must give one calendar month's written notice to the FUND of his/her intention to withdraw from the FUND.

4.7.2.2. A CONTINUATION MEMBER may withdraw from the FUND by giving the FUND one calendar month's written notice of his/her intention to do so. He/she shall cease to be a PRINCIPAL MEMBER upon the expiry of such notice period. All rights to BENEFITS shall thereupon cease, except for claims in respect of SERVICES rendered prior to cessation of membership.

4.7.2.3. A CONTINUATION MEMBER who fails to pay a CONTRIBUTION to the FUND within one month of the date on which such contribution falls due and does not furnish the FUND with a satisfactory explanation therefore, shall retroactively cease to be a PRINCIPAL MEMBER as from the date on which such CONTRIBUTION fell due. All rights to BENEFITS shall thereupon cease, except for claims in respect of SERVICES rendered prior to cessation of membership.

4.7.2.4. The provisions of Rule 4.7.1.2 *mutatis mutandis* shall apply to a CONTINUATION MEMBER'S notice of his/her intention to withdraw from the FUND.

4.7.3 INDIVIDUAL MEMBERS

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

4.7.4 EMPLOYERS

An EMPLOYER may withdraw from the FUND by giving the FUND one calendar month's written notice of his/her intention to do so. However, the BOARD, in its sole discretion, may agree to accept a shorter notice period. Such EMPLOYER'S participation in the FUND shall cease upon expiry of such notice period:

Provided that the FUND has acknowledged receipt of the EMPLOYER'S written notice of withdrawal. All rights to BENEFITS in respect of its MEMBERS shall thereupon cease, except for claims in respect of SERVICES rendered prior to termination of participation.

4.7.5 DEPENDANTS

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

4.7.6 ABUSE OF FUND PRIVILEGES

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

5. CONTRIBUTIONS

5.1. AMOUNT OF CONTRIBUTIONS

5.1.1 The total monthly CONTRIBUTIONS payable to the FUND shall be as set out in Annexure A and as may be amended from time to time. An INDIVIDUAL MEMBER's CONTRIBUTIONS shall be calculated based on the age of the PRINCIPAL MEMBER.

5.1.2 The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal and Topaz. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category. If the special dependant is a child, the child premium is applicable and if the special dependant is an adult, the adult premium is applicable. If the PRINCIPAL MEMBER is on income based premium, then the premium of the SPECIAL DEPENDANT will be based on the income category of the PRINCIPAL MEMBER.

5.2. PAYMENT OF CONTRIBUTIONS

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

5.2.1 the EMPLOYER when the MEMBERS derive their membership from such EMPLOYER'S participation in the FUND, or

5.2.2 the PRINCIPAL MEMBER when the PRINCIPAL MEMBER does not derive his/her membership from an EMPLOYER'S participation in the FUND.

5.2.3 In the case of PRINCIPAL MEMBERS from sectors that are severly impacted by the State of Emergency and COVID-19 pandemic, the EMPLOYER or the PRINCIPAL MEMBERS may approach the FUND for assistance in the form of a PREMIUM HOLIDAY. No benefits will be payable during the HOLIDAY period. The period awarded will not exceed six months.

5.3. LIABILITY OF EMPLOYERS AND MEMBERS

5.3.1 The liability of the PRINCIPAL MEMBER shall be limited to the total amount of unpaid CONTRIBUTIONS due by such PRINCIPAL MEMBER provided however that the PRINCIPAL MEMBER shall notify the ADMINISTRATOR of his/her termination of service in writing, at least one month beforehand, failing which the PRINCIPAL MEMBER shall be liable for all arrear CONTRIBUTIONS plus interest if any, in respect of such PRINCIPAL MEMBER. In the event of death of the PRINCIPAL MEMBER, the MEMBERSHIP shall be terminated at the end of the month in which the PRINCIPAL MEMBER dies. The one month notification period does not apply in the event of the PRINCIPAL MEMBER's death. Claims are therefore settled as per the Fund Rules.

5.3.2 The liability of a PRINCIPAL MEMBER shall be limited to the total amount of unpaid CONTRIBUTIONS plus interest if any, due by such PRINCIPAL MEMBER, and

5.3.3 The liability of an EMPLOYER or a PRINCIPAL MEMBER in terms hereof shall not lapse upon such person's withdrawal from the FUND.

5.3.4 The liability of an EMPLOYER or a PRINCIPAL MEMBER in terms hereof shall not lapse upon such person's entering into a PREMIUM HOLIDAY arrangement FUND. However, the BOARD, in its sole discretion, may agree to accept a shorter notice period provided no claims were paid for that period.

5.4. RECOVERY OF AMOUNTS DUE TO THE FUND

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

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

5.5. ARREAR CONTRIBUTIONS

5.5.1 If a PRINCIPAL MEMBER's CONTRIBUTIONS are in arrears for more than 7 (seven) working days, the FUND may impose prime banking interest rates at the current banking prime rate (according to the Fund's bankers) per annum, on the contribution payable for as long as the contribution is outstanding. Notwithstanding the provisions of Rules 4.7.1 to 4.7.6, a PRINCIPAL MEMBER whose CONTRIBUTIONS are in arrears for more than ninety days as from the first day of the month for which such CONTRIBUTIONS are payable, shall automatically cease to be a PRINCIPAL MEMBER as from the expiry of the said ninety day period and all rights to BENEFITS in respect of such PRINCIPAL MEMBER and his/her DEPENDANTS shall thereupon cease, except for claims in respect of SERVICES rendered prior to the date on which the CONTRIBUTIONS fell into arrears. Claims paid by the FUND in respect of SERVICES rendered to such PRINCIPAL MEMBER and/or his/her DEPENDANTS during any period for which CONTRIBUTIONS have not been paid shall constitute a debt due, owing and payable by the PRINCIPAL MEMBER and shall be immediately recoverable from him/her.

5.5.2 If a PRINCIPAL MEMBER's CONTRIBUTIONS are in arrears for more than 7 working days the BENEFITS of such PRINCIPAL MEMBER may be suspended pending full payment of all arrear CONTRIBUTIONS. Provided however that the provisions of clause 5.5.1 above, shall in any event take effect as soon as the PRINCIPAL MEMBER's Contributions are in arrears for a period of 90 (nine) days or more from the date that contribution is payable.

6. BENEFITS

6.1. BENEFITS PAYABLE

6.1.1. Subject to Rules 6.2, 6.3, 6.4 and 8.12 as well as any other limitations imposed elsewhere in the Rules or the Act, a PRINCIPAL MEMBER and his/her DEPENDANTS shall be entitled to the BENEFITS. However, BENEFITS shall accrue only from the ADMISSION DATE of the PRINCIPAL MEMBER or DEPENDANT, as the case may be.

6.1.2. The BOARD shall withdraw or refuse payment of BENEFITS to a PRINCIPAL MEMBER, or the DEPENDANT of a PRINCIPAL MEMBER, whose CONTRIBUTIONS are suspended. Where payment of BENEFITS to a PRINCIPAL MEMBER or his/her DEPENDANT has been withdrawn or refused in terms hereof and the FUND has paid accounts in accordance with the Rules in respect of such PRINCIPAL MEMBER or his/her DEPENDANT, the PRINCIPAL MEMBER shall be liable in full for such payments and shall within a reasonable time refund such payments to the FUND. As soon as the MEMBER is in arrears (within 7 days after month end), the MEMBER will be informed that there is an outstanding balance and that he/she will be suspended if the amount is not settled. Arrangements can be made to pay the arrears subject to approval of the Advisory Committee (AC)

6.1.3. Notwithstanding anything to the contrary, the BOARD in its discretion may approve payment of BENEFITS of a PRINCIPAL MEMBER or a DEPENDANT of a PRINCIPAL MEMBER whose CONTRIBUTIONS are in arrears.

6.2. BENEFIT OPTIONS

6.2.1. In order to meet the need for flexibility, the FUND may offer different BENEFIT OPTIONS.

6.2.2. An EMPLOYER may change the BENEFIT OPTIONS available to its EMPLOYEES only on 1 January of each year or the next date thereafter on which such change can be practically implemented.

6.2.2.1. In the case of EMPLOYERS from sectors that are severly impacted by the State of Emergency and COVID-19 pandemic, the EMPLOYER may approach the FUND to change BENEFIT OPTIONS during the period until 30 June 2020. Benefits will be pro-rated on the new options.

6.2.2. When applying for membership, the EMPLOYER shall indicate to the FUND on the application form, which BENEFIT OPTIONS are to be available to its EMPLOYEES who apply for membership of the FUND.

6.2.3. When applying for membership, a PRINCIPAL MEMBER shall indicate to the FUND on his/her application form which BENEFIT OPTION he/she elects to join.

6.2.4. A PRINCIPAL MEMBER may change from one BENEFIT OPTION to another only on 1 January of each year or the next date thereafter on which such change can be practically implemented.

6.2.5. Notwithstanding the provisions of Rule 6.2.5, a PRINCIPAL MEMBER whose marital status or group status changes, may elect to change to another BENEFIT OPTION following such change in his/ her marital or group status. In such event, the change in BENEFIT OPTION shall be effective from the first day of the month following that in which the PRINCIPAL MEMBER's marital or group status changed.

6.3. EXCLUSIONS

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

EXCLUSIONS shall not apply to MEMBERS who resign from the fund within the period to 30 June 2020 due to the State of Emergency or COVID-19 pandemic, or his/her DEPENDENTS, who were members on the Fund and who apply to re-join the Fund within six months of such a date.

6.4. RESTRICTIONS

6.4.1. In the case of an illness of a protracted nature, the BOARD may insist upon a PRINCIPAL MEMBER or DEPENDANT consulting a particular SPECIALIST designated by the BOARD in consultation with the attending practitioner. In such event, if the PRINCIPAL MEMBER or DEPENDANT refuses to consult such SPECIALIST or, if having consulted such SPECIALIST, the PRINCIPAL MEMBER or DEPENDANT refuses to act on such SPECIALIST'S advice, no further BENEFITS shall be paid in respect of such illness.

6.4.2. Subject to the Rules:

6.4.2.1. BENEFITS shall be payable in respect of any costs incurred for treatment arising out of any injury sustained by a PRINCIPAL MEMBER or DEPENDENT.

6.4.2.2. If a surplus has risen as a result of a reimbursement made by a relevant third party to the medical aid fund concerning benefit paid by a medical aid fund to such a MEMBER, or the amount equal to the co-payment that a MEMBER has made towards his or her medical expenses, such amount equal to the co-payment, shall be repaid to the relevant MEMBER

6.4.2.3. In the event the Fund receives reimbursement from a relevant third party in connection with the benefit paid by the medical aid Fund to such a member or beneficiary., The FUND shall reinstate the value of such MEMBER'S benefit with an amount concomitant to such reimbursement, but only once the reimbursement is received from a relevant third party in a particular calendar year.

6.5. PAYMENT OF HEALTH PROFESSIONALS

6.5.1. The FUND shall decide whether or not to pay HEALTH PROFESSIONAL directly. Should the FUND decide not to pay a HEALTH PROFESSIONAL directly, the BENEFIT to which a MEMBER is entitled in respect of the SERVICE rendered by such SUPPLIER OF SERVICES, shall be paid to the MEMBER.

6.5.2. No PRINCIPAL MEMBER shall cede, assign, pledge or make over to any third party any claim or part of a claim which he/she may have against the FUND.

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

6.6. CLAIMS PROCEDURE

6.6.1. Every claim submitted to the FUND in respect of the rendering of a SERVICE, shall contain such particulars as prescribed by the Act and such other particulars as may be prescribed by the ADMINISTRATOR from time to time.

6.6.2. In order to qualify for BENEFITS, any claim by a MEMBER must be submitted as soon as possible after the date of the SERVICE in question. Notwithstanding any provision to the contrary contained elsewhere in the Rules, no BENEFIT shall be granted if the account is not submitted within one hundred and twenty days from the date of the SERVICE to which such account relates, unless, in the opinion of the BOARD, acting on the advice of the ADMINISTRATOR, extenuating circumstances exist.

6.6.3. In order to claim a BENEFIT in respect of an account that the PRINCIPAL MEMBER has paid directly to a HEALTH PROFESSIONAL, the PRINCIPAL MEMBER shall submit such account and the receipt for payment

thereof to the FUND.

6.6.4. If and when required by the BOARD, an account for treatment of an injury shall be supported by a report setting out the circumstances in which such injury was sustained.

6.6.5. In instances where appropriateness of treatment requires evaluation and/or a limited BENEFIT applies, the FUND may require a MEMBER or DEPENDANT to apply for pre-authorisation prior to the performing of the relevant procedure and the granting of a BENEFIT. Such pre-authorisation may be requested by a HEALTH PROFESSIONAL on behalf of such a MEMBER or DEPENDANT. BENEFITS where pre-authorisation applies are defined in ANNEXURE B.

6.6.6. Where an account relates to fees charged by the dental technicians for laboratory services shall be indicated on the dentist's invoice by submitting code 8099 – Dental laboratory service with the appropriate laboratory tariff and codes on the line following the relevant dental procedure code on the date on which the dental procedure was rendered. The laboratory fee shall be submitted for payment on the date on which the procedure code is submitted for payment and the appropriate dental laboratory service codes shall be reported on the lines following code 8099. The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for correctness by means of a signature. A copy of the original invoice of the dental technician must accompany the account submitted to the Medical Fund.

6.6.7. Where an account or request for pre-authorisation relates to a SERVICE supplied in respect of orthodontic treatment, a document containing the following further information must also accompany the account:

6.6.7.1. The code number according to the SCALE OF BENEFITS for the treatment;

6.6.7.2. A treatment plan indicating the total amount that will be charged for the treatment, the expected duration of the treatment, the initial amount payable by the PRINCIPAL MEMBER, and the monthly amount payable by the PRINCIPAL MEMBER.

7. GENERAL MEETINGS OF THE FUND

7.1. ANNUAL GENERAL MEETINGS

7.1.1. An annual general meeting of the MEMBERS shall be held not later than 6 (six) months after the end of each FINANCIAL YEAR at such place and time as the BOARD may determine.

7.1.2. Notice of the date, time and place for the holding of the annual general meeting shall be published in at least two local newspapers. Such notice, the agenda for such meeting and the financial statements for the FINANCIAL YEAR under review shall be made available on the NMC website for perusal. Both such notices shall be published/made available at least 21 calendar days prior to the date of the Annual General Meeting. Non-cognisance of such notices by a PRINCIPAL MEMBER shall not invalidate the proceedings at any such meeting.

7.1.3. A PRINCIPAL MEMBER who intends submitting a proposal at an annual general meeting shall inform the SECRETARY of his/her intention at least fourteen days prior to the date fixed for such meeting. Within seven days of receipt of such notice from such PRINCIPAL MEMBER, the SECRETARY shall inform all MEMBERS.

7.2. PROCEEDINGS AT ANNUAL GENERAL MEETINGS

7.2.1. At every annual general meeting the BOARD shall present audited annual returns as required to be submitted to the REGISTRAR and a copy of the AUDITOR'S report.

7.2.2. The ordinary business to be conducted at an annual general meeting shall be to:

7.2.2.1. consider and accept the minutes, as approved by the BOARD, of the previous annual general meeting and of any special general meeting held since the previous annual general meeting;

7.2.2.2. receive and consider the financial statements as at the close of the preceding FINANCIAL YEAR with the AUDITOR'S report thereon;

7.2.2.3. consider and pass, with or without modification, any resolutions concerning the affairs of the FUND of which due and proper notice has been given and any other business concerning the affairs of the FUND;

7.2.2.4. elect the BOARD in accordance with the provisions of Rule 3.1.3;

7.2.2.5. ratify the appointment of the AUDITORS;

7.2.2.6. consider and accept the Trustee fees for the ensuing year.

7.3. SPECIAL GENERAL MEETINGS

7.3.1. The BOARD may at any time call a special general meeting of MEMBERS by giving at least thirty days' notice specifying the object of the meeting.

7.3.2. The BOARD shall convene a special general meeting of MEMBERS if the SECRETARY receives a request signed by sufficient number of MEMBERS to form a *quorum* as envisaged in Rule 7.4. Such request shall record the matter to be discussed. The SECRETARY shall notify the MEMBERS of such meeting at least thirty days prior to the date of such meeting.

7.3.3. The accidental omission to timeously forward any such notice to any PRINCIPAL MEMBER in the prescribed manner shall not invalidate the meeting, but any such omission will have to be condoned and ratified at the meeting.

7.4. *QUORUM* AT GENERAL MEETINGS

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

7.5. CHAIRPERSON AT GENERAL MEETINGS

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

7.6. ADJOURNMENT OF GENERAL MEETINGS

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

7.7. VOTING AND PROXIES

7.7.1. Any business, resolutions or questions submitted to a general meeting for decision shall be decided by a majority vote of the majority of the PRINCIPAL MEMBERS present in person or by proxy. The chairperson shall decide whether voting is to take place by ballot or by a show of hands, unless the matter to be voted on affects the rate of CONTRIBUTIONS or the nature and extent of BENEFITS, in which case voting shall be by ballot. The chairperson of the meeting shall have a casting vote as well as a deliberative vote.

7.7.2. A declaration by the chairperson of the meeting as to the result of a vote shall be final and conclusive.

7.7.3. No PRINCIPAL MEMBER shall be entitled to vote at any general meeting unless all CONTRIBUTIONS due to the FUND by him/her have been paid.

7.7.4. Any objection to the qualification of any voter shall be referred to the PRINCIPAL OFFICER, whose decision shall be final.

7.7.5. An instrument appointing a proxy shall be in writing and signed by the PRINCIPAL MEMBER. It shall not be necessary in any notice convening a general meeting to inform MEMBERS of their right to appoint a proxy.

7.7.6. An instrument appointing a proxy shall be delivered to the PRINCIPAL OFFICER not less than 72 hours before the time fixed for the meeting or adjourned meeting, as the case may be, at which such proxy proposes to vote. No instrument appointing a proxy shall be valid after the expiry of three months from the date of its execution.

7.7.7. Voting is normally done by ballot paper however, if approved by the Trustees, electronic voting will take place. No hard copies of proxies will be accepted at the AGM. Proxies will be accepted and submitted electronically before the AGM.

8. GENERAL

8.1. *EX GRATIA* PAYMENTS

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

8.1.1. PRINCIPAL MEMBER or DEPENDANT may apply for ex-gratia allowance/benefits to all COVID-19 related claims where a member's benefits relating to laboratory tests, consultations and hospitalization or

any other COVID-19 related treatment (excluding prophylaxis) is/will be depleted, during the state of emergency or COVID-19 Pandemic

8.2. CURRENCY

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

8.3. DISPUTES

8.3.1. A DISPUTES COMMITTEE consisting of four MEMBERS appointed by the BOARD shall be appointed as and when necessary. The PRINCIPAL OFFICER, a TRUSTEE, or the PRINCIPAL MEMBER involved in the dispute may not act as a member of the DISPUTES COMMITTEE.

8.3.2. Any dispute that may arise between a PRINCIPAL MEMBER, prospective MEMBER, former MEMBER or any person claiming on behalf of such PRINCIPAL MEMBER and the FUND, or an officer of the FUND, shall be referred by the PRINCIPAL OFFICER to the DISPUTES COMMITTEE for review.

8.3.3. On receipt of a notice declaring a dispute, the BOARD shall appoint the DISPUTES COMMITTEE, and the PRINCIPAL OFFICER shall convene a meeting thereof by giving at least fourteen days' prior notice to the complainant, the DISPUTES COMMITTEE members and the BOARD. Such notice shall state the date, time and place for such meeting and particulars of the dispute.

8.3.4. The DISPUTES COMMITTEE shall determine the procedures to be followed at its meetings.

8.3.5. The parties to a dispute shall have the right to be heard before the DISPUTES COMMITTEE, either in person or through a representative.

8.4. AMENDMENTS TO THE RULES

8.4.1. The BOARD shall have the right to amend the Rules at any times, provided that:

- No such amendment shall be valid unless it has been approved and registered by the REGISTRAR;
- No such amendment shall be inconsistent with the provisions of the Act;
- Any such amendment shall be approved and registered by the REGISTRAR.

8.4.2. The BOARD shall make available a list of the amendment(s) on NMC's website, or forward it electronically on request of a MEMBER, as soon as reasonably possible after registration thereof.

8.5. INSPECTION OF DOCUMENTS OF THE FUND

8.5.1. On request, the FUND shall supply to a PRINCIPAL MEMBER, free of charge, a copy of any of the following documents:

8.5.1.1. The Rules of the FUND.

8.5.1.2. A copy of the latest audited annual financial statements, consisting of:

- A statement of financial position.
- A statement of comprehensive income.
- A cash flow statement.
- The AUDITOR'S report.
- Such other returns as the REGISTRAR may from time to time require.

8.5.2. Upon payment of a fee as determined by the BOARD from time to time, a PRINCIPAL MEMBER may obtain additional copies of the documents described in Rule 8.6.1.

8.5.3. A PRINCIPAL MEMBER may, free of charge, inspect any of the documents described in Rule 8.5.1 at the registered office of the FUND at any reasonable time during normal business hours.

8.5.4. On admission to membership, a copy of the Rules shall be made available to the PRINCIPAL MEMBER, free of charge. Payment of CONTRIBUTIONS by a PRINCIPAL MEMBER shall constitute his/her acknowledgement of the Rules being binding upon him/her and his/her DEPENDANTS.

8.6. CONDITIONS OF SERVICE OTHERWISE UNAFFECTED

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

8.7. MEMBERSHIP CARD AND CERTIFICATE OF MEMBERSHIP

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

8.7.2. The use of a membership card by any person other than the MEMBER, with the knowledge of the

MEMBER, is not permitted and constitutes an abuse of the BENEFITS of the FUND. Should a MEMBER be guilty of such abuse of BENEFITS, the BOARD may terminate the membership of such MEMBER. The BOARD may also require the MEMBER in question to refund to the FUND any sum so disbursed by the FUND in consequence of such abuse.

8.7.3. On cessation of membership, a PRINCIPAL MEMBER shall, on request, be furnished with a certificate of membership, containing such particulars as may be prescribed by the Act.

8.8. BINDING POWER OF RULES

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

8.9. CHANGE OF PARTICULARS OF MEMBERS

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

8.10. INFORMATION REQUIRED FROM EMPLOYERS AND MEMBERS

8.10.1. An EMPLOYER shall provide the FUND with all such information as the BOARD may reasonably request for purposes of the FUND.

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

8.11. INSURANCE OF BENEFITS

8.11.1. The BOARD may insure any or all of the BENEFITS with an INSURER. Any BENEFIT that is so insured shall be subject to the terms and conditions imposed by such INSURER and a MEMBER as the case may be, shall be entitled to the said BENEFIT, only to the extent that he or she is accepted by the INSURER for such BENEFIT and only to the extent that such INSURER admits a claim in respect of the said BENEFIT.

8.11.2. Any PRINCIPAL MEMBER or DEPENDANT in respect of whom any BENEFIT is restricted in terms hereof shall be informed of the extent of such restriction by the BOARD as soon as reasonably possible after the date on which the BOARD becomes aware of such restriction.

8.12. CONFIDENTIALITY

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

8.13. FUND SURPLUSES

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

8.14. DISSOLUTION OF THE FUND

8.14.1. In the event of the MEMBERS present at a general meeting deciding to dissolve the FUND, the BOARD shall arrange a ballot of all the MEMBERS to decide whether the FUND should be dissolved. Unless a majority of MEMBERS as envisaged in Rule 8.16.3 vote in favour of the continuance of the FUND, the FUND shall be dissolved, subject however to the provisions of section 38 of the Act.

8.14.2. The PRINCIPAL OFFICER shall dispatch to each PRINCIPAL MEMBER, by registered mail, a memorandum containing the reasons for the proposed dissolution of the FUND, setting out the basis for the distribution of the assets in the event of dissolution; a ballot paper and a notice regarding the return date for duly completed ballot papers. It is a proviso that such memorandum and ballot paper shall first be submitted to the REGISTRAR for approval before being sent to MEMBERS.

8.14.3. If at least 50% of the MEMBERS return duly completed ballot papers and the majority of such MEMBERS are in favour of the dissolution of the FUND, the BOARD shall formally resolve that the FUND be dissolved. If two successive attempts to obtain a 50% return of ballot papers fail, the BOARD shall refer the matter to the REGISTRAR for a decision.

8.14.4. If a decision to dissolve the FUND has been taken in accordance with Rule 8.16.3 the provisions of Rule 8.16.5 shall apply, subject to the memorandum referred to in Rule 8.16.2 and the provisions of section 38 of the Act.

8.14.5. Upon dissolution of the FUND, the TRUSTEES shall retain their duties and powers for the purpose of attending to matters relating to the dissolution of the FUND. The BOARD shall appoint an independent

liquidator whose appointment shall be subject to approval by the REGISTRAR. Once the REGISTRAR has approved the liquidator's appointment, the TRUSTEES shall cease to hold office and the powers, duties and functions conferred upon them in terms of the Rules shall devolve upon the liquidator.

8.15. AMALGAMATION OR TRANSFER

8.15.1. Subject to the provisions of section 34 of the Act, the FUND may amalgamate with or transfer any of its business to or take transfer of any business from any other MEDICAL AID FUND.

8.15.2. If an EMPLOYER transfers its business to or amalgamates with any other person or body, such new employer may elect to:

8.15.1.1. withdraw from the FUND, or

8.15.1.2. continue to contribute to the FUND in respect of its EMPLOYEES who are MEMBERS, in which event "EMPLOYER" shall mean such new employer.

8.16. NAMFISA

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

ANNEXURE A: CONTRIBUTIONS

ANNEXURE A1: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE OPAL BENEFIT OPTION

1. INDIVIDUALS

Opal – Individuals 2022				
Age Band		Main	Adult	Child
0	25	1,712	1,066	474
26	30	1,894	1,198	474
31	35	2,063	1,346	474
36	40	2,312	1,522	484
41	45	2,532	1,669	484
46	50	2,713	1,824	484
51	55	2,952	2,012	484
56	60	3,148	2,159	484
61	65	3,351	2,308	484
66+		3,556	2,475	484

LEGEND:

Main = PRINCIPAL MEMBER
M+1 = ADULT DEPENDANT
M+2 = CHILD DEPENDANT

2. EMPLOYER GROUPS

Opal – Groups 2022				
Income Band		Main	Adult	Child
0	**3,990**	1,541	998	285
3,991	**5,270**	1,775	1,132	327
5,271	**8,060**	1,901	1,175	351
8,061	**11,850**	1,954	1,260	360
11,851	**13,320**	2,186	1,400	403
13,321	**15,100**	2,421	1,540	447

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

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

4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen. The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

5. Subject to the provisions of paragraphs 7, 8 and 9 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her income and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S income, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

6. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.

7. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz Plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category i.e. if the special dependant is a child the member will pay the child premium. If the special dependant is an adult the member will pay the adult premium. Where the age/income of a SPECIAL DEPENDANT is lower than that of the PRINCIPAL MEMBER, the SPECIAL DEPENDANT will pay a premium based on the age/income of the PRINCIPAL MEMBER. If e.g. PRINCIPAL MEMBER earns N$6 450 and SPECIAL DEPENDANT who earns N$9 500 will pay a premium of N$1 110. A SPECIAL DEPENDANT who is a child will pay N$286.

8. For purposes of this Annexure:

    8.1. A MEMBER will be classified as an "Individual" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.

    8.2. A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by Advisory Committee (AC)

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

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

10. Should an EMPLOYER referred to in 8.2 above cease to meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will, as from the first day of the month following that wherein the EMPLOYER ceases to meet such criteria, be reclassified as INDIVIDUAL MEMBERS and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups

ANNEXURE A2: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE RUBY BENEFIT OPTION

1. INDIVIDUALS

Ruby Individuals 2022				
Age Band		**Main**	**Adult**	**Child**
0	25	2,375	1,624	739
26	30	2,648	1,854	739
31	35	2,914	2,053	739
36	40	3,286	2,339	739
41	45	3,607	2,595	739
46	50	3,897	2,826	755
51	55	4,264	3,087	755
56	60	4,558	3,325	755
61	65	4,872	3,565	755
66+		5,177	3,821	755

LEGEND:

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

2. EMPLOYER GROUPS

Ruby Groups 2022				
Age Band		**Main**	**Adult**	**Child**
0	25	2,168	1,419	626
26	30	2,402	1,582	626
31	35	2,567	1,730	626
36	40	2,805	1,913	626
41	45	3,092	2,141	626
46	50	3,292	2,292	663
51	55	3,552	2,512	663
56	60	3,805	2,699	663
61	65	4,034	2,880	663
66+		4,053	2,898	663

LEGEND:

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

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

4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

5. Subject to the provisions of paragraphs 7, 8 and 9 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S age, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

6. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.

7. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category. If the special dependant is a child, the child premium is applicable and if the special dependant is an adult, the adult premium is applicable. If the PRINCIPAL MEMBER is on income based premium, then the premium of the SPECIAL DEPENDANT will be based on the income category of the PRINCIPAL MEMBER.

8. For purposes of this Annexure:

    8.1. A MEMBER will be classified as an "INDIVIDUAL" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.

    8.2. A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by Advisory Committee (AC)

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

10. Should an EMPLOYER referred to in 8.2 above cease to meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will, as from the first day of the month following that wherein the EMPLOYER ceases to meet such criteria, be reclassified as INDIVIDUAL MEMBERS and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

ANNEXURE A3: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE SAPPHIRE BENEFIT OPTION

1. INDIVIDUALS

Sapphire Individuals 2022				
Age Band		Main	Adult	Child
0	25	3,002	2,404	1,069
26	30	3,403	2,719	1,069
31	35	3,801	3,018	1,069
36	40	4,326	3,433	1,069
41	45	4,812	3,800	1,069
46	50	5,242	4,125	1,085
51	55	5,772	4,522	1,085
56	60	6,216	4,865	1,085
61	65	6,678	5,222	1,085
66+		7,154	5,568	1,085

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

2. EMPLOYER GROUPS

Sapphire Groups 2022				
Age Band		Main	Adult	Child
0	25	2,755	2,099	915
26	30	3,027	2,314	915
31	35	3,260	2,497	915
36	40	3,671	2,829	915
41	45	4,107	3,148	915
46	50	4,416	3,402	925
51	55	4,817	3,708	925
56	60	5,324	4,095	925
61	65	5,649	4,332	925
66+		5,656	4,341	925

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

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

4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen. The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

5. Subject to the provisions of paragraphs 8, 9 and 10 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S age, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

6. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.

7. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category. If the special dependant is a child, the child premium is applicable and if the special dependant is an adult, the adult premium is applicable. If the PRINCIPAL MEMBER is on income based premium, then the premium of the SPECIAL DEPENDANT will be based on the income category of the PRINCIPAL MEMBER.

8. For purposes of this Annexure:

    8.1. A MEMBER will be classified as an "INDIVIDUAL" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.

    8.2. A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by;

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

10. Should an EMPLOYER referred to in 8.2 above cease to meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will, as from the first day of the month following that wherein the EMPLOYER ceases to meet such criteria, be reclassified as INDIVIDUAL MEMBERS and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

ANNEXURE A4: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE DIAMOND BENEFIT OPTION

1. INDIVIDUALS

Diamond Individuals 2022				
Age Band		Main	Adult	Child
0	25	3,859	3,167	1,401
26	30	4,398	3,573	1,401
31	35	4,917	3,981	1,401
36	40	5,613	4,515	1,401
41	45	6,233	5,027	1,401
46	50	6,805	5,454	1,444
51	55	7,487	5,980	1,444
56	60	8,081	6,440	1,444
61	65	8,699	6,899	1,444
66+		9,315	7,387	1,444

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

2. EMPLOYER GROUPS

Diamond Groups 2022				
Age Band		Main	Adult	Child
0	25	4,014	3,294	1,399
26	30	4,437	3,577	1,399
31	35	4,910	3,902	1,399
36	40	5,497	4,360	1,399
41	45	6,116	4,870	1,399
46	50	6,573	5,209	1,421
51	55	7,123	5,636	1,421
56	60	7,809	6,166	1,421
61	65	8,449	6,663	1,421
66+		8,496	6,693	1,421

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

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

4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen. The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

5. Subject to the provisions of paragraphs 8, 9 and 10 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S age, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

6. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.

7. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category. If the special dependant is a child, the child premium is applicable and if the special dependant is an adult, the adult premium is applicable. If the PRINCIPAL MEMBER is on income based premium, then the premium of the SPECIAL DEPENDANT will be based on the income category of the PRINCIPAL MEMBER.

8. For purposes of this Annexure:

    8.1. A MEMBER will be classified as an "INDIVIDUAL" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.

    8.2. A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by Advisory Committee (AC)

9. Should the number of MEMBER employed by an EMPLOYER referred to in 9.2 above decrease to less than twenty, and not increase again to at least twenty within ninety days of such decrease, the MEMBERS employed by such EMPLOYER will, upon the expiry of the said ninety day period, be reclassified as Individuals and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again employ at least twenty EMPLOYEES who are MEMBERS, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

10. Should an EMPLOYER referred to in 8.2 above cease to meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will, as from the first day of the month following that wherein the EMPLOYER ceases to meet such criteria, be reclassified as INDIVIDUAL MEMBERS and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

ANNEXURE A5: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE EMERALD BENEFIT OPTION

1. INDIVIDUALS

Emerald Individuals 2022				
Age Band		Main	Adult	Child
0	25	1,007	637	251
26	30	1,120	717	251
31	35	1,237	800	251
36	40	1,372	885	253
41	45	1,503	984	253
46	50	1,624	1,071	253
51	55	1,773	1,181	253
56	60	1,901	1,270	253
61	65	2,025	1,363	253
66+		2,160	1,452	253

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

2. EMPLOYER GROUPS

Emerald Groups 2022				
Age Band		Main	Adult	Child
0	25	1,028	651	240
26	30	1,143	733	240
31	35	1,215	750	240
36	40	1,309	800	246
41	45	1,401	879	246
46	50	1,520	965	246
51	55	1,571	1,009	246
56	60	1,662	1,082	246
61	65	1,802	1,175	246
66+		1,845	1,205	246

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

Emerald Plus Groups 2022				
Age Band		Main	Adult	Child
0	25	1,578	1,036	351
26	30	1,694	1,118	351
31	35	1,766	1,136	351
36	40	1,861	1,185	356
41	45	1,952	1,264	356
46	50	2,071	1,350	356
51	55	2,121	1,394	356
56	60	2,212	1,467	356
61	65	2,353	1,560	356
66+		2,396	1,591	356

LEGEND:

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

Emerald Plus Individuals 2022				
Age Band		Main	Adult	Child
0	25	1,552	1,019	360
26	30	1,665	1,098	360
31	35	1,782	1,181	360
36	40	1,906	1,259	359
41	45	2,037	1,358	359
46	50	2,159	1,446	359
51	55	2,308	1,556	359
56	60	2,436	1,644	359
61	65	2,559	1,738	359
66+		2,695	1,826	359

LEGEND:

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

3. CONTRIBUTIONS are payable in accordance with the above CONTRIBUTION tables. Subject to the approval of the REGISTRAR, the FUND may amend the CONTRIBUTIONS by giving one month's written notice to the MEMBER (in the case of an individual MEMBER) or the EMPLOYER (in the case of its EMPLOYEES who are MEMBERS). Note: In the event of the first dependant being a child (in the absence on of an adult dependant) as per definition the member will receive 5% discount on the premium table.

4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen. The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

5. Subject to the provisions of paragraphs 8, 9 and 10 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S age, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

6. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.

7. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category. If the special dependant is a child, the child premium is applicable and if the special dependant is an adult, the adult premium is applicable. If the PRINCIPAL MEMBER is on income based premium, then the premium of the SPECIAL DEPENDANT will be based on the income category of the PRINCIPAL MEMBER.

8. For purposes of this Annexure:

    8.1. A MEMBER will be classified as an "Individual" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.

    8.2. A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by Advisory Committee (AC)

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

10. Should an EMPLOYER referred to in 8.2 above cease to meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will, as from the first day of the month following that wherein the EMPLOYER ceases to meet such criteria, be reclassified as INDIVIDUAL MEMBERS and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

ANNEXURE A6: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE AMBER BENEFIT OPTION

1. INDIVIDUALS

Amber Individuals 2022				
Age Band		Main	Adult	Child
0	25	1,345	847	302
26	30	1,495	957	302
31	35	1,649	1,061	302
36	40	1,827	1,178	304
41	45	2,005	1,311	304
46	50	2,166	1,428	304
51	55	2,365	1,572	304
56	60	2,529	1,697	304
61	65	2,699	1,820	304
66+		2,877	1,939	304

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

2. EMPLOYER GROUPS

Amber Groups 2022				
Age Band		Main	Adult	Child
0	25	1,372	863	291
26	30	1,526	975	291
31	35	1,621	996	291
36	40	1,744	1,066	298
41	45	1,867	1,173	298
46	50	2,031	1,286	298
51	55	2,096	1,346	298
56	60	2,217	1,443	298
61	65	2,402	1,565	298
66	100	2,458	1,609	298

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

Amber Plus Groups 2022				
Age Band		Main	Adult	Child
0	25	2,199	1,414	511
26	30	2,352	1,527	511
31	35	2,448	1,548	511
36	40	2,569	1,617	519
41	45	2,693	1,724	519
46	50	2,857	1,838	519
51	55	2,922	1,896	519
56	60	3,042	1,994	519
61	65	3,229	2,115	519
66+		3,284	2,159	519

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

Amber Plus Individuals 2022				
Age Band		Main	Adult	Child
0	25	2,162	1,392	519
26	30	2,312	1,502	519
31	35	2,467	1,606	519
36	40	2,629	1,713	518
41	45	2,807	1,846	518
46	50	2,968	1,962	518
51	55	3,167	2,107	518
56	60	3,331	2,232	518
61	65	3,501	2,355	518
66+		3,678	2,473	518

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

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

4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen. The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

5. Subject to the provisions of paragraphs 8, 9 and 10 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S age, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

6. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.

7. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on the differences between the M1 and M income category: based on the category of the SPECIAL DEPENDANT, either age/income in the case where it is higher than that of the PRINCIPAL MEMBER. Where the age/income of a SPECIAL DEPENDANT is lower than that of the PRINCIPAL MEMBER, the SPECIAL DEPENDANT will pay a premium based on the differences between the M1 and M to that of the PRINCIPAL MEMBER.

8. For purposes of this Annexure:

    8.1. A MEMBER will be classified as an "INDIVIDUAL" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.

    8.2. A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by; Advisory Committee (AC)

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

10. Should an EMPLOYER referred to in 8.2 above cease to meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will, as from the first day of the month following that wherein the EMPLOYER ceases to meet such criteria, be reclassified as INDIVIDUAL MEMBERS and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again meet the criteria for his/her EMPLOYEES to be classified as members of an EMPLOYER Group, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

ANNEXURE A7: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE TOPAZ OPTION

(No additional monthly premiums beyond 4 dependents)

1. INDIVIDUALS

Topaz Individuals 2022				
Age Band		**Main**	**Adult**	**Child**
0	25	309	262	124
26	30	327	278	124
31	35	343	292	124
36	40	362	308	124
41	45	382	324	124
46	50	404	342	135
51	55	419	357	135
56	60	436	370	135
61	65	468	398	135
66+		503	427	135

Topaz Plus Individuals 2022				
Age Band		**Main**	**Adult**	**Child**
0	25	580	493	232
26	30	613	520	232
31	35	646	549	232
36	40	672	572	232
41	45	699	593	232
46	50	726	617	244
51	55	765	651	244
56	60	807	686	244
61	65	868	738	244
66+		933	792	244

2. EMPLOYER GROUPS

Topaz Groups 2022				
Age Band		**Main**	**Adult**	**Child**
0	25	278	236	111
26	30	294	250	111
31	35	310	264	111
36	40	327	277	111
41	45	344	293	111
46	50	363	309	122
51	55	378	321	122
56	60	393	334	122
61	65	422	359	122
66+		454	385	122

Topaz Plus Groups 2022				
Age Band		**Main**	**Adult**	**Child**
0	25	509	433	204
26	30	538	457	204
31	35	567	482	204
36	40	590	502	204
41	45	613	521	204
46	50	637	542	214
51	55	672	571	214
56	60	709	603	214
61	65	762	648	214
66+		819	696	214

3. STUDENT GROUP

Topaz Plus 2022
Main
492

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

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

5. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to the number of DEPENDANTS, as well as the BENEFIT OPTION chosen: The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

6. Subject to the provisions of paragraphs 7, 8 and 9 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to the number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

7. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.

8. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on the differences between the M1 and M income category: based on the category of the SPECIAL DEPENDANT, either age/income in the case where it is higher than that of the PRINCIPAL MEMBER. Where the age/income of a SPECIAL DEPENDANT is lower than that of the PRINCIPAL MEMBER, the SPECIAL DEPENDANT will pay a premium based on the differences between the M1 and M to that of the PRINCIPAL MEMBER.

9. For purposes of this Annexure:

    9.1. A MEMBER will be classified as an "INDIVIDUAL" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.

    9.2. A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who

are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by; Advisory Committee (AC)

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

ANNEXURE A8: MONTHLY CONTRIBUTIONS PAYABLE UNDER THE JADE OPTION

1. INDIVIDUALS

Jade Individuals 2022				
Age Band		Main	Adult	Child
0	25	1,789	1,189	530
26	30	1,992	1,345	530
31	35	2,193	1,504	530
36	40	2,473	1,717	530
41	45	2,714	1,909	530
46	50	2,933	2,076	564
51	55	3,208	2,290	564
56	60	3,431	2,461	564
61	65	3,666	2,645	564
66	100	3,895	2,825	564

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

2. EMPLOYER GROUPS

Jade Groups 2022				
Age Band		Main	Adult	Child
0	25	1,633	1,066	471
26	30	1,807	1,191	471
31	35	1,932	1,302	471
36	40	2,111	1,440	471
41	45	2,326	1,612	471
46	50	2,477	1,726	481
51	55	2,673	1,889	481
56	60	2,863	2,031	481
61	65	3,036	2,167	481
66	100	3,050	2,182	481

LEGEND:

Main = PRINCIPAL MEMBER

Adult = ADULT DEPENDANT

Child = CHILD DEPENDANT

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

4. In the case of an INDIVIDUAL MEMBER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen. The CONTRIBUTION is recalculated with every change in any of the aforementioned factors. The CONTRIBUTION so recalculated, is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

5. Subject to the provisions of paragraphs 7, 8 and 9 hereof, in the case of a MEMBER employed by an EMPLOYER, the CONTRIBUTION is calculated according to his/her age and number of DEPENDANTS, as well as the BENEFIT OPTION chosen, multiplied by a claims factor as determined by the ACTUARY. The CONTRIBUTION is recalculated with every change in the MEMBER'S age, number of DEPENDANTS and BENEFIT OPTION chosen. The CONTRIBUTION so recalculated is payable with effect from the first day of the month in which the event giving rise to the change in any of the aforementioned factors shall have occurred.

6. The FUND may classify an EMPLOYER in accordance with his/her claims history and may allocate a claim factor, as determined by the ACTUARY, to such EMPLOYER. The CONTRIBUTIONS of the MEMBERS of such EMPLOYER will then be adjusted individually by the EMPLOYER'S claim factor. The claim factor will be determined according to the claims history of the EMPLOYER during the 24 months immediately preceding the date of classification, or if such EMPLOYER has participated in the FUND for less than 24 months, the period of membership will be used.

7. The premium of the PRINCIPAL MEMBER is determined by his/her age category for all options, except for Opal Groups, Topaz and Topaz plus. Notwithstanding the provisions of Rule 5.1.1, if a person described in Rule 2.19.6 is admitted to the FUND as a SPECIAL DEPENDANT, such a SPECIAL DEPENDANT will pay a premium based on age category. If the special dependant is a child, the child premium is applicable and if the special dependant is an adult, the adult premium is applicable. If the PRINCIPAL MEMBER is on income based premium, then the premium of the SPECIAL DEPENDANT will be based on the income category of the PRINCIPAL MEMBER.

8. For purposes of this Annexure:

    8.1. A MEMBER will be classified as an "INDIVIDUAL" if his/her membership of the FUND is not derived from an EMPLOYER'S participation in the FUND, or if the MEMBER is not classified as a member of an EMPLOYER Group.

    8.2. A MEMBER will be classified as a member of an "EMPLOYER Group" if his/her membership of the FUND is derived from the participation in the FUND of an EMPLOYER who employs at least twenty EMPLOYEES who are MEMBERS. Groups joining between 10 and 19 EMPLOYEES to be risk rated before approval by; Advisory Committee (AC)

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

10. Should the number of MEMBER employed by an EMPLOYER referred to in 8.2 above decrease to less than twenty, and not increase again to at least twenty within ninety days of such decrease, the MEMBERS employed by such EMPLOYER will, upon the expiry of the said ninety day period, be reclassified as Individuals and be liable for the CONTRIBUTIONS payable by an INDIVIDUAL MEMBER. Should the EMPLOYER from whose participation in the FUND such MEMBERS' membership is derived again employ at least twenty EMPLOYEES who are MEMBERS, the MEMBERS employed by such EMPLOYER will be reclassified as members of an EMPLOYER Group and be liable for the CONTRIBUTIONS payable by MEMBERS of EMPLOYER Groups.

ANNEXURES B: **BENEFITS**

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

ANNEXURE B1: BENEFITS PAYABLE UNDER THE TOPAZ BENEFIT OPTION

1. OVERALL ANNUAL LIMIT

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

1.1. Procedure

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

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

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

2. PRO-RATA BENEFITS

Pro-rata benefits are not applicable.

3. CATEGORY A: PRIMARY HEALTH CARE BENEFITS

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

3.1. NURSE (Registered Nurse)

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

3.1.1 Consultations/Visits

Subject to sub-benefit limit in paragraph 3.1. Limited to N$255 per visit for a Nurse consultations/ visit regardless of the time spent on consultation.

3.1.2 Virtual Consultation

Subject to sub-benefit limit in paragraph 3.2. Limited to 3 vitual consultations per Family.

3.1.3 Medication/Injections

Subject to sub-benefit limit in paragraph 3.1. Limited to 100% of the SCALE OF BENEFITS for acute medicine dispensed by a Nurse. Further limited to N$240 per claim per Beneficiary per day. BENEFITS will be paid according to Topaz and Topaz Plus Acute Medicine Formulary and at Maximum Namibia Medicine Price List on generics.

3.1.4 Procedures

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

3.2. GENERAL PRACTITIONERS

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

3.2.1 Consultations/Visits Out-of-Hospital

Subject to sub-benefit limit in paragraph 3.2. Limited to N$365 per first consultation / visit and N$295 per follow-up consultation / visit for General Practitioner. No BENEFIT shall be paid for extended consultation.

3.2.2 Acute Medication/Injections

Subject to sub-benefit limit in paragraph 3.2. Limited to 100% of the SCALE OF BENEFITS for acute medicine dispensed by a General Practitioner. Further limited to N$240 per claim per Beneficiary per day. BENEFITS will be paid according to Topaz and Topaz Plus Acute Medicine Formulary and at Maximum Namibia Medicine Price List on generics.

3.2.3 Chronic Medication/Injections

Subject to sub-benefit limit in paragraph 3.2. Limited to 100% of the SCALE OF BENEFITS for chronic medicine dispensed by a General Practitioner. Further limited to N$3 500 per family per annum. BENEFITS will be paid according to Maximum Namibia Medicine Price List on generics. Subject to registration on the Chronic Medication Programme.

3.2.4 Procedures (out-of-hospital)

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

3.3. PHARMACY

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

3.3.1 Acute Medication/Injections

Subject to sub-benefit limit in paragraph 3.3. Limited to 100% of the SCALE OF BENEFITS for chronic medicine dispensed by a Pharmacist. Further limited to N$240 per claim per Beneficiary per day. BENEFITS will be paid according to Topaz and Topaz Plus Acute Medicine Formulary and at Maximum Namibia Medicine Price List on generics.

3.3.2 Chronic Medication/Injections

Subject to sub-benefit limit in paragraph 3.2.4. Limited to 100% of the SCALE OF BENEFITS for chronic medicine dispensed by a Pharmacist. BENEFITS will be paid according to Maximum Namibia Medicine Price List on generics. Subject to registration on the Chronic Medication Programme.

3.3.3 Self-Medication

No BENEFIT shall be paid.

3.4. MEDICAL SPECIALISTS CONSULTATION/VISIT

No BENEFIT shall be paid.

3.5. RADIOLOGY

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

TARIFF CODE (038)	TARIFF DESCRIPTION
10100	X-ray of the skull
11120	X-ray of the nasal bones
14100	X-ray of the mandible
20100	X-ray of soft tissue of the neck
30100	X-ray of the chest, single view
30110	X-ray of the chest two views, PA and lateral
30120	X-ray of the chest complete with additional views
30150	X-ray of the ribs
30155	X-ray of the chest and ribs
34200	Ultrasound study of the breast
40100	X-ray of the abdomen
40105	X-ray of the abdomen supine and erect, or decubitus
40110	X-ray of the abdomen multiple views including chest
40210	Ultrasound study of the whole abdomen including the pelvis
51110	X-ray of the cervical spine, one or two views
51120	X-ray of the cervical spine, more than two views
53110	X-ray of the lumbar spine, one or two views
53120	X-ray of the lumbar spine, more than two views
55100	X-ray of the pelvis
56100	X-ray of the left hip
56110	X-ray of the right hip

TARIFF CODE (038)	TARIFF DESCRIPTION
56120	X-ray pelvis and hips
61100	X-ray of the left clavicle
61105	X-ray of the right clavicle
61110	X-ray of the left scapula
61115	X-ray of the right scapula
61120	X-ray of the left acromio-clavicular joint
61125	X-ray of the right acromio-clavicular joint
61130	X-ray of the left shoulder
61135	X-ray of the right shoulder
62100	X-ray of the left humerus
62105	X-ray of the right humerus
63100	X-ray of the left elbow
63105	X-ray of the right elbow
64100	X-ray of the left forearm
64105	X-ray of the right forearm
65100	X-ray of the left hand
65105	X-ray of the right hand
65120	X-ray of a finger
65130	X-ray of the left wrist
65135	X-ray of the right wrist
65140	X-ray of the left scaphoid
65145	X-ray of the right scaphoid
71100	X-ray of the left femur
71105	X-ray of the right femur
72100	X-ray of the left knee one or two views
72105	X-ray of the right knee one or two views
72110	X-ray of the left knee, more than two views
72115	X-ray of the right knee, more than two views
72120	X-ray of the left knee including patella
72125	X-ray of the right knee including patella
72150	X-ray both knees standing - single view
73100	X-ray of the left lower leg
73105	X-ray of the right lower leg
74100	X-ray of the left ankle
74105	X-ray of the right ankle
74120	X-ray of the left foot
74125	X-ray of the right foot
74130	X-ray of the left calcaneus
74135	X-ray of the right calcaneus
74140	X-ray of both feet - standing - single view
74145	X-ray of a toe

3.6. PATHOLOGY

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

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
3755	53755	Full blood count
3792	53792	Plasmodium falciparum: Monoclonal immunological identification
3797	53797	Platelet count
3816	53816	T and B-cells markers (per marker)
3865	53865	Parasites in blood smear
3869	53869	Faeces: including parasites
3883	53883	Concentration techniques for parasites
3885	53885	Cytochemical stain
3932	53932	Antibodies to HIV: Elisa **(Note: HIV-DNA PCR is excluded)**
3951	53951	Quantitative Kahn, VDRL or other Flocculation
3999	53999	Albumin
4001	54001	Alkaline phosphatase
4006	54006	Amylase
4009	54009	Bilirubin: Total
4027	54027	Cholesterol: Total
4032	54032	Creatinine
4057	54057	Glucose: Quantitative
4064	54064	Glycosalyted Haemoglobin: Chromatography
4113	54113	Potassium
4117	54117	Protein: Total
4131	54131	Alanine aminotransferase (ALT)
4134	54134	Gamma glutamyl transferase (GGT)
4147	54147	Triglyceride
4155	54155	Urine acid
4161	54161	Troponin isoforms: each
4182	54182	Quantitative protein estimation: nephelometer or Turbidometeric method
4429	54429	Quantitative PCR (DNA/RNA) **(Note: only for HIV management and according to National Guidelines)**
4450	54450	HCG: Monoclonal immunological: Qualitative
4519	54519	Prostate specific antigen
4531	54531	Hepatitis: per antigen or antibody **(Maximum of 3 Antigens)**
4610	54610	Helicobacter pylori stool antigen test

3.7. BASIC DENTISTRY

Subject to annual benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals. Limited to N$1 790 per Beneficiary and N$3 550 per family per annum. Further limited to 100 % of the SCALE OF BENEFIT for basic dentistry. Plastic dentures limited to 1 per family per annum.

3.8. OPTICAL

No BENEFIT shall be paid.

3.9. SONAR SCANS

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

limited to 100% of the SCALE OF BENEFIT and 3 sonars per pregnancy per beneficiary. BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. only. Additional Hospital Benefit Cover excluded.

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

3.10. ANTE-NATAL CONSULTATION

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

3.11. PARAMEDICAL (PSYCHOLOGISTS, PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS)

No BENEFIT shall be paid.

4. CATEGORY B: HIV/AIDS TREATMENT

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

4.1. HIV/AIDS TREATMENT

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

4.1.1 HIV Consultations

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

4.1.2 Medication (including vitamins and supplements)

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

4.1.3 Pathology

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

4.1.4 Counselling (pre-, post and adherence)

Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for counselling. Further limited to 3 sessions such as pre-, post and adherence counselling.

4.1.5 Post Exposure Prophylaxis (PEP) (Rape Cover only)

Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS and according to National Guidelines for Antiretroviral Therapy as follows:

- Tenofovir (300mg) plus Lamivudine (300mg) fixed dose combination daily, Plus Lopinavir/Ritinavir combination twice daily for 28 days.
- For children –ABC /3TC add LPV/r. AZT as an alternative when ABC cannot be used. The children over 6 and at least weigh 15 kg and above can be given ATV/r as an option.
- Plus other supportive actions as detailed in the National Guidelines for Antiretroviral Therapy.

4.1.6 Pre-Exposure Prophylaxis (PrEP)

No BENEFIT shall be paid.

4.1.7 Prevention of Mother-to-Child Transmissions (PMTCT)

Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS and according to National Guidelines for Antiretroviral Therapy excluding formula milk.

5. CATEGORY C: HOSPITALISATION BENEFIT

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

5.1. HOSPITALISATION

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

5.1.1 Accommodation in Theatre

Subject to sub-benefit limit in paragraph 5.1. Limited to 100% of the State Tariffs for private patients .

5.1.2 Blood Transfusions

Subject to sub-benefit limit in paragraph 5.1. Limited to 100% of the State Tariffs for private patients for the cost of the blood, the apparatus and the operator's fee.

5.1.3 Intensive and High Care

Subject to overall annual benefit set out in paragraph 5.1. Limited to 100% of the State Tariffs for private patients for accommodation in intensive and high care.

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

Subject to overall annual benefit set out in paragraph 5.1. Limited to 100% of the State Tariffs for private patients for medicine, fixed tariff procedures, hospital apparatus and 7 days supply of To-Take-Out Medicine.

5.1.5 Radiology and Pathology (in-hospital)

Subject to overall annual benefit set out in paragraph 5.1 and further limited to paragraph 5.2. Limited to 100% of the State Tariffs for private patients for x-rays and pathology while in-hospital. Additional Hospital benefit Cover excluded.

5.2. PRIVATE HOSPITALISATION

No BENEFIT shall be paid.

5.3. GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 5 and further limited to N$25 000 per family per annum including Radiology and Pathology (in-Hospital). BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

5.4. OTHER HEALTH PROFESSIONALS (IN HOSPITAL SERVICES)

No BENEFIT shall be paid.

5.5. MATERNITY

Subject to overall annual benefit set out in paragraph 5. BENEFITS will be paid at 100% of the SCALE OF BENEFITS for maternity procedures performed by General Practitioners and Medical Specialists and further limited to paragraph 5.2. No BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Hospitalisation in state hospital only. Additional Hospital Benefit Cover excluded.

5.6. AMBULANCE SERVICES

5.6.1 Emergency Road Ambulance (Territory: SADC Countries)

BENEFITS are unlimited . Limited to 100% of the SCALE OF BENEFITS/ Non-emergency ambulance services are subject to pre-approval.

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

Limited to N$550 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

ANNEXURE B2: BENEFITS PAYABLE UNDER THE TOPAZ PLUS BENEFIT OPTION

1. OVERALL ANNUAL LIMIT

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

1.1. Procedure

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

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

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

2. PRO-RATA BENEFITS

Pro-rata benefits are not applicable

3. CATEGORY A: PRIMARY HEALTH CARE BENEFITS

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

3.1. NURSE (Registered Nurse)

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

3.1.1 Consultations/Visits

Subject to sub-benefit limit in paragraph 3.1. Limited to N$255 per visit for a Nurse consultations/ visit regardless of the time spent on consultation.

3.1.2 Virtual Consultation

Subject to sub-benefit limit in paragraph 3.2. Limited to 3 vitual consultations per Family.

3.1.3 Medication/Injections

Subject to sub-benefit limit in paragraph 3.1. Limited to 100% of the SCALE OF BENEFITS for acute medicine dispensed by a Nurse. Further limited to N$240 per claim per Beneficiary per day. BENEFITS will be paid according to Topaz and Topaz Plus Acute Medicine Formulary and at Maximum Namibia Medicine Price List on generics.

3.1.4 Procedures

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

3.2. GENERAL PRACTITIONERS

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

3.2.1 Consultations/Visits Out-of-Hospital

Subject to sub-benefit limit in paragraph 3.2. Limited to N$365 per first consultation/visit and N$295 per follow-up consultation/visit for General Practitioner No BENEFIT shall be paid for extended consultation.

3.2.2 Acute Medication/Injections

Subject to sub-benefit limit in paragraph 3.2. Limited to 100% of the SCALE OF BENEFITS for acute medicine dispensed by a General Practitioner. Further limited to N$240 per claim per Beneficiary per day. BENEFITS will be paid according to Topaz and Topaz Plus Acute Medicine Formulary and at Maximum Namibia Medicine Price List on generics.

3.2.3 Chronic Medication/Injections

Subject to sub-benefit limit in paragraph 3.2. Limited to 100% of the SCALE OF BENEFITS for chronic medicine dispensed by a General Practitioner. Further limited to N$3 500 per family per annum.

BENEFITS will be paid according to Maximum Namibia Medicine Price List on generics. Subject to registration on the Chronic Medication Programme.

3.2.4 Procedures (Out-of-Hospital)

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

3.3. PHARMACY

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

3.3.1 Acute Medication/Injections

Subject to sub-benefit limit in paragraph 3.3. Limited to 100% of the SCALE OF BENEFITS for chronic medicine dispensed by a Pharmacist. Further limited to N$240 per claim per Beneficiary per day. BENEFITS will be paid according to Topaz and Topaz Plus Acute Medicine Formulary and at Maximum Namibia Medicine Price List on generics.

3.3.2 Chronic Medication/Injections

Subject to sub-benefit limit in paragraph 3.2.4. Limited to 100% of the SCALE OF BENEFITS for chronic medicine dispensed by a Pharmacist. BENEFITS will be paid according to Maximum Namibia Medicine Price List on generics. Subject to registration on the Chronic Medication Programme.

3.3.3 Self-Medication

Subject to sub-benefit limit in paragraph 3.3. Limited to 100% of the SCALE OF BENEFITS for self-medication dispensed by a Pharmacist. Further limited to N$120 per claim per Beneficiary per day and N$700 per family per annum. BENEFITS will be paid according to Maximum Namibia Medicine Price List on generics.

3.4. MEDICAL SPECIALISTS CONSULTATIONS

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

3.5. RADIOLOGY

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

TARIFF CODE (038)	TARIFF DESCRIPTION
10100	X-ray of the skull
11120	X-ray of the nasal bones
14100	X-ray of the mandible
20100	X-ray of soft tissue of the neck
30100	X-ray of the chest, single view
30110	X-ray of the chest two views, PA and lateral
30120	X-ray of the chest complete with additional views
30150	X-ray of the ribs
30155	X-ray of the chest and ribs
34200	Ultrasound study of the breast
40100	X-ray of the abdomen
40105	X-ray of the abdomen supine and erect, or decubitus
40110	X-ray of the abdomen multiple views including chest
40210	Ultrasound study of the whole abdomen including the pelvis
51110	X-ray of the cervical spine, one or two views
51120	X-ray of the cervical spine, more than two views

TARIFF CODE (038)	TARIFF DESCRIPTION
53110	X-ray of the lumbar spine, one or two views
53120	X-ray of the lumbar spine, more than two views
55100	X-ray of the pelvis
56100	X-ray of the left hip
56110	X-ray of the right hip
56120	X-ray pelvis and hips
61100	X-ray of the left clavicle
61105	X-ray of the right clavicle
61110	X-ray of the left scapula
61115	X-ray of the right scapula
61120	X-ray of the left acromio-clavicular joint
61125	X-ray of the right acromio-clavicular joint
61130	X-ray of the left shoulder
61135	X-ray of the right shoulder
62100	X-ray of the left humerus
62105	X-ray of the right humerus
63100	X-ray of the left elbow
63105	X-ray of the right elbow
64100	X-ray of the left forearm
64105	X-ray of the right forearm
65100	X-ray of the left hand
65105	X-ray of the right hand
65120	X-ray of a finger
65130	X-ray of the left wrist
65135	X-ray of the right wrist
65140	X-ray of the left scaphoid
65145	X-ray of the right scaphoid
71100	X-ray of the left femur
71105	X-ray of the right femur
72100	X-ray of the left knee one or two views
72105	X-ray of the right knee one or two views
72110	X-ray of the left knee, more than two views
72115	X-ray of the right knee, more than two views
72120	X-ray of the left knee including patella
72125	X-ray of the right knee including patella
72150	X-ray both knees standing - single view
73100	X-ray of the left lower leg
73105	X-ray of the right lower leg
74100	X-ray of the left ankle
74105	X-ray of the right ankle
74120	X-ray of the left foot
74125	X-ray of the right foot
74130	X-ray of the left calcaneus

TARIFF CODE (038)	TARIFF DESCRIPTION
74135	X-ray of the right calcaneus
74140	X-ray of both feet - standing - single view
74145	X-ray of a toe

3.6. PATHOLOGY

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

TARIFF CODE (052)	TARIFF CODE (037)	TARIFF DESCRIPTION
3755	53755	Full blood count
3792	53792	Plasmodium falciparum: Monoclonal immunological identification
3797	53797	Platelet count
3816	53816	T and B-cells markers (per marker)
3865	53865	Parasites in blood smear
3869	53869	Faeces: including parasites
3883	53883	Concentration techniques for parasites
3885	53885	Cytochemical stain
3932	53932	Antibodies to HIV: Elisa **(Note: HIV-DNA PCR is excluded)**
3951	53951	Quantitative Kahn, VDRL or other Flocculation
3999	53999	Albumin
4001	54001	Alkaline phosphatase
4006	54006	Amylase
4009	54009	Bilirubin: Total
4027	54027	Cholesterol: Total
4032	54032	Creatinine
4057	54057	Glucose: Quantitative
4064	54064	Glycosalyted Haemoglobin: Chromatography
4113	54113	Potassium
4117	54117	Protein: Total
4131	54131	Alanine aminotransferase (ALT)
4134	54134	Gamma glutamyl transferase (GGT)
4147	54147	Triglyceride
4155	54155	Urine acid
4161	54161	Troponin isoforms: each
4182	54182	Quantitative protein estimation: nephelometer or Turbidometeric method
4429	54429	Quantitative PCR (DNA/RNA) **(Note: only for HIV management and according to National Guidelines)**
4450	54450	HCG: Monoclonal immunological: Qualitative
4519	54519	Prostate specific antigen
4531	54531	Hepatitis: per antigen or antibody **(Maximum of 3 Antigens)**
4610	54610	Helicobacter pylori stool antigen test

3.7. BASIC DENTISTRY

Subject to annual benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals. Limited to N$1 790 per Beneficiary and N$3 650 per family per annum. Further limited to 100 % of the SCALE OF BENEFIT for basic dentistry. Plastic dentures limited to 1 per family per annum.

3.8. OPTICAL

Subject to annual benefit limit set out in paragraph 1. BENEFITS available only at Network Health Professionals. Limited to 100 % of the SCALE OF BENEFIT and further limited to N$1 000 per beneficiary every two years, which consists of an eye test, specified frames, non-glass lenses or non-glass bi-focal lenses, the first such two-year period commencing on 01 January 2021. A 6-month waiting period is applicable.

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

Subject to annual sub-benefit limit in paragraph 3.7.

3.8.2 Bifocal (Inclusive of Test, Frame and Lenses)

Subject to annual sub-benefit limit in paragraph 3.7.

3.9. SONAR SCANS

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

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

3.10. ANTE-NATAL CONSULTATION

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

3.11. PARAMEDICAL SERVICES (PSYCHOLOGISTS, PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS)

No BENEFIT shall be paid.

4. CATEGORY B: HIV/AIDS TREATMENT

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

4.1. HIV/AIDS TREATMENT

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

4.1.1 HIV Consultations

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

4.1.2 Medication (including vitamins and supplements)

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

4.1.3 Pathology

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

4.1.4 Counselling (pre-, post and adherence)

Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS for counselling. Further limited to 3 sessions such as pre-, post and adherence counselling.

4.1.5 Post Exposure Prophylaxis (PEP) (Rape Cover only)

Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS and according to National Guidelines for Antiretroviral Therapy as follows:

- Tenofovir (300mg) plus Lamivudine (300mg) fixed dose combination daily, Plus Lopinavir/ Ritinavir combination twice daily for 28 days.
- For children –ABC /3TC add LPV/r. AZT as an alternative when ABC cannot be used. The children over 6 and at least weigh 15 kg and above can be given ATV/r as an option.
- Plus other supportive actions as detailed in the National Guidelines for Antiretroviral Therapy.

4.1.6 Pre-Exposure Prophylaxis (PrEP)

No BENEFIT shall be paid.

4.1.7 Prevention of Mother-to-Child Transmissions (PMTCT)

Subject to sub-benefit limit in paragraph 4.1. Limited to 100% of the SCALE OF BENEFITS and according to National Guidelines for Antiretroviral Therapy excluding formula milk.

5. CATEGORY C: HOSPITALISATION BENEFIT

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

5.1. STATE HOSPITALISATION

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

5.1.1 Accommodation in Theatre

Subject to sub-benefit limit in paragraph 5.1. Limited to 100% of the State Tariffs for private patients.

5.1.2 Blood Transfusions

Subject to sub-benefit limit in paragraph 5.1. Limited to 100% of the State Tariffs for private patients for the cost of the blood, the apparatus and the operator's fee.

5.1.3 Intensive and High Care

Subject to overall annual benefit set out in paragraph 5.1. Limited to 100% of the State Tariffs for private patients for accommodation in intensive and high care.

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

Subject to overall annual benefit set out in paragraph 5.1. Limited to 100% of the State Tariffs for private patients for medicine, fixed tariff procedures, hospital apparatus and 7 days' supply of To-Take-Out Medicine.

5.1.5 Radiology and Pathology (in-hospital)

Subject to overall annual benefit set out in paragraph 5.1 and further limited to paragraph 5.3. Limited to 100% of the State Tariffs for private patients for x-rays and pathology while in- hospital. Additional Hospital benefit Cover excluded.

5.2. PRIVATE HOSPITALISATION

Subject to overall annual benefit set out in paragraph 5. BENEFITS are paid at 100% of SCALE OF BENEFITS. Limited to N$115 000 per family per annum for hospitalisation in private hospital.

5.2.1 Accommodation in Theatre

Subject to sub-benefit limit in paragraph 5.1. Limited to 100% of the SCALE OF BENEFITS for accommodation in theatre. Further limited to 15 days per beneficiary for accommodation in private hospital.

5.2.2 Blood Transfusions

Subject to sub-benefit limit in paragraph 5.1. Limited to 100% of the SCALE OF BENEFITS for the cost of the blood, the apparatus and the operator's fee.

5.2.3 Intensive and High Care

Subject to overall annual benefit set out in paragraph 5.1. Limited to 100% of the SCALE OF BENEFITS accommodation in intensive and high care. Further limited to 3 days for accommodation in an intensive care or a high care unit in private hospital. After 3 days patients must be referred to a State Hospital.

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

Subject to overall annual benefit set out in paragraph 5.1. Limited to 100% of the SCALE OF BENEFITS medicine, fixed tariff procedures, hospital apparatus and 7 days supply of To Take Out Medicine.

5.2.5 Radiology and Pathology (in-hospital)

Subject to overall annual benefit set out in paragraph 5.1 and further limited to paragraph 5.2. Limited to 100% of the SCALE OF BENEFITS for x-rays and pathology while in-hospital. Additional Hospital benefit Cover excluded.

5.3. GENERAL PRACTITIONERS AND SPECIALISTS (IN HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 5 and further limited to N$25 000 per family per annum including Radiology and Pathology (in-Hospital). BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

5.4. OTHER HEALTH PROFESSIONALS (IN HOSPITAL SERVICES)

No benefit.

5.5. MATERNITY

Subject to overall annual benefit set out in paragraph 5. BENEFITS will be paid at 100% of the SCALE OF BENEFITS for maternity procedures performed by General Practitioners and Medical Specialists and further limited to paragraph 5.2. No BENEFITS are available during the first nine months following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Hospitalisation in state hospital only. Additional Hospital Benefit Cover excluded.

5.6. AMBULANCE SERVICES

5.5.1 Emergency Road Ambulance (Territory: SADC Countries)

BENEFITS are unlimited . Limited to 100% of the SCALE OF BENEFITS/ Non-emergency ambulance services are subject to pre-approval.

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

Limited to N$550 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

ANNEXURE B3: BENEFITS PAYABLE UNDER THE OPAL BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

N$474 750 per beneficiary

N$712 400 per family

2. PRO-RATA BENEFITS

2.1 If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS set out in paragraphs 3.15.2, 3.15.3, 3.20 and 4 (other than paragraph 4.5), are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.

2.2 Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. In such event, the provisions paragraph 2.1 shall apply mutatis mutandis. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: HOSPITAL BENEFIT

Subject to overall annual benefit set out in paragraph 1.

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised by the Fund, no BENEFIT will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional Hospital Benefit Cover for General Practitioners and Medical Specialists and Anaesthetics for in-hospital services are paid up to a maximum of 225% of NAMAF Tariff.

3.1. HOSPITALISATION

3.1.1 ACCOMMODATION AND THEATRE

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

- Accommodation in a general ward,
- Accommodation in a private ward as a result of a contagious disease,
- The additional fee for medical patients,
- The additional fee for thorax, neurosurgical and neurological patients,
- The use of a recovery room,
- Theatre fees, including the use of a theatre after hours and for the use of registered detached theatres.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

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

3.1.3 BLOOD TRANSFUSIONS

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

3.1.4 INTENSIVE AND HIGH CARE

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

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TT0) MEDICINE)

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

3.1.6 RADIOLOGY AND PATHOLOGY (IN HOSPITAL)

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

3.1.7 PHYSIOTHERAPY AND BIOKINETICS

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

3.1.7.1 Physiotherapy and Biokinetics (In-hospital Rehabilitation)

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

3.1.7.2 Physiotherapy and Biokinetics (Post Rehabililtation)

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

3.2. SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT OF HOSPITAL)

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

3.2.1 MRI AND CT SCANS

Subject to annual sub-benefit limit in paragraph 3.2 and further limited of N$16 600 per family annum.

3.2.2 NUCLEAR MEDICINE

Subject to annual sub-benefit limit in paragraph 3.2.

3.3. GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1 and further limited to N$36 100 per family per annum. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 225% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS,OPERATIONS, Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CT scans (in and out of hospital) and for radiology and pathology (in hospital).

3.4. INTERNAL APPLIANCES AND MATERIALS

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

3.5. DIALYSIS

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

3.6. ONCOLOGY

Subject to overall annual benefit set out in paragraph 1 and further limited to N$350 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.6.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

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

3.6.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLOGY PROCEDURES IN AND OUT-OF- HOSPITAL

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

3.6.3 RADIATION ONCOLOGY

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

3.6.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)

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

3.6.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL

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

3.7. ORGAN TRANSPLANTS

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

3.7.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.

3.7.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.

3.7.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

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

3.8. REFRACTIVE SURGERY

No BENEFITS shall be paid.

3.9. RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY) – FULL PROCEDURE

No BENEFITS shall be paid.

3.10. PRIVATE NURSING

Subject to overall annual benefit set out in paragraph 1 and further limited to N$8 300 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.11. FRAIL CARE AND HOSPICE

Subject to overall annual benefit set out in paragraph 1 and further sub-limited to 3.10. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.12. PSYCHIATRIC TREATMENT

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

3.12.1 CONSULTATION AND PROCEDURE

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

3.12.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.12 for psychiatric treatment HOSPITALISATION and further limited to N$32 750 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.13. ALCOHOLISM/DRUG ADDITION

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

3.14. SPECIALISED DENTAL SURGERY - HOSPITALISATION

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

No BENEFITS shall be paid.

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

No BENEFITS shall be paid.

3.14.3 DENTAL IMPLANTS - HOSPITALISATION

No BENEFITS shall be paid.

3.15. MATERNITY

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

an EMPLOYEE.

3.15.1 CONFINEMENT – FULL PROCEDURE

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

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

Subject to pre-authorisation by the Fund.

3.15.2 ANTE-NATAL CONSULTATION

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

3.15.3 ANTE-NATAL/POST-NATAL CLASSESS AND EDUCATION

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

3.15.4 SONAR SCANS

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

3.15.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

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

3.15.6 MIDWIFERY SERVICE

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

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

Subject to overall annual benefit set out in paragraph 1 and further limited to N$6 500 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

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

3.17. STOMATHERAPY (ALL-INCLUSIVE)

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

3.18. AMBULANCE AND EVACUATION SERVICES

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

3.18.1 EMERGENCY AMBULANCE AND FLIGHTS

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

3.18.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to annual sub-benefit limit in paragraph 3.18 and further limited to N$2 480 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.18.3 OTHER TRANSPORT

Subject to annual sub-benefit limit in paragraph 3.18 and further limited to N$10 150 per family per annum. Limited to 80% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.19. INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N$10 000 000 per incident.

Medical cover when travelling to foreign countries. Limited to emergency cases only and not for elective

surgery or procedure. Further limited to 90 days cover.

3.20. SPECIFIED ILLNESS CONDITIONS

Subject to overall annual benefit set out in paragraph 1 and a further maximum annual sub-benefit limit of N$42 600 per family.

3.20.1 HIV/AIDS

Subject to annual sub-benefit limit in paragraph 3.20 and further limited to N$25 100 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

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

3.20.1.1 Medicine

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

3.20.1.2 First full HIV Consultation/Assessment

Subject to annual sub-benefit limit in paragraph 3.20.1. Limited to N$480 per consultation per HIV/Aids beneficiary. Once off benefit.

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

Subject to annual sub-benefit limit in paragraph 3.20.1. Limited to six consultations per HIV/Aids beneficiary per annum and further limited to N$440 per consultation. (GP's only)

3.20.1.4 HIV Counselling

Subject to annual sub-benefit limit in paragraph 3.20.1 and further limited to N$1 300 per HIV/Aids beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

3.20.1.5 Pathology Tests

Subject to annual sub-benefit limit in paragraph 3.20.1 and further limited to N$5 650 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

3.20.1.6 HIV Resistance Test

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

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

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

3.20.3 POST-EXPOSURE PROPHYLAXIS (PEP)

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

3.20.4 PRE-EXPOSURE PROPHYLAXIS

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

4. CATEGORY B: DAY-TO-DAY BENEFITS

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

N$18 550 per beneficiary

N$25 100 per family

4.1. GENERAL PRACTITIONERS AND SPECIALISTS

Subject to annual sub-benefit limit in paragraph 4 and a further limited to N$6 200 per family per annum.

4.1.1 VISITS AND CONSULTATIONS

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

4.1.2 SERVICES AND PROCEDURES

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

hospital.

4.1.3 MATERIALS AND DISPOSABLE ITEMS

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

4.1.4 RADIOLOGY AND PATHOLOGY

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

4.1.5 MRI AND CT SCANS

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

4.2. MEDICINE AND INJECTIONS

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

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

Limited to N$13 000 per family per annum.

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

4.2.1 ACUTE AND CHRONIC MEDICINE

Subject to annual sub-benefit limit in paragraph 4.2

Limited to N$6 500 per beneficiary per annum.

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

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

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

4.2.2 ESSENTIAL VACCINATION/IMMUNISATION

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

4.2.3 SELF MEDICATION

Subject to annual sub-benefit limit in paragraph 4.2. BENEFITS will be paid at 100% of the SCALE OF BENEFITS Limited to N$860 per family per annum and further limited to N$125 per claim per beneficiary per day.

4.3. PRIMARY HEALTH CARE SERVICES

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

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N$1 000 per Family

Subject to annual sub-benefit limit in paragraph 4.

4.3.1 CONSULTATIONS AND PROCEDURES

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

4.3.2 MEDICINE AND INJECTIONS

Subject to annual sub-benefit limit in paragraph 4.2. 1. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics. BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. Limited to 100% of the SCALE OF BENEFITS for medicine and injections prescribed by any legally authorised person.

4.4. DENTISTRY

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

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N$4 500 per family.

Subject to annual sub-benefit limit in paragraph 4.

4.4.1 CONSERVATIVE DENTISTRY

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

4.4.2 SPECIALISED DENTISTRY

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

4.4.3 DENTAL TECHNICIAN

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

4.4.4 DENTAL IMPLANTS

No BENEFITS shall be paid.

4.4.5 ORTHODONTICS

No BENEFITS shall be paid.

4.4.6 MAXILLO-FACIAL AND ORAL SURGERY

No BENEFITS shall be paid.

4.5. OPTICAL SERVICES

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N$3 670 per family.

Subject to annual sub-benefit limit in paragraph 4.

Limited to 100% of the SCALE OF BENEFITS for spectacles, contact lenses and optical tests, and limited to 100% of cost for frames. Further limited to N$1 300 per beneficiary every two years, the first such two-year period commencing 01 January 2021. Frames are further limited to N$520 per frame.

4.6. AUXILIARY SERVICES

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N$2 370 per family.

Subject to annual sub-benefit limit in paragraph 4.

4.6.1 CONSULTATIONS AND PROCEDURES

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

4.6.2 MEDICINE

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

4.7. EXTERNAL APPLIANCES

Subject to annual sub-benefit limit in paragraph 4 and further limited to N$2 600 per family per annum for external medical and surgical appliances. Limited to 80% of cost. Subject to Managed Health Care guidelines.

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

No BENEFITS shall be paid.

4.9. BENEFIT BOOSTER

Subject to annual sub-benefit limit in paragraph 4 and further limited to N$1 600 per family per annum.

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

4.9.1 MEDICINE AND INJECTIONS (ACUTE AND CHRONIC)

Subject to annual sub-benefit limit in paragraph 4.8.

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

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

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

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

Benefit Booster excludes Self-Medication.

4.9.2 DENTISTRY

Subject to annual sub-benefit limit in paragraph 4.8. Limited to 70% of the SCALE OF BENEFITS as set out in paragraphs 4.4.1, 4.4.2 and 4.4.3.

4.9.3 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to annual sub-benefit limit in paragraph 4.8. Limited to 80% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.1.1, 4.1.2, 4.1.3 and 4.1.4.

4.9.4 PRIMARY HEALTH CARE

Subject to annual sub-benefit limit in paragraph 4.8. Limited to 80% of the SCALE OF BENEFITS as set out in paragraphs 4.3.1 and 4.3.2.

4.9.5 AUXILIARY SERVICES

Subject to annual sub-benefit limit in paragraph 4.8. Limited to 70% of the SCALE OF BENEFITS as set out in paragraphs 4.6.

5. CATEGORY C: BACK-UP BENEFIT

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

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

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

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

If the actual total amount paid by the FUND per family on the Day-to-Day BENEFITS stipulated in paragraph 4.1 for the current BENEFIT YEAR is less than the Threshold Limit, then the MEMBER qualifies for Back-Up Benefit the following year such as on 2023 BENEFIT YEAR.

5.2. THRESHOLD LIMIT:

M: N$4 700

M+1: N$5 310

M+2: N$5 510

M+3: N$5 710

M+4: N$5 910

M+5+: N$6 100

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

5.3. RULES APPLICABLE TO BACK-UP BENEFIT:

- The a Back-up Benefit will only be calculated at the end of April 2023 to ensure that all day-to-day claims as stipulated in paragraph 4.1 for the current BENEFIT YEAR are included.
- Claims against the Back-up Benefit for the current BENEFIT YEAR will only be processed after the end of April 2023.
- The unused Back-Up Benefit can be accumulated and carried over to the following BENEFIT YEAR.
- If the MEMBER resigns from the FUND, any balance of the Back-Up Benefit will go to the Fund reserves.
- If the MEMBER passes away and his/her DEPENDANTS remain with the FUND, the Back-Up Benefit will be transferred to the remaining DEPENDANTS.
- The Back-up Benefit can be used to pay excess of the NAMAF Tariffs, member co-payments and rejected claims in terms of the FUND rules.
- The Back-Up Benefit cannot be used to pay for claims rejected due to non-compliance to the NAMAF billing rules and guidelines.

ANNEXURE B4: BENEFITS PAYABLE UNDER THE JADE BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

N$733 200 per beneficiary

N$1 133 600 per family

2. PRO RATA BENEFITS

2.1. If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS for all SERVICES set out in paragraphs 3.15.2, 3.15.3, , 3.20 and 4 (other than in paragraphs 4.5), are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.

2.2. Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. In such event, the provisions paragraph 2.1 shall apply mutatis mutandis. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: HOSPITALISATION BENEFIT

Subject to overall annual benefit set out in paragraph 1.

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised by the FUND, no BENEFIT will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional Hospital Benefit Cover for General Practitioners and Medical Specialists and Anaesthetics for in-hospital services are paid up to a maximum of 225% of NAMAF Tariff.

3.1. HOSPITALISATION

3.1.1 ACCOMMODATION AND THEATRE

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

- Accommodation in a general ward and accommodation in private ward as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice, the difference between a general ward and a private ward will be subject to N$5 200 per beneficiary and further limited to N$10 400 per family per annum. Motivation from medical practitioner required,
- The additional fee for medical patients,
- The additional fee for thorax, neurosurgical and neurological patients,
- The use of a recovery room,
- Theatre fees, including the use of a theatre after hours and for the use of registered detached theatres.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

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

3.1.3 BLOOD TRANSFUSIONS

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

3.1.4 INTENSIVE AND HIGH CARE

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

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TT0) MEDICINE)

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

the cost of disinfectants, medicine (including 7 days' supply of hospital To Take Out (TTO) medicine), injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN HOSPITAL)

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

3.1.7 PHYSIOTHERAPY AND BIOKINETICS

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

3.1.7.1 Physiotherapy and Biokinetics (In-hospital Rehabilitation)

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

3.1.7.2 Physiotherapy and Biokinetics (Post Rehabililtation)

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

3.2. SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT OF HOSPITAL)

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

3.2.1 MRI AND CT SCANS

Subject to annual sub-benefit limit in paragraph 3.2. Limited to 100% of the SCALE OF BENEFITS and a further maximum annual sub-benefit limit of N$20 750 per family.

3.2.2 NUCLEAR MEDICINE

Subject to annual sub-benefit limit in paragraph 3.2.

3.3. GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 225% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in and out of hospital) and for radiology and pathology (in hospital).

3.4. INTERNAL APPLIANCES AND MATERIALS

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

3.5. DIALYSIS

No BENEFITS shall be paid.

3.6. ONCOLOGY

Subject to overall annual benefit set out in paragraph 1 and further limited to N$450 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.6.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

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

3.6.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLOGY PROCEDURES IN AND OUT-OF- HOSPITAL

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

3.6.3 RADIATION ONCOLOGY

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

3.6.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)

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

3.6.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL

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

3.7. ORGAN TRANSPLANT

No BENEFITS shall be paid.

3.8. REFRACTIVE SURGERY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1. Limited to N$7 300 per family per annum and further limited to N$6 150 per beneficiary once off. Limited to 100% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval.

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

3.9. RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

No BENEFITS shall be paid.

3.10. PRIVATE NURSING

Subject to overall annual benefit set out in paragraph 1 and further limited to N$10 900 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.11. FRAIL CARE

No BENEFITS shall be paid.

3.12. PSYCHIATRIC TREATMENT

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

3.12.1 CONSULTATION AND PROCEDURE

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

3.12.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.12 for psychiatric treatment HOSPITALISATION and further limited to N$32 750 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.13. ALCOHOLISM/DRUG ADDITION

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

3.14. SPECIALISED DENTAL SURGERY - HOSPITALISATION

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

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

Subject to annual sub-benefit limit in paragraph 3.14 and further limited to N$57 000 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval.

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

Subject to annual sub-benefit limit in paragraph 3.14. Limited to N$10 900 per family per annum for other/ Elective Maxillo-Facial and Oral Surgery HOSPITALISATION.

3.14.3 DENTAL IMPLANTS - HOSPITALISATION

No BENEFITS shall be paid.

3.14.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

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

3.15. MATERNITY

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

3.15.1 CONFINEMENT – FULL PROCEDURE

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

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

Subject to pre-authorisation by the Fund.

3.15.2 ANTE-NATAL CONSULTATION

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

3.15.3 ANTE-NATAL/POST-NATAL CLASSESS AND EDUCATION

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

3.15.4 SONAR SCANS

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

3.15.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

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

3.15.6 MIDWIFERY SERVICE

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

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

Subject to overall annual benefit set out in paragraph 1 and further limited to N$6 500 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

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

3.17. STOMATHERAPY (ALL-INCLUSIVE)

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

3.18. AMBULANCE AND EVACUATION SERVICES

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

3.18.1 EMERGENCY AMBULANCE AND FLIGHTS

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

3.18.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to annual sub-benefit limit in paragraph 3.18. Limited to 100% of the SCALE OF BENEFITS and further limited to N$4 400 per Family per annum. Subject to prior approval and Travelling Expenses Re-imbursement Policy of the FUND.

3.18.3 OTHER TRANSPORT

Subject to annual sub-benefit limit in paragraph 3.18 and further limited to N$10 150 per family per annum. Limited to 80% of cost. Subject to prior approval and Managed Health Care guidelines.

3.19. INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N$10 000 000 per incident.

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

3.20 SPECIFIED ILLNESS CONDITIONS

Subject to overall annual benefit set out in paragraph 1 and a further maximum annual sub-benefit limit of N$42 600 per family.

3.20.1 HIV/AIDS

Subject to annual sub-benefit limit in paragraph 3.20 and further limited to m$25 100 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

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

3.20.1.1 Medicine

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

3.20.1.2 First full HIV Consultation/Assessment

Subject to annual sub-benefit limit in paragraph 3.20.1. Limited to N$480 per consultation per HIV/Aids beneficiary. Once off benefit.

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

Subject to annual sub-benefit limit in paragraph 3.20.1. Limited to six consultations per HIV/Aids beneficiary per annum and further limited to N$440 per consultation. (GP's only)

3.20.1.4 HIV Counselling

Subject to annual sub-benefit limit in paragraph 3.20.1 and further limited to N$1 300 per HIV/Aids beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

3.20.1.5 Pathology Tests

Subject to annual sub-benefit limit in paragraph 3.20.1 and further limited to N$5 650 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

3.20.1.6 HIV Resistance Test

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

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

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

3.20.3 POST-EXPOSURE PROPHYLAXIS (PEP)

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

3.20.4 PRE-EXPOSURE PROPHYLAXIS (PrEP)

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

4. CATEGORY B: DAY-TO-DAY BENEFITS

Subject to overall annual benefit set out in paragraph 1.

4.1. GENERAL PRACTITIONERS AND SPECIALISTS

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

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N$10 800 per family.

Subject to annual sub-benefit limit in paragraph 4 and a further limited to N$6 200 per beneficiary per annum.

4.1.1 VISITS AND CONSULTATIONS

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

4.1.2 SERVICES AND PROCEDURES

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

4.1.3 MATERIALS AND DISPOSABLE ITEMS

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

4.1.4 RADIOLOGY AND PATHOLOGY

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

4.1.5 MRI AND CT SCANS

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

4.2. MEDICINE AND INJECTIONS

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

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

Limited to N$14 650 per family per annum.

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

4.2.1 ACUTE AND CHRONIC MEDICINE

Subject to annual sub-benefit limit in paragraph 4.2

Limited to N$7 450 per beneficiary per annum.

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

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

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

4.2.2 ESSENTIAL VACCINATION/IMMUNISATION

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

4.2.3 SELF MEDICATION

Subject to annual sub-benefit limit in paragraph 4.2. Limited to N$970 per family per annum and further limited to N$150 per claim per beneficiary per day.

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

4.3. PRIMARY HEALTH CARE SERVICES

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

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N$1 500 per Family

Subject to annual sub-benefit limit in paragraph 4 and a further limited to N$750 per beneficiary per annum.

4.3.1 CONSULTATIONS AND PROCEDURES

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

4.3.2 MEDICINE AND INJECTIONS

Subject to annual sub-benefit limit in paragraph 4.2. 1. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics. BENEFITS in respect of prescribed medicine and injections will be granted only for one month's supply thereof at a time. Limited to 100% of the SCALE OF BENEFITS for medicine and injections prescribed by any legally authorised person.

4.4. DENTISTRY

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

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N$7 900 per family.

Subject to annual sub-benefit limit in paragraph 4.

4.4.1 CONSERVATIVE DENTISTRY

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

4.4.2 SPECIALISED DENTISTRY

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

4.4.3 DENTAL TECHNICIAN

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

4.4.4 DENTAL IMPLANTS

No BENEFITS shall be paid.

4.4.5 ORTHODONTICS

Subject to annual sub-benefit limit in paragraph 4. Limited to 100% of the SCALE OF BENEFITS and further limited to N$9 150 per beneficiary once off.

4.4.6 MAXILLO-FACIAL AND ORAL SURGERY

No BENEFITS shall be paid.

4.4.7 MAXILLO-FACIAL AND ORAL SURGERY (IN-HOSPITAL AND IN-PRACTICE)

Subject to annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS for elective and non-elective Maxillo-Facial and Oral Surgery.

4.5. OPTICAL SERVICES

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N$4 360 per family.

Subject to annual sub-benefit limit in paragraph 4.

Limited to 100% of the SCALE OF BENEFITS for spectacles, contact lenses and optical tests, and limited to 100% of cost for frames. Further limited to N$2 340 per beneficiary every two years, the first such two-year period commencing 01 January 2021. Frames are further limited to N$1 040 per frame.

4.6. AUXILIARY SERVICES

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

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

N$5 850 per family.

Subject to annual sub-benefit limit in paragraph 4.

4.6.1 CONSULTATIONS AND PROCEDURES

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

4.6.2 MEDICINE

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

4.7. EXTERNAL APPLIANCES

Subject to annual sub-benefit limit in paragraph 4 and further limited to N$2 700 per family per annum for external medical and surgical appliances. Limited to 80% of cost. Subject to Managed Health Care guidelines.

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

No BENEFITS shall be paid.

4.9. BENEFIT BOOSTER

Subject to annual sub-benefit limit in paragraph 4 and further limited to N$3 000 per family per annum.

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

4.9.1 MEDICINE AND INJECTIONS (ACUTE AND CHRONIC)

Subject to annual sub-benefit limit in paragraph 4.8.

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

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

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

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

Benefit Booster excludes Self-Medication.

4.9.2 DENTISTRY

Subject to annual sub-benefit limit in paragraph 4.8. Limited to 70% of the SCALE OF BENEFITS as set out in paragraphs 4.4.1, 4.4.2 and 4.4.3.

4.9.3 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to annual sub-benefit limit in paragraph 4.8. Limited to 80% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.1.1, 4.1.2, 4.1.3 and 4.1.4.

4.9.4 PRIMARY HEALTH CARE

Subject to annual sub-benefit limit in paragraph 4.8. Limited to 80% of the SCALE OF BENEFITS as set out in paragraphs 4.3.1 and 4.3.2.

4.9.5 AUXILIARY SERVICES

Subject to annual sub-benefit limit in paragraph 4.8. Limited to 70% of the SCALE OF BENEFITS as set out in paragraphs 4.5.

5. CATEGORY C: BACK-UP BENEFIT

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

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

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

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

If the actual total amount paid by the FUND per family on the Day-to-Day BENEFITS stipulated in paragraph 4.1 for the current BENEFIT YEAR is less than the Threshold Limit, then the MEMBER qualifies for Back-Up Benefit the following year such as on 2023 BENEFIT YEAR.

5.2. THRESHOLD LIMIT:

M: N$6 140

M+1: N$6 950

M+2: N$7 210

M+3: N$7 470

M+4: N$7 740

M+5+: N$7 980

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

5.3. RULES APPLICABLE TO BACK-UP BENEFIT:

- The a Back-up Benefit will only be calculated at the end of April 2023 to ensure that all day-to-day claims as stipulated in paragraph 4.1 for the current BENEFIT YEAR are included.
- Claims against the Back-up Benefit for the current BENEFIT YEAR will only be processed after the end of April 2023.
- The unused Back-Up Benefit can be accumulated and carried over to the following BENEFIT YEAR.
- If the MEMBER resigns from the FUND, any balance of the Back-Up Benefit will go to the Fund reserves.
- If the MEMBER passes away and his/her DEPENDANTS remain with the FUND, the Back-Up Benefit will be transferred to the remaining DEPENDANTS.
- The Back-up Benefit can be used to pay excess of the NAMAF Tariffs, member co-payments and rejected claims in terms of the FUND rules.
- The Back-Up Benefit cannot be used to pay for claims rejected due to non-compliance to the NAMAF billing rules and guidelines.

ANNEXURE B5: BENEFITS PAYABLE UNDER THE RUBY BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

N$1 081 600 per beneficiary

N$1 622 400 per family

2. PRO-RATA BENEFITS

2.1. If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS for all SERVICES set out in paragraphs 3.15.2, 3,15.3, and 4 (other than in paragraphs 4.4), are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.

2.2. Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. In such event, the provisions paragraph 2.1 shall apply mutatis mutandis. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: HOSPITALISATION BENEFIT

Subject to overall annual benefit set out in paragraph 1.

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised by the FUND, no BENEFIT will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional Hospital Benefit Cover for General Practitioners and Medical Specialists and Anaesthetics for in-hospital services are paid up to a maximum of 225% of NAMAF Tariff.

3.1. HOSPITALISATION

3.1.1 ACCOMMODATION AND THEATRE

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

- Accommodation in a general ward and accommodation in private ward as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice, the difference between a general ward and a private ward will be subject to N$7 500 per beneficiary and further limited to N$16 500 per family per annum. Motivation from medical practitioner required,
- The additional fee for medical patients,
- The additional fee for thorax, neurosurgical and neurological patients,
- The use of a recovery room,
- Theatre fees, including the use of a theatre after hours and for the use of registered detached theatres.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

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

3.1.3 BLOOD TRANSFUSIONS

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

3.1.4 INTENSIVE AND HIGH CARE

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

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TT0) MEDICINE)

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

the cost of disinfectants, medicine (including 7 days' supply of hospital To Take Out (TTO) medicine), injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN HOSPITAL)

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

3.1.7 PHYSIOTHERAPY AND BIOKINETICS

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

3.1.7.1 Physiotherapy and Biokinetics (In-hospital Rehabilitation)

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

3.1.7.2 Physiotherapy and Biokinetics (Post Rehabililtation)

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

3.2. SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT OF HOSPITAL)

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

3.2.1 MRI AND CT SCANS

Subject to annual sub-benefit limit in paragraph 3.2.and a further maximum annual sub-benefit limit of N$27 000 per family.

3.2.2 NUCLEAR MEDICINE

Subject to annual sub-benefit limit in paragraph 3.2.

3.3. GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 225% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in and out of hospital) and for radiology and pathology (in hospital).

3.4. INTERNAL APPLIANCES AND MATERIALS

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

3.5. DIALYSIS

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

3.6. ONCOLOGY

Subject to overall annual benefit set out in paragraph 1 and further limited to N$600 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.6.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

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

3.6.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLOGY PROCEDURES IN AND OUT-OF- HOSPITAL

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

3.6.3 RADIATION ONCOLOGY

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

3.6.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)

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

3.6.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL

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

3.7. ORGAN TRANSPLANT

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

3.7.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.

3.7.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.

3.7.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

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

3.8. REFRACTIVE SURGERY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1. Limited to N$7 500 per family per annum and further limited to N$6 200 per beneficiary once off. Limited to 100% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval.

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

3.9. RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

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

3.9.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 3.9 and further limited to N$6 750 per family per annum. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.9.2 HOSPITALISATION

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

3.10. PRIVATE NURSING

Subject to overall annual benefit set out in paragraph 1 and further limited to N$21 750 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.11. FRAIL CARE/HOSPICE

Subject to overall annual benefit set out in paragraph 1 and further limited to 3.10. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.12. PSYCHIATRIC TREATMENT

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

3.12.1 CONSULTATION AND PROCEDURE

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

3.12.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.12 for psychiatric treatment HOSPITALISATION

and further limited to N$32 750 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.13. ALCOHOLISM/DRUG ADDITION

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

3.14. SPECIALISED DENTAL SURGERY - HOSPITALISATION

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

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

Subject to annual sub-benefit limit in paragraph 3.14 and further limited to N$92 500 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases. BENEFITS will be paid at 100% of the SCALE OF BENEFITS. Subject to prior approval.

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

Subject to annual sub-benefit limit in paragraph 3.14. Limited to N$14 000 per family per annum for other/ Elective Maxillo-Facial and Oral Surgery HOSPITALISATION.

3.14.3 DENTAL IMPLANTS - HOSPITALISATION

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

3.14.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

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

3.15. MATERNITY

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

3.15.1 CONFINEMENT – FULL PROCEDURE

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

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

Subject to pre-authorisation by the Fund.

3.15.2 ANTE-NATAL CONSULTATION

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

3.15.3 ANTE-NATAL/POST-NATAL CLASSESS AND EDUCATION

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

3.15.4 SONAR SCANS

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

3.15.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

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

3.15.6 MIDWIFERY SERVICE

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

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

Subject to overall annual benefit set out in paragraph 1 and further limited to N$6 500 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

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

3.17. STOMATHERAPY (ALL-INCLUSIVE)

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

3.18. AMBULANCE AND EVACUATION SERVICES

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

3.18.1 EMERGENCY AMBULANCE AND FLIGHTS

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

3.18.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to annual sub-benefit limit in paragraph 3.18. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.18.3 OTHER TRANSPORT

Subject to annual sub-benefit limit in paragraph 3.18 and further limited to N$10 150 per family per annum. Limited to 80% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.19. INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N$10 000 000 per incident.

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

4. CATEGORY B: DAY-TO-DAY BENEFITS

Subject to overall annual benefit set out in paragraph 1.

4.1. GENERAL PRACTITIONERS AND SPECIALISTS

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

M: N$8 550

M+1: N$11 200

M+2: N$11 700

M+3: N$11 950

M+4: N$12 200

M+5+: N$12 450

4.1.1 SERVICES AND PROCEDURES

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

4.1.2 MATERIALS AND DISPOSABLE ITEMS

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

4.1.3 RADIOLOGY AND PATHOLOGY

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

4.1.4 MRI AND CT SCANS

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

4.2. DENTISTRY

Subject to annual sub-benefit limit in paragraph 4.

4.2.1 CONSERVATIVE & SPECIALISED DENTISTRY including Dental Technician Services

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

M: N$10 500

M+1: N$12 250

M+2: N$13 500

M+3: N$14 000

M+4: N$14 250

M+5+: N$14 500

Limited to N$10 500 per beneficiary per annum.

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

4.2.2 DENTAL IMPLANTS (IN AND OUT OF HOSPITAL)

Subject to annual sub-benefit limit in paragraph 4.2. The available BENEFITS are for either procedures done in-hospital or in-practice (out-of-hospital) but not for both.

4.2.2.1 In-hospital

Subject to annual sub-benefit limit in paragraph 4.2.2. Limited to maximum annual sub-benefit limits of N$18 450 per family and further limited to N$10 100 per beneficiary. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Limited to N$3 800 per implant component. Subject to pre-authorisation.

4.2.2.2 In-Practice

Subject to annual sub-benefit limit in paragraph 4.2.2 Limited to maximum annual sub-benefit limits of N$29 600 per family and further limited to N$18 950 per beneficiary. Limited to 150% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Limited to N$3 800 per implant component. Subject to pre-authorisation.

4.2.3 ORTHODONTICS

Subject to annual sub-benefit limit in paragraph 4.2 and further limited to N$13 250 per beneficiary once off. Limited to 100% of costs. Subject to prior approval and Managed Health Care Guidelines.

4.2.4 MAXILLO-FACIAL AND ORAL SURGERY

Subject to annual sub-benefit limit in paragraph 4.2. The available BENEFITS are for either procedures done in-hospital or in-practice (out-of-hospital) but not for both.

4.2.4.1 In-hospital

Subject to annual sub-benefit limit in paragraph 4.2.4. and a further maximum annual sub-benefit limits:

M: N$5 700

M+1: N$7 000

M+2: N$7 500

M+3: N$8 050

M+4: N$8 550

M+5+: N$9 100

Limited to N$5 700 per beneficiary per annum.

Limited to 100% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Subject to pre-authorisation.

4.2.4.2 In-Practice

Subject to annual sub-benefit limit in paragraph 4.2.4 and a further maximum annual sub-benefit limits:

M: N$8 550

M+1: N$10 650

M+2: N$11 400

M+3: N$12 200

M+4: N$13 000

M+5+: N$13 250

Limited to N$8 550 beneficiary per annum.

Limited to 150% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Subject to pre-authorisation.

4.3. MEDICINE AND INJECTIONS

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

M: N$14 630

M+1: N$16 180

M+2: N$16 740

M+3: N$17 390

M+4: N$18 050

M+5+: N$18 650

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

4.3.1 ACUTE MEDICINE

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

M: N$5 400

M+1: N$5 700

M+2: N$5 900

M+3: N$6 150

M+4: N$6 400

M+5+: N$6 650

Limited to N$5 400 per beneficiary per annum.

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

Limited to 80% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

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

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

4.3.2 CHRONIC MEDICINE

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

M: N$8 100

M+1: N$9 250

M+2: N$9 450

M+3: N$9 700

M+4: N$9 950

M+5+: N$10 200

4.3.2.1 Members Aged 65 and Below

Limited to 80% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed by any legally authorised person for longer than 3 months

for the treatment of a chronic conditions listed in Annexure D and dispensed by a Pharmacist.

Limited to 80% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed and dispensed for longer than 3 months for the treatment of a chronic conditions listed in Annexure D by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

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

4.3.2.2 Members Aged 66 and Above

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

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

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

4.3.3 ESSENTIAL VACCINATION/IMMUNISATION

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

4.3.4 SELF MEDICATION

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

Sub-benefit limit:

M: N$1 130

M+1: N$1 230

M+2: N$1 390

M+3: N$1 540

M+4: N$1 700

M+5+: N$1 800

Limited to N$183 per claim per beneficiary per day. BENEFITS will be paid at 100% of the SCALE OF BENEFITS.

4.4. OPTICAL SERVICES

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

M: N$3 350

M+1: N$6 700

M+2: N$6 900

M+3: N$7 100

M+4: N$7 300

M+5+: N$7 500

Limited to N$3 350 per beneficiary every two years, including frames, the first such two-year period commencing on 01 January 2021.

4.4.1 OPTICAL TESTS

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

4.4.2 SPECTACLES AND LENSES

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

4.4.3 READERS SPECTACLES

Subject to annual sub-benefit limit in paragraph 4.4. BENEFITS will be paid at 100% of cost subject

to a maximum of N$105 per family per annum. MEMBERS are required to first personally settle any account in respect of Reader Spectacles and must submit a detailed certified account to the FUND in order to qualify for a refund.

4.4.4 FRAMES

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

4.5. PRIMARY HEALTH CARE SERVICES

Subject to annual sub-benefit limit in paragraph 4.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

M: N$1 000

M+1: N$1 200

M+2: N$1 350

M+3: N$1 500

M+4: N$1 650

M+5+: N$1 800

Subject to annual sub-benefit limit in paragraph 4.5 and a further limited to N$1 000 per beneficiary per annum.

4.5.1 CONSULTATIONS

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

4.5.2 MEDICINE AND INJECTIONS

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

Subject to annual sub-benefit limit in paragraph 4.3.1. Limited to 80% of the SCALE OF BENEFITS for medicine and injections prescribed by any legally authorised person.

4.6. AUXILIARY SERVICES

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

M: N$11 850

M+1: N$13 000

M+2: N$13 150

M+3: N$13 400

M+4: N$13 650

M+5+: N$13 900

Limited to N$11 850 per beneficiary per annum.

4.6.1 ART THERAPY

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

4.6.2 AUDIOLOGY AND SPEECH THERAPY

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

4.6.3 BIOKINETICS

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N$4 050 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.6.4 CHINESE MEDICINE

NO BENEFITS shall be paid.

4.6.5 CHIROPRACTOR

4.6.5.1 Consultations and Procedures

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

4.6.5.2 Medicine

Subject to annual sub-benefit limit in paragraph 4.3.1. BENEFITS in respect of prescribed medicine will be granted only for one month's supply thereof at a time. Limited to 80% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a chiropractor.

4.6.6 CLINICAL PSYCHOLOGY/PSYCHOLOGICAL COUNSELLOR

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N$4 050 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.6.7 CLINICAL TECHNOLOGY

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

4.6.8 DIETICIAN

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

4.6.9 HEARING AID ACOUSTICIAN

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

4.6.10 HOMEOPATHY/NATUROPATHY/PHYTOTHERAPY

4.6.10.1 Consultations and Procedures

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

4.6.10.2 Medicine

Subject to annual sub-benefit limit in paragraph 4.3.1. BENEFITS in respect of prescribed medicine will be granted only for one month's supply thereof at a time. Limited to 80% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a homeopath, naturopath, phytotherapist or osteopath.

4.6.11 OCCUPATIONAL THERAPY

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

4.6.12 ORTHOTIST/PROSTHETIST

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

4.6.13 PHYSIOTHERAPY

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N$4 050 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.6.14 PODIATRY/CHIROPODY

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

4.6.15 SOCIAL WORKERS

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N$4 050 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.7. WHEELCHAIR

Subject to overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum of N$8 850 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2020. Subject to prior approval. The benefit is inclusive of wheelchair repair and maintenance.

4.8. ARTIFICIAL LIMBS

Subject to overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum of N$18 450 per beneficiary every 2 years, the first such two-year period commencing on 01 January 2022. Subject to prior approval.

4.9. ARTIFICIAL EYES

Subject to overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum cover of N$5 750 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2020. Subject to prior approval.

4.10. HEARING AID APPARATUS

Subject to overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum of N$28 000 per family every 3 years, the first such three-year period commencing on 01 January 2020. The

BENEFITS include the supply, repair and maintenance of hearing aid apparatus. Subject to prior approval.

4.11. APPLIANCES (EXTERNAL)

Subject to overall annual benefit set out in paragraph 1 and further limited to N$4 550 per family per annum. Limited to 80% of the cost of any external medical and surgical appliance other than hearing aid apparatus. Subject to Managed Health Care guidelines.

4.12. MEDICAL DEVICES FOR DIABETES MANAGEMENT

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

4.12.1 Insulin Pumps

Subject to annual sub-benefit limit in paragraph 4.12 and further limited to N$35 000 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2019.

4.12.2 Other Devices (Glucose Monitoring System/Glucose Reader)

Subject to annual sub-benefit limit in paragraph 4.12 and further limited to N$17 500 per Beneficiary per annum.

4.12.3 Diabetes Related Consumables

Subject to annual sub-benefit limit in paragraph 4.12 and further limited to N$33 500 per Beneficiary per annum.

4.13. SPECIFIED ILLNESS CONDITIONS

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

M: N$31 000

M+1+: N$44 750

4.13.1 HIV/AIDS

Subject to annual sub-benefit limit in paragraph 4.13 and further limited to N$31 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

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

4.13.1.1 Medicine

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

4.13.1.2 First full HIV Consultation/Assessment

Subject to annual sub-benefit limit in paragraph 4.13.1. Limited to N$480 per consultation per HIV-Aids beneficiary. Once off benefit.

4.13.1.3 Consultations (after the first full HIV consultation)

Subject to annual sub-benefit limit in paragraph 4.13.1. Limited to six consultation per HIV/Aids beneficiary per annum and further limited N$440 per consultation. (GP's only).

4.13.1.4 HIV Counselling

Subject to annual sub-benefit limit in paragraph 4.13.1 and further limited to N$1 300 per HIV/Aids beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

4.13.1.5 Pathology Tests

Subject to annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the

SCALE OF BENEFITS and further limited to N$5 950 per beneficiary per annum.

4.13.1.6 HIV Resistance Test

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

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

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

4.13.3 POST-EXPOSURE PROPHYLAXIS (PEP)

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

4.13.4 PRE-EXPOSURE PROPHYLAXIS (PrEP)

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

4.14. BENEFIT BOOSTER

Subject to annual sub-benefit limit in paragraph 4.

Limited to N$3 990 per family per annum and further limited to N$2 580 per beneficiary per annum.

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

4.14.1 MEDICINE AND INJECTIONS (ACUTE AND CHRONIC)

Subject to annual sub-benefit limit in paragraph 4.14.

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

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

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

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

Benefit Booster excludes Self-Medication.

4.14.2 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to annual sub-benefit limit in paragraph 4.14. Limited to 80% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.1.1, 4.1.2, 4.1.3 and 4.1.4.

4.14.3 PRIMARY HEALTH CARE

Subject to annual sub-benefit limit in paragraph 4.14. Limited to 80% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.5.1 and 4.5.2.

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

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

4.14.5 AUXILIARY SERVICES

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

5. CATEGORY C: BACK-UP BENEFIT

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

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

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

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

If the actual total amount paid by the FUND per family on the Day-to-Day BENEFITS stipulated in paragraph 4.1 for the current BENEFIT YEAR is less than the Threshold Limit, then the MEMBER qualifies for Back-Up Benefit the following year such as on 2023 BENEFIT YEAR.

5.2. THRESHOLD LIMIT:

M: N$5 260

M+1: N$5 950

M+2: N$6 170

M+3: N$6 400

M+4: N$6 620

M+5+: N$6 840

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

5.3. RULES APPLICABLE TO BACK-UP BENEFIT:

- The a Back-up Benefit will only be calculated at the end of April 2023 to ensure that all day-to-day claims as stipulated in paragraph 4.1 for the current BENEFIT YEAR are included.
- Claims against the Back-up Benefit for the current BENEFIT YEAR will only be processed after the end of April 2023.
- The unused Back-Up Benefit can be accumulated and carried over to the following BENEFIT YEAR.
- If the MEMBER resigns from the FUND, any balance of the Back-Up Benefit will go to the Fund reserves.
- If the MEMBER passes away and his/her DEPENDANTS remain with the FUND, the Back-Up Benefit will be transferred to the remaining DEPENDANTS.
- The Back-up Benefit can be used to pay excess of the NAMAF Tariffs, member co-payments and rejected claims in terms of the FUND rules.
- The Back-Up Benefit cannot be used to pay for claims rejected due to non-compliance to the NAMAF billing rules and guidelines.

ANNEXURE B6: BENEFITS PAYABLE UNDER THE SAPPHIRE BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

Unlimited benefit

2. PRO RATA BENEFITS

2.1. If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS for all SERVICES set out in paragraphs 3.15.2 3.15.3, and 4 (other than in paragraphs 4.4), are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.

2.2. Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. In such event, the provisions paragraph 2.1 shall apply mutatis mutandis. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: HOSPITALISATION BENEFIT

Subject to overall annual benefit set out in paragraph 1.

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised by the Fund, No BENEFIT will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional Hospital Benefit Cover for General Practitioners, Medical Specialists and anaesthetics for in-hospital services are paid up to a maximum of 225% of NAMAF Tariff.

3.1. HOSPITALISATION

3.1.1 ACCOMMODATION AND THEATRE

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

- Accommodation in a general ward and accommodation in private ward as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice, the difference between a general ward and a private ward will be subject to N$10 900 per beneficiary and further limited to N$23 900 per family per annum,
- The additional fee for medical patients,
- The additional fee for thorax, neurosurgical and neurological patients,
- The use of a recovery room,
- Theatre fees, including the use of a theatre after hours and for the use of registered detached theatres.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

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

3.1.3 BLOOD TRANSFUSIONS

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

3.1.4 INTENSIVE AND HIGH CARE

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

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TT0) MEDICINE)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of disinfectants, medicine (including 7 days supply of hospital To Take Out (TTO) medicine),

injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN HOSPITAL)

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

3.1.7 PHYSIOTHERAPY AND BIOKINETICS

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

3.1.7.1 Physiotherapy and Biokinetics (In-hospital Rehabilitation)

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

3.1.7.2 Physiotherapy and Biokinetics (Post Rehabililtation)

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

3.2. SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT OF HOSPITAL)

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

3.2.1 MRI AND CT SCANS

Subject to annual sub-benefit limit in paragraph 3.2.and a further maximum annual sub-benefit limit of N$39 500 per family.

3.2.2 NUCLEAR MEDICINE

Subject to annual sub-benefit limit in paragraph 3.2.

3.3. GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 225% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in and out of hospital) and for radiology and pathology (in hospital).

3.4. INTERNAL APPLIANCES AND MATERIALS

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

3.5. DIALYSIS

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

3.6. ONCOLOGY

Subject to overall annual benefit set out in paragraph 1 and further limited to N$750 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.6.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

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

3.6.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLOGY PROCEDURES IN AND OUT-OF- HOSPITAL

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

3.6.3 RADIATION ONCOLOGY

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

3.6.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)

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

3.6.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL

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

3.7. ORGAN TRANSPLANT

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

3.7.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.

3.7.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.

3.7.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

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

3.8. REFRACTIVE SURGERY (All-INCLUSIVE)

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

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

3.9. RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

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

3.9.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 3.9 and further limited to N$14 500 per family per annum. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.9.2 HOSPITALISATION

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

3.10. PRIVATE NURSING

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS and further limited to N$38 700 per family per annum. Subject to Case Management.

3.11. FRAIL CARE/HOSPICE

Subject to overall annual benefit set out in paragraph 1 and further limited to 3.10. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.12. PSYCHIATRIC TREATMENT

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

3.12.1 CONSULTATION AND PROCEDURE

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

3.12.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.12 for psychiatric treatment HOSPITALISATION

and further limited to N$32 750 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.13. ALCOHOLISM/DRUG ADDITION

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

3.14. SPECIALISED DENTAL SURGERY - HOSPITALISATION

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

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

Subject to annual sub-benefit limit in paragraph 3.14 and further limited to N$132 000 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases.

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

Subject to annual sub-benefit limit in paragraph 3.14. Limited to N$20 500 per family per annum for Other/Elective Maxillo-Facial and Oral Surgery HOSPITALISATION.

3.14.3 DENTAL IMPLANTS - HOSPITALISATION

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

3.14.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

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

3.15. MATERNITY

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

3.15.1 CONFINEMENTS

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

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

Subject to pre-authorisation by the Fund.

3.15.2 ANTE-NATAL CONSULTATION

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

3.15.3 ANTE-NATAL/POST-NATAL CLASSESS AND EDUCATION

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

3.15.4 SONAR SCANS

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

3.15.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

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

3.15.6 MIDWIFERY SERVICE

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

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

Subject to overall annual benefit set out in paragraph 1 and further limited to N$6 500 per beneficiary per

annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

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

3.17. STOMALTHERAPY (ALL-INCLUSIVE)

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

3.18. AMBULANCE AND EMERGENCY EVACUATION SERVICES

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

3.18.1 EMERGENCY AMBULANCE AND FLIGHTS

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

3.18.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to annual sub-benefit limit in paragraph 3.18. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.18.3 OTHER TRANSPORT

Subject to annual sub-benefit limit in paragraph 3.18and further limited to N$10 150 per family per annum. Limited to 80% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.19. INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N$10 000 000 per incident.

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

4. CATEGORY B: DAY-TO-DAY BENEFITS

Subject to overall annual benefit set out in paragraph 1.

4.1. GENERAL PRACTITIONERS AND SPECIALISTS

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

M: N$14 250

M+1: N$18 250

M+2: N$20 250

M+3: N$20 500

M+4: N$20 750

M+5+: N$21 000

4.1.1 SERVICES AND PROCEDURES

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

4.1.2 MATERIALS AND DISPOSABLE ITEMS

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

4.1.3 RADIOLOGY AND PATHOLOGY

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

4.1.4 MRI AND CT SCANS

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

4.2. DENTISTRY

Subject to annual sub-benefit limit in paragraph 4.

4.2.1 CONSERVATIVE & SPECIALISED DENTISTRY

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

M: N$15 750

M+1: N$19 000

M+2: N$20 750

M+3: N$21 250

M+4: N$21 750

M+5+: N$22 250

Limited to N$15 750 per beneficiary per annum.

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

4.2.2 DENTAL IMPLANTS (IN AND OUT OF HOSPITAL)

Subject to annual sub-benefit limit in paragraph 4.2. The available BENEFITS are for either procedures done in-hospital or in-practice (out-of-hospital) but not for both.

4.2.2.1 In-hospital

Subject to annual sub-benefit limit in paragraph 4.2.2. Limited to maximum annual sub-benefit limits of N$23 900 per family and further limited to N$14 500 per beneficiary. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Limited to N$3 800 per implant component. Subject to pre-authorisation.

4.2.2.2 In-Practice

Subject to annual sub-benefit limit in paragraph 4.2.2. Limited to maximum annual sub-benefit limits of N$40 000 per family and further limited to N$26 500 per beneficiary. Limited to 150% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Limited to N$3 800 per implant component. Subject to pre-authorisation.

4.2.3 ORTHODONTICS

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

4.2.4 MAXILLO-FACIAL AND ORAL SURGERY

Subject to annual sub-benefit limit in paragraph 4.2. The available BENEFITS are for either procedures done in-hospital or in-practice (out-of-hospital) but not for both.

4.2.4.1 In-hospital

Subject to annual sub-benefit limit in paragraph 4.2.4 and a further maximum annual sub-benefit limits:

M: N$6 250

M+1: N$7 250

M+2: N$7 800

M+3: N$8 300

M+4: N$8 800

M+5+: N$9 350

Limited to N$6 250 per beneficiary per annum.

Limited to 100% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Subject to pre-authorisation.

4.2.4.2 In-Practice

Subject to annual sub-benefit limit in paragraph 4.2.4 and a further maximum annual sub-benefit limits:

M: N$9 600

M+1: N$11 150

M+2: N$11 950

M+3: N$12 700

M+4: N$13 500

M+5+: N$14 000

Limited to N$9 600 beneficiary per annum.

Limited to 150% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Subject to pre-authorisation.

4.3. MEDICINE AND INJECTIONS

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

M: N$30 490

M+1: N$47 600

M+2: N$51 500

M+3: N$52 250

M+4: N$53 160

M+5+: N$53 820

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

4.3.1 ACUTE MEDICINE

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

M: N$8 350

M+1: N$12 750

M+2: N$15 550

M+3: N$16 000

M+4: N$16 350

M+5+: N$16 600

Limited to N$8 350 per beneficiary per annum.

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

Limited to 80% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

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

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

4.3.2 CHRONIC MEDICINE

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

M: N$20 250

M+1: N$32 800

M+2: N$33 750

M+3: N$33 900

M+4: N$34 300

M+5+: N$34 550

4.3.2.1 Members Aged 65 and Below

Limited to 80% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed by any legally authorised person for longer than 3 months

for the treatment of a chronic conditions listed in Annexure D and dispensed by a Pharmacist.

Limited to 80% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed and dispensed for longer than 3 months for the treatment of a chronic conditions listed in Annexure D by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

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

4.3.2.2 Members Aged 66 and Above

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

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

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

4.3.3 ESSENTIAL VACCINATION/IMMUNISATION

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

4.3.4 SELF MEDICATION

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

M: N$1 890

M+1: N$2 050

M+2: N$2 200

M+3: N$2 350

M+4: N$2 510

M+5+: N$2 670

Limited to N$225 per claim per beneficiary per day. BENEFITS will be paid at 100% of the SCALE OF BENEFITS.

4.4. OPTICAL SERVICES

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

M: N$4 900

M+1: N$9 800

M+2: N$10 100

M+3: N$10 400

M+4: N$10 700

M+5+: N$11 000

Limited to N$4 900 per beneficiary every two years, including frames, the first such two-year period commencing on 01 January 2021.

4.4.1 OPTICAL TESTS

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

4.4.2 SPECTACLES AND LENSES

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

4.4.3 READERS SPECTACLES

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

order to qualify for a refund.

4.4.4 FRAMES

Subject to annual sub-benefit limit in paragraph 4.4. BENEFITS will be paid at 100% of cost subject to a maximum N$1 870 per frame.

4.5. PRIMARY HEALTH CARE SERVICES

Subject to annual sub-benefit limit in paragraph 4.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

M: N$1 250

M+1: N$1 500

M+2: N$1 700

M+3: N$1 900

M+4: N$2 100

M+5+: N$2 300

Subject to annual sub-benefit limit in paragraph 4.5 and a further limited to N$1 250 per beneficiary per annum.

4.5.1 CONSULTATIONS AND PROCEDURES

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

4.5.2 MEDICINE & INJECTIONS

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

Subject to annual sub-benefit limit in paragraph 4.3.1. Limited to 100% of the SCALE OF BENEFITS for medicine and injections prescribed by any legally authorised person.

4.6. AUXILIARY SERVICES

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

M: N$15 300

M+1: N$24 500

M+2: N$26 500

M+3: N$27 750

M+4: N$28 250

M+5+: N$28 750

Limited to N$15 300 per beneficiary per annum.

4.6.1 ART THERAPY

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

4.6.2 AUDIOLOGY AND SPEECH THERAPY

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

4.6.3 BIOKINETICS

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N$7 560 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.6.4 CHINESE MEDICINE

NO BENEFITS shall be paid.

4.6.5 CHIROPRACTOR

4.6.5.1 Consultations and Procedures

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

4.6.5.2 Medicine

Subject to annual sub-benefit limit in paragraph 4.3.1. BENEFITS in respect of prescribed

medicine will be granted only for one month's supply thereof at a time. Limited to 80% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a chiropractor.

4.6.6 CLINICAL PSYCHOLOGY/PSYCHOLOGICAL COUNSELLOR

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N$7 560 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.6.7 CLINICAL TECHNOLOGY

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

4.6.8 DIETICIAN

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

4.6.9 HEARING AID ACOUSTICIAN

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

4.6.10 HOMEOPATHY/NATUROPATHY/PHYTOTHERAPY

4.6.10.1 Consultations and Procedures

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

4.6.10.2 Medicine

Subject to annual sub-benefit limit in paragraph 4.3.1. BENEFITS in respect of prescribed medicine will be granted only for one month's supply thereof at a time. Limited to 80% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a homeopath, naturopath, phytotherapist or osteopath.

4.6.11 OCCUPATIONAL THERAPY

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

4.6.12 ORTHOTIST/PROSTHETIST

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

4.6.13 PHYSIOTHERAPY

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N$7 560 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.6.14 PODIATRY/CHIROPODY

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

4.6.15 SOCIAL WORKER

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N$7 560 per beneficiary. Limited to 100% of the SCALE OF BENEFITS.

4.7. WHEELCHAIR

Subject to overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum cover of N$17 750 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2020. Subject to prior approval. The benefit is inclusive of wheelchair repair and maintenance.

4.8. ARTIFICIAL LIMBS

Subject to overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum cover of N$36 750 per beneficiary every 2 years, the first such two-year period commencing on 01 January 2022. Subject to prior approval.

4.9. ARTIFICIAL EYES

Subject to overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum cover of N$17 250 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2020. Subject to prior approval.

4.10. HEARING AID APPARATUS

Subject to overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum of N$35 000 per family every 3 years, the first such three-year period commencing on 01 January 2020. The BENEFITS include the supply, repair and maintenance of hearing aid apparatus. Subject to prior approval.

4.11. APPLIANCES (EXTERNAL)

Subject to overall annual benefit set out in paragraph 1 and further limited to N$5 150 family per annum. Limited to 80% of the cost of any external medical and surgical appliance, other than hearing aid apparatus. Subject to Managed Health Care guidelines.

4.12. MEDICAL DEVICES FOR DIABETES MANAGEMENT

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

4.12.1 Insulin Pumps

Subject to annual sub-benefit limit in paragraph 4.12 and further limited to N$40 000 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2019.

4.12.1 Other Devices (Glucose Monitoring System/Glucose Reader)

Subject to annual sub-benefit limit in paragraph 4.12 and further limited to N$20 000 per Beneficiary per annum.

4.12.2 Diabetes Related Consumables

Subject to annual sub-benefit limit in paragraph 4.12 and further limited to N$36 000 per Beneficiary per annum.

4.13. SPECIFIED ILLNESS CONDITIONS

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

M: N$36 100

M+1+: N$72 200

4.13.1 HIV/AIDS

Subject to annual sub-benefit limit in paragraph 4.13 and further limited to N$36 100 per beneficiary per annum. Limited to 100% of the Scale of Benefits.

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

4.13.1.1 Medicine

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

4.13.1.2 First full HIV Consultation/Assessment

Subject to annual sub-benefit limit in paragraph 4.13.1. Limited to N$480 per consultation per HIV/Aids beneficiary. Once off benefit.

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

Subject to annual sub-benefit limit in paragraph 4.13.1 Limited to six consultations per HIV/Aids beneficiary per annum and further limited to N$440 per consultation. (GP's only)

4.13.1.4 HIV Counselling

Subject to annual sub-benefit limit in paragraph 4.13.1 and further limited to N$1 300 per HIV/Aids beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

4.13.1.5 Pathology Tests

Subject to annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS and further limited to N$7 800 per beneficiary per annum.

4.13.1.6 HIV Resistance Test

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

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

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

4.13.8 POST-EXPOSURE PROPHYLAXIS (PEP)

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

4.13.9 PRE-EXPOSURE PROPHYLAXIS (PrEP)

Subject to annual sub-benefit limit in paragraph 4.12.1. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval and as per National Guidelines.

4.14. BENEFIT BOOSTER

Subject to annual sub-benefit limit in paragraph 4.

Limited to N$6 270 per family per annum and further limited to N$3 400 per beneficiary per annum.

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

4.14.1 MEDICINE AND INJECTIONS (ACUTE AND CHRONIC)

Subject to annual sub-benefit limit in paragraph 4.14.

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

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

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

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

Benefit Booster excludes Self-Medication.

4.14.2 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to annual sub-benefit limit in paragraph 4.14. Limited to 80% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.1.1, 4.1.2, 4.1.3 and 4.1.4.

4.14.3 PRIMARY HEALTH CARE

Subject to annual sub-benefit limit in paragraph 4.14. Limited to 80% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.5.1 and 4.5.2.

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

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

4.14.5 AUXILIARY SERVICES

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

ANNEXURE B7: BENEFITS PAYABLE UNDER THE DIAMOND BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

Unlimited benefit

2. PRO-RATA BENEFITS

2.1. If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS for all SERVICES set out in paragraphs 3.15.2 3.15.3, and 4 (other than in paragraph 4.4), are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.

2.2. Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. In such event, the provisions paragraph 2.1 shall apply mutatis mutandis. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: HOSPITALISATION BENEFIT

Subject to overall annual benefit set out in paragraph 1.

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND If not pre-authorised by the Fund, No BENEFIT will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional Hospital Benefit cover for General Practitioners and Medical Specialists and Anaesthetics are paid to a maximum of 225% of NAMAF Tariff.

3.1. HOSPITALISATION

3.1.1 ACCOMMODATION AND THEATRE

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

- Accommodation in a general ward and accommodation in a private ward as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice, the difference between a general ward and a private ward will be subject to N$15 300 per beneficiary and further limited to N$29 900 per family per annum,
- The additional fee for medical patients,
- The additional fee for thorax, neurosurgical and neurological patients,
- The use of a recovery room,
- Theatre fees, including the use of a theatre after hours and for the use of registered detached theatres.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

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

3.1.3 BLOOD TRANSFUSIONS

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

3.1.4 INTENSIVE AND HIGH CARE

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

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TT0) MEDICINE)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of disinfectants, medicine (including 7 days supply of hospital To Take Out (TTO) medicine),

injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN HOSPITAL)

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

3.1.7 PHYSIOTHERAPY AND BIOKINETICS

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

3.1.7.1 Physiotherapy and Biokinetics (In-hospital Rehabilitation)

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

3.1.7.2 Physiotherapy and Biokinetics (Post Rehabililtation)

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

3.2. SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT OF HOSPITAL)

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

3.2.1 MRI AND CT SCANS

Subject to annual sub-benefit limit in paragraph 3.2 and a further maximum annual sub-benefit limit of N$43 650 per family.

3.2.2 NUCLEAR MEDICINE

Subject to annual sub-benefit limit in paragraph 3.2.

3.3. GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 130% of the SCALE OF BENEFITS limited to a maximum of 225% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in and out of hospital) and for radiology and pathology (in hospital).

3.4. INTERNAL APPLIANCES AND MATERIALS

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

3.5. DIALYSIS

Subject to overall annual benefit set out in paragraph 1. Limited to 130% of the SCALE OF BENEFITS. BENEFITS include all cost relating to Dialysis treatment and procedure. Subject to Case Management and Managed Health Care Guidelines.

3.6. ONCOLOGY

Subject to overall annual benefit set out in paragraph 1 and further limited to N$900 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.6.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

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

3.6.2 MRI/CT SCANS AND OTHER SPECIALISED RADIOLOGY PROCEDURES IN AND OUT-OF- HOSPITAL

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

3.6.3 RADIATION ONCOLOGY

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

3.6.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)

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

3.6.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL

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

3.7. ORGAN TRANSPLANT

Subject to overall annual benefit set out in paragraph 1 and Limited to 130% of the SCALE OF BENEFITS. BENEFITS include all costs relating to the supply and transportation of the organ, surgically related services, procedures, medical practitioner's fees, anaesthetic services, materials, immunosuppressants drugs, HOSPITALISATION and medical services rendered to the organ donor but subject to the following conditions:

3.7.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.

3.7.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.

3.7.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

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

3.8. REFRACTIVE SURGERY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1. Limited to N$36 100 per family per annum and further limited to N$30 400 per beneficiary once off. Limited to 130% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval and Managed Health Care Guidelines.

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

3.9. RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

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

3.9.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 3.9 and further limited to N$16 900 family per annum. Limited to 130% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.9.2 HOSPITALISATION

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

3.10. PRIVATE NURSING

Subject to overall annual benefit set out in paragraph 1 and further limited to N$54 600 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.11. FRAIL CARE/ HOSPICE

Subject to overall annual benefit set out in paragraph 1 and further limited to 3.10. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.12. PSYCHIATRIC TREATMENT

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

3.12.1 CONSULTATION AND PROCEDURE

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

3.12.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.12 for psychiatric treatment HOSPITALISATION and

further limited to N$32 750 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.13. ALCOHOLISM/DRUG ADDITION

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

3.14. SPECIALISED DENTAL SURGERY - HOSPITALISATION

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

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

Subject to annual sub-benefit limit in paragraph 3.14 and further limited to N$158 750 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases.

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

Subject to annual sub-benefit limit in paragraph 3.14. Limited to N$22 750 per family per annum for Other/ Elective Maxillo-Facial and Oral Surgery HOSPITALISATION.

3.14.3 DENTAL IMPLANTS - HOSPITALISATION

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

3.14.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

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

3.15. MATERNITY

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

3.15.1 CONFINEMENTS

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

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

Subject to pre-authorization by the Fund.

3.15.2 ANTE-NATAL CONSULTATION

Subject to annual sub-benefit limit in paragraph 3.15 and further limited to 12 consultations per beneficiary. Limited to 130% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.15.3 ANTE-NATAL/POST-NATAL CLASSESS AND EDUCATION

Subject to annual sub-benefit limit in paragraph 3.15 and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 130% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.15.4 SONAR SCANS

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

3.15.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

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

3.15.6 MIDWIFERY SERVICE

Subject to annual sub-benefit limit in paragraph 3.15. Limited to 130% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

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

Subject to overall annual benefit set out in paragraph 1 and further limited to N$6 500 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

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

3.17. STOMALTHERAPY (ALL-INCLUSIVE)

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

3.18. AMBULANCE AND EVACUATION SERVICES

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

3.18.1 EMERGENCY AMBULANCE AND FLIGHTS

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

3.18.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to annual sub-benefit limit in paragraph 3.18.Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.18.3 OTHER TRANSPORT

Subject to annual sub-benefit limit in paragraph 3.18 and further limited to N$10 150 per family per annum. Limited to 80% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.19. INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N$10 000 000 per incident.

Medical cover when travelling to foreign countries. Further limited to 90 days cover.

4. CATEGORY B: DAY-TO-DAY BENEFITS

Subject to overall annual benefit set out in paragraph 1.

4.1. GENERAL PRACTITIONERS AND SPECIALISTS

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

M: N$18 450

M+1: N$21 600

M+2: N$23 400

M+3: N$23 900

M+4: N$24 150

M+5+: N$24 400

4.1.1 SERVICES AND PROCEDURES

Subject to annual sub-benefit limit in paragraph 4.1. Limited to 130% of the SCALE OF BENEFITS for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS and OPERATIONS performed outside of hospital.

4.1.2 MATERIALS AND DISPOSABLE ITEMS

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

4.1.3 RADIOLOGY AND PATHOLOGY

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

4.1.4 MRI AND CT SCANS

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

4.2. DENTISTRY

Subject to annual sub-benefit limit in paragraph 4.

4.2.1 CONSERVATIVE & SPECIALISED DENTISTRY

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

M: N$18 050

M+1: N$21 350

M+2: N$22 600

M+3: N$23 100

M+4: N$23 650

M+5+: N$24 150

Limited to N$18 050 per beneficiary per annum.

Limited to 130% of the SCALE OF BENEFITS for conservative/basic dentistry procedures, specialised/advanced dentistry procedures including the dental technician and Dental Therapy services.

4.2.2 DENTAL IMPLANTS (IN AND OUT OF HOSPITAL)

Subject to annual sub-benefit limit in paragraph 4.2. The available BENEFITS are for either procedures done in-hospital or in-practice (out-of-hospital) but not for both.

4.2.2.1 In-hospital

Subject to annual sub-benefit limit in paragraph 4.2.2. Limited to maximum annual sub-benefit limits of N$26 750 per family and further limited to N$18 850 per beneficiary. Limited to 130% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Limited to N$3 800 per implant component. Subject to pre-authorisation.

4.2.2.2 In-Practice

Subject to annual sub-benefit limit in paragraph 4.2.2. Limited to maximum annual sub-benefit limits of N$44 200 per family and further limited to N$32 500 per beneficiary. Limited to 150% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Limited to N$3 800 per implant component. Subject to pre-authorisation.

4.2.3 ORTHODONTICS

Subject to annual sub-benefit limit in paragraph 4.2 and further limited to N$26 750 per beneficiary once off. Limited to 100% of costs. Subject to prior approval and Managed Health Care Guidelines.

4.2.4 MAXILLO-FACIAL AND ORAL SURGERY

Subject to annual sub-benefit limit in paragraph 4.2. The available BENEFITS are for either procedures done in-hospital or in-practice (out-of-hospital) but not for both.

4.2.4.1 In-hospital

Subject to annual sub-benefit limit in paragraph 4.2.4 and a further maximum annual sub-benefit limits:

M: N$7 000

M+1: N$8 050

M+2: N$8 550

M+3: N$9 100

M+4: N$9 600

M+5+: N$10 100

Limited to N$7 000 per beneficiary per annum.

Limited to 130% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Subject to pre-authorisation.

4.2.4.2 In-Practice

Subject to annual sub-benefit limit in paragraph 4.2.4 and a further maximum annual sub-benefit limits:

M: N$11 150

M+1: N$12 750

M+2: N$13 500

M+3: N$14 300

M+4: N$15 050

M+5+: N$15 600

Limited to N$11 150 per beneficiary per annum.

Limited to 130% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Subject to pre-authorisation.

4.3. MEDICINES AND INJECTIONS

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

M: N$36 450

M+1: N$58 720

M+2: N$61 020

M+3: N$62 170

M+4: N$63 320

M+5+: N$64 220

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

4.3.1 ACUTE MEDICINE

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

M: N$9 700

M+1: N$15 650

M+2: N$17 150

M+3: N$17 650

M+4: N$18 150

M+5+: N$18 400

Limited to N$9 700 per beneficiary per annum.

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

Limited to 80% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a General Practitioner, Specialist, Dentist or any legally authorised person other than paragraph 4.6.

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

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

4.3.2 CHRONIC MEDICINE

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

M: N$24 850

M+1: N$41 000

M+2: N$41 650

M+3: N$42 150

M+4: N$42 650

M+5+: N$43 150

4.3.2.1 MEMBERS Aged 65 and Below

Limited to 80% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed by any legally authorised person for longer than 3 months for the treatment of a chronic conditions listed in Annexure D and dispensed by a Pharmacist.

Limited to 80% of the SCALE OF BENEFITS for chronic (i.e. life sustaining or repetitive) medicine and injections prescribed and dispensed for longer than 3 months for the treatment of a chronic conditions listed in Annexure D by a General Practitioner, Specialist, Dentist or any

legally authorised person other than paragraph 4.6.

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

4.3.2.2 Members Aged 66 and Above

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

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

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

4.3.3 SELF MEDICATION

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

M: N$1 900

M+1: N$2 070

M+2: N$2 220

M+3: N$2 370

M+4: N$2 520

M+5+: N$2 670

Limited to N$230 per claim per beneficiary per day. BENEFITS will be paid at 100% of the SCALE OF BENEFITS.

4.3.4 ESSENTIAL VACCINATION/IMMUNISATION

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

4.4. OPTICAL SERVICES

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

M: N$6 200

M+1: N$12 400

M+2: N$12 700

M+3: N$12 950

M+4: N$13 200

M+5+: N$13 450

Limited to N$6 200 per beneficiary every two years, including frames, the first such two-year period commencing on 01 January 2021.

4.4.1 OPTICAL TESTS

Subject to annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS for optical tests

4.4.2 SPECTACLES AND LENSES

Subject to annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS for spectacles and contact lenses.

4.4.3 READERS SPECTACLES

Subject to annual sub-benefit limit in paragraph 4.5. BENEFITS will be paid at 100% of cost subject to a maximum of N$105 per family per annum. MEMBERS are required to first personally settle any account in respect of Reader Spectacles and must submit a detailed certified account to the FUND in order to qualify for a refund.

4.4.4 FRAMES

Subject to annual sub-benefit limit in paragraph 4.5. BENEFITS will be paid at 100% of cost subject to a maximum of N$2 250 per frame.

4.5. PRIMARY HEALTH CARE SERVICES

Subject to annual sub-benefit limit in paragraph 4.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

M: N$1 500

M+1: N$1 750

M+2: N$2 000

M+3: N$2 200

M+4: N$2 400

M+5+: N$2 600

Subject to annual sub-benefit 4.5 and further limited to N$1 500 per beneficiary per annum.

4.5.1 CONSULTATIONS AND PROCEDURES

Subject to annual sub-benefit limit in paragraph 4.1. Limited to 130% of the SCALE OF BENEFITS for visits, consultations, treatment and non-surgical procedures.

4.5.2 MEDICINE & INJECTIONS

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

Subject to annual sub-benefit limit in paragraph 4.3.1. Limited to 100% of the SCALE OF BENEFITS for medicine and injections prescribed by any legally authorised person, including hospital TTO medicine.

4.6. AUXILIARY SERVICES

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

M: N$20 500

M+1: N$29 500

M+2: N$35 350

M+3: N$36 100

M+4: N$36 600

M+5+: N$37 100

Limited to N$20 500 per beneficiary per annum.

4.6.1 ART THERAPY

Subject to annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.2 AUDIOLOGY AND SPEECH THERAPY

Subject to annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.3 BIOKINETICS

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N$10 000 per beneficiary. Limited to 130% of the SCALE OF BENEFITS.

4.6.4 CHINESE MEDICINE

NO BENEFITS shall be paid.

4.6.5 CHIROPRACTOR

4.6.5.1 Consultations and Procedures

Subject to annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS for visits, consultations, treatment and procedures.

4.6.5.2 Medicine

Subject to annual sub-benefit limit in paragraph 4.3.1. BENEFITS in respect of prescribed medicine will be granted only for one month's supply thereof at a time. Limited to 80% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a chiropractor.

4.6.6 CLINICAL PSYCHOLOGY/PSYCHOLOGICAL COUNSELLOR

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N$10 000 per beneficiary.

Limited to 130% of the SCALE OF BENEFITS.

4.6.7 CLINICAL TECHNOLOGY

Subject to annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.8 DIETICIAN

Subject to annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.9 HEARING AID ACOUSTICIAN

Subject to annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.10 HOMEOPATHY/NATUROPATHY/PHYTOTHERAPY/

4.6.10.1 Consultations and Procedures

Subject to annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS for visits, consultations, treatment and procedures.

4.6.10.2 Medicine

Subject to annual sub-benefit limit in paragraph 4.3.1. BENEFITS in respect of prescribed medicine will be granted only for one month's supply thereof at a time. Limited to 80% of the SCALE OF BENEFITS for medicine prescribed and dispensed by a homeopath, naturopath, phytotherapist or osteopath.

4.6.11 OCCUPATIONAL THERAPY

Subject to annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.12 ORTHOTIST/PROSTHETIST

Subject to annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.13 PHYSIOTHERAPY

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N$10 000 per beneficiary. Limited to 130% of the SCALE OF BENEFITS.

4.6.14 PODIATRY/CHIROPODY

Subject to annual sub-benefit limit in paragraph 4.6. Limited to 130% of the SCALE OF BENEFITS.

4.6.15 SOCIAL WORKERS

Subject to annual sub-benefit limit in paragraph 4.6 and further limited to N$10 000 per beneficiary. Limited to 130% of the SCALE OF BENEFITS.

4.7. WHEELCHAIR

Subject to overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum cover of N$17 750 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2020. Subject to prior approval. The benefit is inclusive of wheelchair repair and maintenance.

4.8. ARTIFICIAL LIMBS

Subject to overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum cover of N$36 750 per beneficiary every 2 years, the first such two-year period commencing on 01 January 2022. Subject to prior approval.

4.9. ARTIFICIAL EYES

Subject to overall annual benefit set out in paragraph 1 and further limited to 100% of cost with maximum cover of N$17 250 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2020. Subject to prior approval.

4.10. HEARING AID APPARATUS

Subject to overall annual benefit set out in paragraph 1 and further limited to 100% of cost with a maximum of N$41 500 per family every 3 years, the first such three-year period commencing on 01 January 2020. The BENEFITS include the supply, repair and maintenance of hearing aid apparatus. Subject to prior approval.

4.11. APPLIANCES (EXTERNAL)

Subject to overall annual benefit set out in paragraph 1 and further limited to N$6 250 family per annum. Limited to 80% of the cost of any external medical and surgical appliance, other than hearing aid apparatus. Subject to Managed Health Care guidelines.

4.12. MEDICAL DEVICES FOR DIABETES MANAGEMENT

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

4.12.1 Insulin Pumps

Subject to annual sub-benefit limit in paragraph 4.12 and further limited to N$42 500 per Beneficiary every 4 years, the first such four-year period commencing on 01 January 2019.

4.12.2 Other Devices (Glucose Monitoring System/Glucose Reader)

Subject to annual sub-benefit limit in paragraph 4.12 and further limited to N$21 500 per Beneficiary per annum.

4.12.3 Diabetes Related Consumables

Subject to annual sub-benefit limit in paragraph 4.12 and further limited to N$39 500 Beneficiary per annum.

4.13. SPECIFIED ILLNESS CONDITIONS

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

M: N$36 100

M+1+: N$72 200

4.13.1 HIV/AIDS

Subject to annual sub-benefit limit in paragraph 4.13 and further limited to N$36 100 per beneficiary per annum. Limited to 100% of the Scale of Benefits.

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

4.13.1.1 Medicine

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

4.13.1.2 First full HIV Consultation/Assessment

Subject to annual sub-benefit limit in paragraph 4.13.1. Limited to 130% of the SCALE OF BENEFITS per consultation per HIV/Aids beneficiary. Once off benefit.

4.13.1.3 Consultations (after the first HIV consultation/assessment)

Subject to annual sub-benefit limit in paragraph 4.13.1 Limited to six consultations per HIV/Aids beneficiary per annum and further limited to 130% of the SCALE OF BENEFITS. (GP's only)

4.13.1.4 HIV Counselling

Subject to annual sub-benefit limit in paragraph 4.13.1 and further limited to N$1 300 per HIV/Aids beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS.

4.13.1.5 Pathology Tests

Subject to annual sub-benefit limit in paragraph 4.13.1. Limited to 100% of the SCALE OF BENEFITS and further limited to N$7 800 per beneficiary per annum.

4.13.1.6 HIV Resistance Test

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

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

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

4.13.3 POST-EXPOSURE PROPHYLAXIS (PEP)

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

4.13.4 PRE-EXPOSURE PROPHYLAXIS (PrEP)

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

4.14. BENEFIT BOOSTER

Subject to annual sub-benefit limit in paragraph 4.

Limited to N$7 400 per family per annum and further limited to N$4 250 per beneficiary per annum.

The Benefit Booster in respect of medicine and injections, general practitioners and specialists out-of-hospital including casualties, primary health care, dentistry and auxiliary services benefits is applicable only once the annual sub-benefit limit in paragraphs 4.1 (excluding 4.1.5), 4.2 (excluding 4.2.3 and 4.2.4), 4.3 (excluding 4.4.3), 4.5 and 4.6 are depleted.

4.14.1 MEDICINE AND INJECTIONS (ACUTE AND CHRONIC)

Subject to annual sub-benefit limit in paragraph 4.14.

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

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

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

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

Benefit Booster excludes Self-Medication.

4.14.2 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to annual sub-benefit limit in paragraph 4.14. Limited to 80% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.1.1, 4.1.2, 4.1.3 and 4.1.4.

4.14.3 PRIMARY HEALTH CARE

Subject to annual sub-benefit limit in paragraph 4.14. Limited to 80% of the SCALE OF BENEFITS for BENEFITS as set out in paragraphs 4.5.1 and 4.5.2.

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

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

4.14.5 AUXILIARY SERVICES

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

ANNEXURE B8: BENEFITS PAYABLE UNDER THE EMERALD BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

N$1 081 600 per beneficiary

N$1 622 400 per family

2. PRO RATA BENEFITS

2.1. If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS set out in paragraphs 3.17.2 3.17.3and 4, are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.

2.2. Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: BENEFITS FOR MAJOR MEDICAL EXPENSES (Paid from Core Contribution)

Subject to overall annual benefit set out in paragraph 1.

3.1. HOSPITALISATION

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised, no BENEFITS will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional in-Hospital Benefit Cover for General Practitioners and Medical Specialists and Anaesthetics are paid to a maximum of 225% of NAMAF tariff.

3.1.1 ACCOMMODATION AND THEATRE

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

- Accommodation in a general ward but excluding casualties and accommodation in a private ward but excluding casualties as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice the difference between a general ward and a private ward will be subject to N$7 500 per beneficiary and further limited to N$16 500 per family per annum,
- The additional fee for medical patients,
- The additional fee for thorax, neurosurgical and neurological patients,
- The use of a recovery room,
- Theatre fees, including the use of a theatre after hours and for the use of registered detached theatres.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

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

3.1.3 BLOOD TRANSFUSIONS

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

3.1.4 INTENSIVE AND HIGH CARE

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

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TT0) MEDICINE)

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

the cost of disinfectants, medicine (including 7 days' supply of hospital To Take Out (TTO) medicine), injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN HOSPITAL)

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

3.1.7 PHYSIOTHERAPY AND BIOKINETICS

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

3.1.7.1 Physiotherapy and Biokinetics (In-hospital Rehabilitation)

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

3.1.7.2 Physiotherapy and Biokinetics (Post Rehabililtation)

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

3.2. SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT 0F HOSPITAL)

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

3.2.1 MRI AND CT SCANS (IN AND OUT OF HOSPITAL)

Subject to annual sub-benefit limit in paragraph 3.2 and a further maximum annual sub-benefit limit of N$30 000 per family.

3.2.2 NUCLEAR MEDICINE

Subject to annual sub-benefit limit in paragraph 3.2.

3.3. GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 225% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in and out of hospital) and for radiology and pathology (in hospital).

3.4. MEDICAL & SURGICAL APPLIANCES (EXTERNAL)

No BENEFITS shall be paid.

3.5. INTERNAL APPLIANCES AND MATERIALS

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

3.6. DIALYSIS

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

3.7. ONCOLOGY

Subject to overall annual benefit set out in paragraph 1 and further limited to N$600 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.7.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

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

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

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

3.7.3 RADIATION ONCOLOGY

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

3.7.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)

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

3.7.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL

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

3.8. ORGAN TRANSPLANT

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

3.8.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.

3.8.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.

3.8.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

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

3.9. REFRACTIVE SURGERY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1. Limited to N$7 250 per family per annum and further limited to N$6 200 per beneficiary once off. Limited to 100% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval and Managed Health Care Guidelines.

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

3.10. RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

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

3.10.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 3.10 and further limited to N$6 750 per family per annum. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.10.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.10. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to HOSPITALISATION.

3.11. PRIVATE NURSING

Subject to overall annual benefit set out in paragraph 1 and further limited to N$21 750 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.12. FRAIL CARE/HOSPICE

Subject to overall annual benefit set out in paragraph 1 and further limited to 3.11. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.13. PSYCHIATRIC TREATMENT

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

3.13.1 CONSULTATION AND PROCEDURE

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

BENEFITS include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.13.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.12 for psychiatric treatment HOSPITALISATION and further limited to N$32 750 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.14. ALCOHOLISM/DRUG ADDITION

Subject to annual sub-benefit limit in paragraph 3.12, 3.13.1 and 3.13.2. Limited to 100% of the SCALE OF BENEFITS.

3.15. MEDICATION & INJECTIONS – CHRONIC

No BENEFITS shall be paid.

3.16. SPECIALISED DENTAL SURGERY (ALL-INCLUSIVE)

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

3.16.1 MAXILLO-FACIAL AND ORAL SURGERY (TRAUMA/NON-ELECTIVE) ALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.16 and further limited to N$92 500 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine and HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases and is subject to strict Managed Health Care guidelines.

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

Subject to annual sub-benefit limit in paragraph 3.16 Limited to N$14 000 per family per annum for other/ Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.16.3 DENTAL IMPLANTS - HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.16.2 for Dental Implant HOSPITALISATION.

3.16.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

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

3.17. MATERNITY

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

3.17.1 CONFINEMENTS

Subject to annual sub-benefit limit in paragraph 3.17. BENEFITS as set out in paragraphs 3.1, 3.3 and 3.17 hereof: provided that:

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

Subject to pre-authorisation by the Fund.

3.17.2 ANTE-NATAL CONSULTATION

Subject to annual sub-benefit limit in paragraph 3.17 and further limited to 12 consultations per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.3 ANTE-NATAL/POST-NATAL CLASSESS AND EDUCATION

Subject to annual sub-benefit limit in paragraph 3.17 and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 130% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.17.4 SONAR SCANS

Subject to annual sub-benefit limit in paragraph 3.17 and further limited to 3 scans per beneficiary per pregnancy. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.6 MIDWIFERY SERVICE

Subject to annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.18. INSERTION OF MIRENA INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1 and further limited to N$6 500 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

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

3.19. STOMALTHERAPY (ALL-INCLUSIVE)

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

3.20. AMBULANCE AND EVACUATION SERVICES

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

3.20.7 EMERGENCY AMBULANCE AND FLIGHTS

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

3.20.8 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to annual sub-benefit limit in paragraph 3.18. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20.9 OTHER TRANSPORT

Subject to annual sub-benefit limit in paragraph 3.18 and further limited to N$10 150 per family per annum. Limited to 80% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.21. INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N$10 000 000 per incident.

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

ANNEXURE B9: BENEFITS PAYABLE UNDER THE EMERALD PLUS BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

N$1 081 600 per beneficiary

N$1 622 400 per family

2. PRO RATA BENEFITS

2.1. If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS set out in paragraphs 3.17.2, 3.17.3, and 4, are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.

2.2. Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: BENEFITS FOR MAJOR MEDICAL EXPENSES (Paid from Core Contribution)

Subject to overall annual benefit set out in paragraph 1.

3.1. HOSPITALISATION

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised, no BENEFITS will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional in-Hospital Benefit Cover for General Practitioners and Medical Specialists and Anaesthetics are paid to a maximum of 225% of NAMAF tariff.

3.1.1 ACCOMMODATION AND THEATRE

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

- Accommodation in a general ward but excluding casualties and accommodation in a private ward but excluding casualties as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice the difference between a general ward and a private ward will be subject to N$7 500 per beneficiary and further limited to N$16 500 per family per annum,
- The additional fee for medical patients,
- The additional fee for thorax, neurosurgical and neurological patients,
- The use of a recovery room,
- Theatre fees, including the use of a theatre after hours and for the use of registered detached theatres.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

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

3.1.3 BLOOD TRANSFUSIONS

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

3.1.4 INTENSIVE AND HIGH CARE

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

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TT0) MEDICINE)

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

the cost of disinfectants, medicine (including 7 days' supply of hospital To Take Out (TTO) medicine), injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN HOSPITAL)

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

3.1.7 PHYSIOTHERAPY AND BIOKINETICS

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

3.1.7.1 Physiotherapy and Biokinetics (In-hospital Rehabilitation)

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

3.1.7.2 Physiotherapy and Biokinetics (Post Rehabililtation)

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

3.2. SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT 0F HOSPITAL)

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

3.2.1 MRI AND CT SCANS (IN AND OUT OF HOSPITAL)

Subject to annual sub-benefit limit in paragraph 3.2 and a further maximum annual sub-benefit limit of N$30 000 per family.

3.2.2 NUCLEAR MEDICINE

Subject to annual sub-benefit limit in paragraph 3.2.

3.3. GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 225% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in and out of hospital) and for radiology and pathology (in hospital).

3.4. MEDICAL & SURGICAL APPLIANCES (EXTERNAL)

No BENEFITS shall be paid.

3.5. INTERNAL APPLIANCES AND MATERIALS

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

3.6. DIALYSIS

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

3.7. ONCOLOGY

Subject to overall annual benefit set out in paragraph 1 and further limited to N$600 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.7.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

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

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

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

3.7.3 RADIATION ONCOLOGY

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

3.7.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)

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

3.7.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL

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

3.8. ORGAN TRANSPLANT

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

3.8.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.

3.8.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.

3.8.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

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

3.9. REFRACTIVE SURGERY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1. Limited to N$7 500 per family per annum and further limited to N$6 200 per beneficiary once off. Limited to 100% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval and Managed Health Care Guidelines.

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

3.10. RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

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

3.10.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 3.10 and further limited to N$6 750 per family per annum. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.10.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.10. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to HOSPITALISATION.

3.11. PRIVATE NURSING

Subject to overall annual benefit set out in paragraph 1 and further limited to N$21 750 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.12. FRAIL CARE/HOSPICE

Subject to overall annual benefit set out in paragraph 1 and further limited to 3.11. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.13. PSYCHIATRIC TREATMENT

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

3.13.1 CONSULTATION AND PROCEDURE

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

BENEFITS include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.13.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.12 for psychiatric treatment HOSPITALISATION and further limited to N$32 750 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.14. ALCOHOLISM/DRUG ADDITION

Subject to annual sub-benefit limit in paragraph 3.12, 3.13.1 and 3.13.2. Limited to 100% of the SCALE OF BENEFITS.

3.15. MEDICATION & INJECTIONS – CHRONIC

No BENEFITS shall be paid.

3.16. SPECIALISED DENTAL SURGERY (ALL-INCLUSIVE)

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

3.16.1 MAXILLO-FACIAL AND ORAL SURGERY (TRAUMA/NON-ELECTIVE) ALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.16 and further limited to N$92 500 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine and HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases and is subject to strict Managed Health Care guidelines.

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

Subject to annual sub-benefit limit in paragraph 3.16 Limited to N$14 000 per family per annum for other/Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.16.3 DENTAL IMPLANTS - HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.16.2 for Dental Implant HOSPITALISATION.

3.16.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

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

3.17. MATERNITY

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

3.17.1 CONFINEMENTS

Subject to annual sub-benefit limit in paragraph 3.17. BENEFITS as set out in paragraphs 3.1, 3.3 and 3.17 hereof: provided that:

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

Subject to pre-authorisation by the Fund.

3.17.2 ANTE-NATAL CONSULTATION

Subject to annual sub-benefit limit in paragraph 3.17 and further limited to 12 consultations per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.3 ANTE-NATAL/POST-NATAL CLASSESS AND EDUCATION

Subject to annual sub-benefit limit in paragraph 3.17 and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 130% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.17.4 SONAR SCANS

Subject to annual sub-benefit limit in paragraph 3.17 and further limited to 2 scans per beneficiary per pregnancy. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.6 MIDWIFERY SERVICE

Subject to annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.18. INSERTION OF MIRENA INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1 and further limited to N$6 500 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

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

3.19. STOMALTHERAPY (ALL-INCLUSIVE)

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

3.20. AMBULANCE AND EVACUATION SERVICES

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

3.20.1 EMERGENCY AMBULANCE AND FLIGHTS

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

3.20.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to annual sub-benefit limit in paragraph 3.18. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20.3 OTHER TRANSPORT

Subject to annual sub-benefit limit in paragraph 3.18 and further limited to N$10 150 per family per annum. Limited to 80% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.21. INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N$10 000 000 per incident.

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

4. CATEGORY B: EMERALD PLUS DAY-TO-DAY BACK-UP BENEFIT (OUT-OF-HOSPITAL)

Subject to overall annual benefit set out in paragraph 1 and further limited to:

Member Only	N$6 300
Member + Adult	N$10 700
Member + Child	N$7 550
Member + Adult+ Child	N$11 950
Each additional Child	N$1 250

Ninety-five percent (95%) of unused Day-to-Day Back-Up benefit will be carried over to the following financial year effective 01 January 2023. If a member uses less than the full benefit, then 95% of the unused benefit will be accumulated over to the next year.

The unused benefit will be forfeited and cannot be paid back to the MEMBERS upon the PRINCIPAL MEMBER's resignation from the FUND, or the PRINCIPAL MEMBER's death or the PRINCIPAL MEMBER's migration to Traditional option.

The total amount is available for the family and is not limited per beneficiary.

4.1. GENERAL PRACTITIONERS AND SPECIALISTS (OUT OF HOSPITAL INCLUDING CASUALTIES)

Subject to annual sub-benefit limit in paragraph 4.

4.1.1 CONSULTATIONS/VISITS

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

4.1.2 PROCEDURES/SERVICES

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

4.1.3 MATERIALS AND DISPOSABLE ITEMS

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

4.1.4 RADIOLOGY AND PATHOLOGY

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

4.2. DENTISTRY

Subject to annual sub-benefit limit in paragraph 4.

4.2.1 CONSERVATIVE AND SPECIALISED DENTISTRY (INCLUDING DENTAL THERAPY)

Subject annual sub-benefit limit in paragraph 4.2. Limited to 100% of the SCALE OF BENEFITS.

4.2.2 DENTAL IMPLANTS (IN-HOSPITAL AND IN-PRACTICE)

Subject annual sub-benefit limit in paragraph 4.2. Limited to 100% of the SCALE OF BENEFITS.

4.2.3 ORTHODONTICS

Subject annual sub-benefit limit in paragraph 4.2. Limited to 100% of the SCALE OF BENEFITS.

4.2.4 MAXILLO-FACIAL AND ORAL SURGERY (IN-HOSPITAL AND IN-PRACTICE)

Subject annual sub-benefit limit in paragraph 4.2. Limited to 100% of the SCALE OF BENEFITS.

4.3. MEDICINE AND INJECTIONS

Subject to annual sub-benefit limit in paragraph 4.

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

4.3.1 ACUTE MEDICINE & INJECTIONS

Subject annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS for medicine prescribed and/or dispensed by any legally authorised person.

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

4.3.2 CHRONIC MEDICINE & INJECTIONS

Subject annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS for medicine prescribed and/or dispensed by any legally authorised person.

4.3.3 ESSENTIAL VACCINATION/IMMUNISATION

Subject annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS.

4.3.4 SELF MEDICATION

Subject annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS.

4.4. PRIMARY HEALTH CARE SERVICES

Subject to annual sub-benefit limit in paragraph 4.

4.4.1 CONSULTATIONS AND PROCEDURES

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

4.4.2 MEDICINE AND INJECTIONS

Subject annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

4.5. AUXILIARY SERVICES (SUPPLEMENTARY SERVICES)

Subject to annual sub-benefit limit in paragraph 4.

4.5.1 ART THERAPY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.2 AUDIOLOGY/SPEECH THERAPY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.3 BIOKINETICIST

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.4 CHINESE MEDICINE

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.5 CHIROPRACTOR

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.6 CLINICAL PSYCHOLOGY/PSYCHOLOGICAL COUNSELLOR

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.7 CLINICAL TECHNOLOGY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.8 DIETICIAN

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.9 HEARING AID ACOUSTICIAN

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.10 HOMEOPATHY/NATUROPATHY/PHYTOTHERAPY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.11 OCCUPATIONAL THERAPY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.12 ORTHOTIST/PROSTHETIST

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.13 PHYSIOTHERAPY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.14 PODIATRY/CHIROPODY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.15 SOCIAL WORKER

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.6. MEDICAL AND SURGICAL APPLIANCES (EXTERNAL)

Subject annual sub-benefit limit in paragraph 4. Limited to 100% of the cost.

4.7. OPTICAL

Subject annual sub-benefit limit in paragraph 4.

4.7.1 OPTICAL TESTS

Subject annual sub-benefit limit in paragraph 4.7. Limited to 100% of the SCALE OF BENEFITS.

4.7.2 SPECTACLES AND LENSES

Subject annual sub-benefit limit in paragraph 4.7. Limited to 100% of the SCALE OF BENEFITS.

4.7.3 FRAME

Subject annual sub-benefit limit in paragraph 4.7. BENEFITS will be paid at 100% of cost.

4.7.4 READER SPECTACLES

Subject annual sub-benefit limit in paragraph 4.7. BENEFITS will be paid at 100% of cost

4.8. SPECIFIED ILLNESS CONDITIONS

Subject annual sub-benefit limit in paragraph 4.

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

4.8.1 HIV/AIDS

4.8.1.2 Medicine

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS. Paid at Maximum Namibia Medicine Price on generics.

4.8.1.3 First full HIV Consultation/Assessment

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

4.8.1.4 Consultations (After the first full HIV consultation/assessment)

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

4.8.1.5 HIV Counselling

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

4.8.1.6 Pathology Tests

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

4.8.1.7 HIV Resistance Test

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

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

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

4.8.3 POST-EXPOSURE PROPHYLAXIS (PEP)

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

4.8.4 PRE-EXPOSURE PROPHYLAXIS (PrEP)

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

ANNEXURE B10: BENEFITS PAYABLE UNDER THE AMBER BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

Unlimited benefit

2. PRO-RATA BENEFITS

2.1. If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS set out in paragraphs 3.17.2, 3.17.3 and 4 are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.

2.2. Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: BENEFITS FOR MAJOR MEDICAL EXPENSES (Paid from Core Contribution)

Subject to overall annual benefit set out in paragraph 1.

3.1. HOSPITALISATION

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised, no BENEFITS will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional in-Hospital Benefit Cover for General Practitioners, Medical Specialists and Anaesthetics services are paid to a maximum of 225% of NAMAF tariff.

3.1.1 ACCOMMODATION AND THEATRE

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

- Accommodation in a general ward but excluding casualties and accommodation in a private ward but excluding casualties as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice the difference between a general ward and a private ward will be subject to N$10 900 per beneficiary and further limited to N$23 900 per family per annum,
- The additional fee for medical patients,
- The additional fee for thorax, neurosurgical and neurological patients,
- The use of a recovery room,
- Theatre fees, including the use of a theatre after hours and for the use of registered detached theatres.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

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

3.1.3 BLOOD TRANSFUSIONS

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

3.1.4 INTENSIVE AND HIGH CARE

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

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TT0) MEDICINE)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of disinfectants, medicine (including 7 days' supply of hospital To Take Out (TTO) medicine),

injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN HOSPITAL)

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

3.2. SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT OF HOSPITAL)

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

3.2.1 MRI AND CT SCANS

Subject to annual sub-benefit limit in paragraph 3.2 and a further maximum annual sub-benefit limit of N$39 500 per family.

3.2.2 NUCLEAR MEDICINE

Subject to annual sub-benefit limit in paragraph 3.2.

3.3. GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 225% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in and out of hospital) and for radiology and pathology (in hospital).

3.4. MEDICAL & SURGICAL APPLIANCES (EXTERNAL)

No BENEFITS shall be paid.

3.5. INTERNAL APPLIANCES AND MATERIALS

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

3.6. DIALYSIS

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

3.7. ONCOLOGY

Subject to overall annual benefit set out in paragraph 1 and further limited to N$750 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.7.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

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

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

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

3.7.3 RADIATION ONCOLOGY

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

3.7.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)

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

3.7.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL

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

3.8. ORGAN TRANSPLANT

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

and medical services rendered to the organ donor but subject to the following conditions:

3.8.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.

3.8.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.

3.8.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

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

3.9. REFRACTIVE SURGERY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1. Limited to N$29 600 per family per annum and further limited to N$22 250 per beneficiary once off. Limited to 100% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval.

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

3.10. RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY) ALL-INCLUSIVE

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

3.10.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 3.10 and further limited to N$14 500 per family per annum. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.10.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.10. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to HOSPITALISATION.

3.11. PRIVATE NURSING

Subject to overall annual benefit set out in paragraph 1 and further limited to N$38 700 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.12. FRAIL CARE/HOSPICE

Subject to overall annual benefit set out in paragraph 1 and further limited to 3.11. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.13. PSYCHIATRIC TREATMENT

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

3.13.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 3.13. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.13.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.13 for psychiatric treatment HOSPITALISATION and further limited to N$32 750 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.14. ALCOHOLISM/DRUG ADDITION

Subject to annual sub-benefit limit in paragraph 3.12, 3.12.1 and 3.13.2. Limited to 100% of the SCALE OF BENEFITS.

3.15. MEDICATION & INJECTIONS – CHRONIC

No BENEFITS shall be paid.

3.16. SPECIALISED DENTAL SURGERY

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

3.16.1 MAXILLO-FACIAL AND ORAL SURGERY (TRAUMA/NON-ELECTIVE) ALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.16 and further limited to N$132 000 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine and HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases and is subject to strict Managed Health Care guidelines.

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

Subject to annual sub-benefit limit in paragraph 3.16. Limited to N$20 500 per family per annum for other/Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.16.3 DENTAL IMPLANTS - HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.16.2 for Dental Implant HOSPITALISATION.

3.16.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

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

3.17. MATERNITY

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

3.17.1 CONFINEMENTS

Subject to annual sub-benefit limit in paragraph 3.17. BENEFITS as set out in paragraphs 3.1, 3.3 and 3.17 hereof: provided that:

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

Subject to pre-authorisation by the Fund.

3.17.2 ANTE-NATAL CONSULTATION

Subject to annual sub-benefit limit in paragraph 3.17 and further limited to 12 consultations per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.3 ANTE-NATAL/POST-NATAL CLASSESS AND EDUCATION

Subject to annual sub-benefit limit in paragraph 3.17 and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.17.4 SONAR SCANS

Subject to annual sub-benefit limit in paragraph 3.17 and further limited to 2 scans per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.6 MIDWIFERY SERVICE

Subject to annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.18. INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1 and further limited to N$6 500 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

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

3.19. STOMALTHERAPY (ALL-INCLUSIVE)

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

3.20. AMBULANCE AND EVACUATION SERVICES

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

3.20.1 EMERGENCY AMBULANCE AND FLIGHTS

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

3.20.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to annual sub-benefit limit in paragraph 3.18. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20.3 OTHER TRANSPORT

Subject to annual sub-benefit limit in paragraph 3.18 and further limited to N$10 150 per family per annum. Limited to 80% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.21. INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N$10 000 000 per incident.

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

ANNEXURE B11: BENEFITS PAYABLE UNDER THE AMBER PLUS BENEFIT OPTION

1. OVERALL ANNUAL BENEFIT

Unlimited benefit

2. PRO-RATA BENEFITS

2.1. If a MEMBER joins the FUND after the first day of a FINANCIAL YEAR, he/she shall be deemed to have joined the FUND on the first day of the month in which he/she was admitted to membership. In such event, the maximum BENEFITS set out in paragraphs 3.17.2, 3.17.3 and 4 are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.

2.2. Similarly if a MEMBER terminates his/her membership of the FUND before the last day of a FINANCIAL YEAR, he/she shall be deemed to have terminated membership of the FUND on the last day of the month in which his/her membership actually terminates. The FUND may recoup from the MEMBER or from his/her deceased estate, as the case may be, any sum disbursed by the FUND, on behalf of such MEMBER or his/her DEPENDANTS, that exceeds the pro rata portion of the annual BENEFITS applicable to such MEMBER'S membership at the date of termination of membership.

3. CATEGORY A: BENEFITS FOR MAJOR MEDICAL EXPENSES (Paid from Core Contribution)

Subject to overall annual benefit set out in paragraph 1.

3.1. HOSPITALISATION

Benefits will be paid at 100% of the SCALE OF BENEFITS if pre-authorised by the FUND. If not pre-authorised, no BENEFITS will be paid, except in the case of emergency hospital admissions and emergencies after-hours, weekends and public holidays. Additional in-Hospital Benefit Cover for General Practitioners, Medical Specialists and Anaesthetics services are paid to a maximum of 225% of NAMAF tariff.

3.1.1 ACCOMMODATION AND THEATRE

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

- Accommodation in a general ward but excluding casualties and accommodation in a private ward but excluding casualties as a result of a contagious disease,
- In case of accommodation in a private ward of member's choice the difference between a general ward and a private ward will be subject to N$10 900 per beneficiary and further limited to N$23 900 per family per annum,
- The additional fee for medical patients,
- The additional fee for thorax, neurosurgical and neurological patients,
- The use of a recovery room,
- Theatre fees, including the use of a theatre after hours and for the use of registered detached theatres.

3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL/MEDICAL INSTITUTION

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

3.1.3 BLOOD TRANSFUSIONS

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

3.1.4 INTENSIVE AND HIGH CARE

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

3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TT0) MEDICINE)

Subject to overall annual benefit set out in paragraph 1. Limited to 100% of the SCALE OF BENEFITS for the cost of disinfectants, medicine (including 7 days' supply of hospital To Take Out (TTO) medicine),

injection materials, anaesthetics, bandages, intravenous feeding and other materials prescribed and used during the patient's HOSPITALISATION, including the cost of procedures and the use of hospital apparatus.

3.1.6 RADIOLOGY AND PATHOLOGY (IN HOSPITAL)

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

3.1.7 PHYSIOTHERAPY AND BIOKINETICS

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

3.1.7.1 Physiotherapy and Biokinetics (In-hospital Rehabilitation)

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

3.1.7.2 Physiotherapy and Biokinetics (Post Rehabililtation)

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

3.2. SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT OF HOSPITAL)

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

3.2.1 MRI AND CT SCANS

Subject to annual sub-benefit limit in paragraph 3.2 and a further maximum annual sub-benefit limit of N$39 500 per family.

3.2.2 NUCLEAR MEDICINE

Subject to annual sub-benefit limit in paragraph 3.2.

3.3. GENERAL PRACTITIONERS AND MEDICAL SPECIALISTS (IN HOSPITAL SERVICES)

Subject to overall annual benefit set out in paragraph 1. BENEFITS will be paid at 100% of the SCALE OF BENEFITS limited to a maximum of 225% of NAMAF Tariff for SURGICAL PROCEDURES, DIAGNOSTIC EXAMINATIONS, OPERATIONS and Anaesthetics, visits, consultations and non-surgical procedures. Limited to 100% of the SCALE OF BENEFITS for MRI and CAT scans (in and out of hospital) and for radiology and pathology (in hospital).

3.4. MEDICAL & SURGICAL APPLIANCES (EXTERNAL)

No BENEFITS shall be paid.

3.5. INTERNAL APPLIANCES AND MATERIALS

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

3.6. DIALYSIS

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

3.7. ONCOLOGY

Subject to overall annual benefit set out in paragraph 1 and further limited to N$750 000 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related Radiology and Pathology specialised tests and procedures.

3.7.1 CONSULTATIONS AND PROCEDURES OUT-OF-HOSPITAL

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

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

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

3.7.3 RADIATION ONCOLOGY

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

3.7.4 ONCOLOGY MEDICATION (CHEMOTHERAPY, RADIOTHERAPY AND HORMONE THERAPY)

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

3.7.5 HOSPITALISATION AND RELATED PROCEDURES IN-HOSPITAL

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

3.8. ORGAN TRANSPLANT

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

3.8.1 If the recipient and donor are both members of the Fund, medical expenses incurred by donor including complications will be paid by the Fund.

3.8.2 If the recipient is a member of the Fund but not the donor, medical expenses incurred by the donor during the actual harvesting and transplantation of the organ will be paid but not the out-of-hospital expenses and complications.

3.8.3 If the recipient is not a member of the Fund but the donor is a member of the Fund, the Fund will not pay for the donor's medical expenses.

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

3.9. REFRACTIVE SURGERY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1. Limited to N$29 600 per family per annum and further limited to N$22 250 per beneficiary once off. Limited to 100% of the SCALE OF BENEFITS. No BENEFITS are available during the first year following admission as a MEMBER or DEPENDANT, as the case may be, in the case of a MEMBER, other than an EMPLOYEE. Subject to prior approval.

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

3.10. RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY) ALL-INCLUSIVE

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

3.10.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 3.10 and further limited to N$14 500 per family per annum. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include surgically related services, procedures, medical practitioner's fees and anaesthetic service.

3.10.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.10. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include all cost relating to HOSPITALISATION.

3.11. PRIVATE NURSING

Subject to overall annual benefit set out in paragraph 1 and further limited to N$38 700 per family per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.12. FRAIL CARE/HOSPICE

Subject to overall annual benefit set out in paragraph 1 and further limited to 3.11. Limited to 100% of the SCALE OF BENEFITS. Subject to Case Management.

3.13. PSYCHIATRIC TREATMENT

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

3.13.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 3.13. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.13.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.13 for psychiatric treatment HOSPITALISATION and further limited to N$32 750 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

3.14. ALCOHOLISM/DRUG ADDITION

Subject to annual sub-benefit limit in paragraph 3.12, 3.12.1 and 3.13.2. Limited to 100% of the SCALE OF BENEFITS.

3.15. MEDICATION & INJECTIONS – CHRONIC

No BENEFITS shall be paid.

3.16. SPECIALISED DENTAL SURGERY

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

3.16.1 MAXILLO-FACIAL AND ORAL SURGERY (TRAUMA/NON-ELECTIVE) ALL-INCLUSIVE

Subject to annual sub-benefit limit in paragraph 3.16 and further limited to N$132 000 per family per annum for Trauma/Non-Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine and HOSPITALISATION. This benefit would only apply to life threatening, dangerous and complicated Maxillo-Facial and Oral Surgery as a result of trauma or carcinoma cases and is subject to strict Managed Health Care guidelines.

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

Subject to annual sub-benefit limit in paragraph 3.16. Limited to N$20 500 per family per annum for other/Elective Maxillo-Facial and Oral Surgery. BENEFITS include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine and HOSPITALISATION.

3.16.3 DENTAL IMPLANTS - HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.16.2 for Dental Implant HOSPITALISATION.

3.16.4 MAXILLO-FACIAL AND ORAL SURGERY – INTERNAL PROSTHESIS

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

3.17. MATERNITY

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

3.17.1 CONFINEMENTS

Subject to annual sub-benefit limit in paragraph 3.17. BENEFITS as set out in paragraphs 3.1, 3.3 and 3.17 hereof: provided that:

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

Subject to pre-authorisation by the Fund.

3.17.2 ANTE-NATAL CONSULTATION

Subject to annual sub-benefit limit in paragraph 3.17 and further limited to 12 consultations per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.3 ANTE-NATAL/POST-NATAL CLASSESS AND EDUCATION

Subject to annual sub-benefit limit in paragraph 3.17 and further limited to 6 ante-natal and/or post-natal classes and education. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital Benefit Cover excluded.

3.17.4 SONAR SCANS

Subject to annual sub-benefit limit in paragraph 3.17 and further limited to 2 scans per beneficiary. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.17.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS.

Additional Hospital benefit Cover excluded.

3.17.6 MIDWIFERY SERVICE

Subject to annual sub-benefit limit in paragraph 3.17. Limited to 100% of the SCALE OF BENEFITS. Additional Hospital benefit Cover excluded.

3.18. INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 1 and further limited to N$6 500 per beneficiary per annum. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

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

3.19. STOMALTHERAPY (ALL-INCLUSIVE)

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

3.20. AMBULANCE AND EVACUATION SERVICES

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

3.20.1 EMERGENCY AMBULANCE AND FLIGHTS

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

3.20.2 AMBULANCE/INTER-HOSPITAL TRANSFER

Subject to annual sub-benefit limit in paragraph 3.18. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

3.20.3 OTHER TRANSPORT

Subject to annual sub-benefit limit in paragraph 3.18 and further limited to N$10 150 per family per annum. Limited to 80% of cost. Subject to prior approval and Travelling Expenses Reimbursement Policy of the FUND.

3.21. INTERNATIONAL MEDICAL TRAVEL INSURANCE

Limited to N$10 000 000 per incident.

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

4. CATEGORY B: AMBER PLUS DAY-TO-DAY BACK-UP BENEFIT (OUT-OF-HOSPITAL)

Subject to overall annual benefit set out in paragraph 1 and further limited to:

Member Only	N$9 500
Member + Adult	N$15 800
Member + Child	N$12 000
Member + Adult+ Child	N$18 300
Each additional Child	N$2 500

Ninety-five percent (95%) of unused Day-to-Day Back-Up benefit will be carried over to the following financial year effective 01 January 2023. If a member uses less than the full benefit, then 95% of the unused benefit will be accumulated over to the next year.

The unused benefit will be forfeited and cannot be paid back to the MEMBERS upon the PRINCIPAL MEMBER's resignation from the FUND, or the PRINCIPAL MEMBER's death or the PRINCIPAL MEMBER's migration to Traditional option.

The total amount is available for the family and is not limited per beneficiary.

4.1. GENERAL PRACTITIONERS AND SPECIALISTS (OUT OF HOSPITAL INCLUDING CASUALTIES)

Subject to annual sub-benefit limit in paragraph 4.

4.1.1 CONSULTATIONS/VISITS

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

4.1.2 PROCEDURES/SERVICES

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

4.1.3 MATERIALS AND DISPOSABLE ITEMS

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

4.1.4 RADIOLOGY AND PATHOLOGY

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

4.2. DENTISTRY

Subject to annual sub-benefit limit in paragraph 4.

4.2.1 CONSERVATIVE AND SPECIALISED DENTISTRY (INCLUDING DENTAL THERAPY)

Subject annual sub-benefit limit in paragraph 4.2. Limited to 100% of the SCALE OF BENEFITS.

4.2.2 DENTAL IMPLANTS (IN-HOSPITAL AND IN-PRACTICE)

Subject annual sub-benefit limit in paragraph 4.2. Limited to 100% of the SCALE OF BENEFITS.

4.2.3 ORTHODONTICS

Subject annual sub-benefit limit in paragraph 4.2. Limited to 100% of the SCALE OF BENEFITS.

4.2.4 MAXILLO-FACIAL AND ORAL SURGERY (IN-HOSPITAL AND IN-PRACTICE)

Subject annual sub-benefit limit in paragraph 4.2. Limited to 100% of the SCALE OF BENEFITS.

4.3. MEDICINE AND INJECTIONS

Subject to annual sub-benefit limit in paragraph 4.

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

4.3.1 ACUTE MEDICINE & INJECTIONS

Subject annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS for medicine prescribed and/or dispensed by any legally authorised person.

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

4.3.2 CHRONIC MEDICINE & INJECTIONS

Subject annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS for medicine prescribed and/or dispensed by any legally authorised person.

4.3.3 ESSENTIAL VACCINATION/IMMUNISATION

Subject annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS.

4.3.4 SELF MEDICATION

Subject annual sub-benefit limit in paragraph 4.3. Limited to 100% of the SCALE OF BENEFITS.

4.4. PRIMARY HEALTH CARE SERVICES

Subject to annual sub-benefit limit in paragraph 4.

4.4.1 CONSULTATIONS AND PROCEDURES

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

4.4.2 MEDICINE AND INJECTIONS

Subject annual sub-benefit limit in paragraph 4.4. Limited to 100% of the SCALE OF BENEFITS. BENEFITS will be paid at Maximum Namibia Medicine Price List on generics.

4.5. AUXILIARY SERVICES (SUPPLEMENTARY SERVICES)

Subject to annual sub-benefit limit in paragraph 4.

4.5.1 ART THERAPY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.2 AUDIOLOGY/SPEECH THERAPY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.3 BIOKINETICIST

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.4 CHINESE MEDICINE

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.5 CHIROPRACTOR

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.6 CLINICAL PSYCHOLOGY/PSYCHOLOGICAL COUNSELLOR

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.7 CLINICAL TECHNOLOGY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.8 DIETICIAN

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.9 HEARING AID ACOUSTICIAN

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.10 HOMEOPATHY/NATUROPATHY/PHYTOTHERAPY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.11 OCCUPATIONAL THERAPY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.12 ORTHOTIST/PROSTHETIST

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.13 PHYSIOTHERAPY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.14 PODIATRY/CHIROPODY

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.5.15 SOCIAL WORKER

Subject annual sub-benefit limit in paragraph 4.5. Limited to 100% of the SCALE OF BENEFITS.

4.6. MEDICAL AND SURGICAL APPLIANCES (EXTERNAL)

Subject annual sub-benefit limit in paragraph 4. Limited to 100% of the cost.

4.7. OPTICAL

Subject annual sub-benefit limit in paragraph 4.

4.7.1 OPTICAL TESTS

Subject annual sub-benefit limit in paragraph 4.7. Limited to 100% of the SCALE OF BENEFITS.

4.7.2 SPECTACLES AND LENSES

Subject annual sub-benefit limit in paragraph 4.7. Limited to 100% of the SCALE OF BENEFITS.

4.7.3 FRAME

Subject annual sub-benefit limit in paragraph 4.7. BENEFITS will be paid at 100% of cost.

4.7.4 READER SPECTACLES

Subject annual sub-benefit limit in paragraph 4.7. BENEFITS will be paid at 100% of cost

4.8. SPECIFIED ILLNESS CONDITIONS

Subject annual sub-benefit limit in paragraph 4.

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

4.8.1 HIV/AIDS

4.8.1.2 Medicine

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS. Paid at Maximum Namibia Medicine Price on generics.

4.8.1.3 First full HIV Consultation/Assessment

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

4.8.1.4 Consultations (After the first full HIV consultation/assessment)

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

4.8.1.5 HIV Counselling

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

4.8.1.6 Pathology Tests

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

4.8.1.7 HIV Resistance Test

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

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

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

4.8.3 POST-EXPOSURE PROPHYLAXIS (PEP)

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

4.8.4 PRE-EXPOSURE PROPHYLAXIS (PrEP)

Subject annual sub-benefit limit in paragraph 4.8. Limited to 100% of the SCALE OF BENEFITS.

ANNEXURE C: EXCLUSIONS

Notwithstanding any contrary provision contained elsewhere in the Rules, the provisions of paragraphs 1 and 2 shall apply to all MEMBERS and their DEPENDANTS.

1. Unless the BOARD determines otherwise, costs in respect of the following medicines are excluded from BENEFITS:

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

    1.2. Patent and secret medicines and preparations, household remedies, and preventative preparations generally promoted to the public to increase consumption including essential and non-essential fatty acids.

    1.3. Household type bandages and dressings, cotton wool, syringes, needles and diagnostic agents unless used as part of chronic disease management, surgical devices and appliances and diagnostic appliances and similar requisites unless supplied to or used in a clinic or doctor's room or during the patient's stay in a hospital or a nursing home.

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

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

    1.6. Preparations or device generally purported to improve or increase libido, or to induce, enhance, maintain and promote penile erection or to address erectile dysfunction, such as erectile appliances, auto injectors, and including, but not limited to, drugs such as Viagra.

    1.7. Anti-smoking preparations; all preparations designed to treat or stop the smoking habit

    1.8. Soaps, shampoos, and other topical applications (of a cosmetic nature including topical acne preparations) medicated or otherwise: Items other than those intended for the treatment of lice, scabies and other parasitic infestations or fungal infections, as indicated by the doctor's diagnosis.

    1.9. Sun screening agents unless prescribed by a dermatologist for medical reasons (full motivation letter required) and tanning agents.

    1.10. Anabolic Steroids, unless prescribed for medical reasons (full motivation letter required).

    1.11. Vitamins, multivitamins, vitamin combinations and tonics, unless:

        1.11.1 prescribed for members older than 50 years of age,

        1.11.2 prescribed for children aged 5 and younger,

        1.11.3 prescribed for supplementation during pregnancy and lactation,

        1.11.4 injections (unless prescribed for the treatment of obesity),

        1.11.5 Haematinics,

        1.11.6 claimed as self-medication.

    1.12. Single or combined mineral preparations and electrolytes: Oral preparations intended as dietary supplements when intake is considered inadequate unless prescribed together with diuretics e.g. Slow K (full motivation required), prescribed for Electrolyte replacement therapy with diarrhoea (full motivation required), prescribed together with hormonal replacement therapy in the case of calcium supplements, prescribed for osteoporosis in the case of calcium supplements or prescribed for patients older than 50 years of age (full motivation required).

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

    1.14. Cosmetic and toilet preparations, medicated or otherwise.

    1.15. Immunosuppressives, allergens, growth hormones, immune sera, immunoglobulins, erythropoietin, unless prescribed by a medical specialist and with prior approval.

    1.16. Medicines used specifically to treat Acquired Immune Deficiency Syndrome (AIDS), unless the patient is registered for Case Management.

    1.17. Contraceptive Devices: Foam preparations, jellies and condoms.

    1.18. Preparations not easily classified.

    1.19. Stomatherapy products, unless the patient is registered for Case Management.

    1.20. Stimulants for the non-medicinal purposes such as increasing alertness and wakefulness during studying or examination period.

    1.21. New indication for existing medicines, new medicines and specialised drugs defined as exclusions by the relevant Managed Healthcare Programme unless reviewed and pre-authorised.

    1.22. Medical expenses of donor if recipient is not a member of the Fund.

1.23. Compounded medicine except if prescribed specifically to an individual patient and the compounded medicine prescription is tailor-made for the clinical condition of the patient. Prior approval is required. Compounded medicine that are generally promoted for commercial use will be excluded by the Fund.

2. Unless the BOARD determines otherwise, direct or indirect costs in respect of the following treatments are excluded from BENEFITS:

2.1. Suicide, attempted suicide or intentional self-inflicted injury, whether the patient concerned is of sound mind or not. Except if the patient qualifies in terms of the self-inflicted injury protocol of the Fund.

2.2. Routine physical examinations, procedures and treatment, any procedure of a purely diagnostic nature, any other examination where there is no objective indication of impairment in normal health or no actual presumed illness exists, and laboratory diagnostics or x-ray examinations, except in the course of a disability establishment by prior call or attendance of a medical practitioner.

2.3. Plastic surgery and cosmetic treatments (excluding dental implants and refractive surgeries) of a member's own choice or which are recommended for psychological reasons only or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery.

2.4. Examinations, investigations, treatment or surgery for obesity and overweight including gastric bypass, reversal of gastric bypass and any procedures performed in combination with gastric bypass. Except if the patient qualifies in terms of the gastric bypass protocol of the Fund.

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

2.6. Telephonic and virtual consultations and telephonic and virtual prescriptions unless approved by the Board of Trustees during a state of emergency pandemic and where members require isolation as a result of contracting infectious disease.

2.7. Appointments with a supplier of services not kept by the patient and charged for by such supplier of services.

2.8. Breathing exercises.

2.9. Holidays for recuperative purposes, whether deemed medically necessary or not.

2.10. Traditional healing.

2.11. Forensics.

2.12. Acupressure, Reflexology and Masseurs.

2.13. Accommodation in old age homes and similar institutions.

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

2.15. All costs pertaining to pregnancies for the first 9 months of membership in the case of members who are registered as individuals.

2.16. All costs incurred for treatment of injuries that are actually paid for by another party, unless the Rules provide otherwise.

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

2.18. Group Counselling/Group Therapy/Group Rehabilitation/Group Assessment/Group Screening/Group Immunisation including services provided to individual member in a group setting such as in schools and companies.

2.19. Sunglasses and spectacle cases.

2.20. Tinting of prescription lenses by 35% or more.

2.21. The purchases or hire of External Appliances other than those specified in Annexure E.

2.22. Dental exclusions:

2.22.1 Gold in dentures and fillings;

2.22.2 Dental devices and materials such as dental floss, tooth brush and tooth paste;

2.22.3 Bleaching of teeth or any dental procedures that are recommended for cosmetic purposes;

2.22.4 Oral hygiene instructions;

2.22.5 Nutritional counselling;

2.22.6 Tobacco counselling;

2.22.7 Laboratory cost where the associated dental procedure is not covered.

2.23. SPECIFIC EXCLUSIONS upon entry to the Fund:

2.23.1 Hypno-Therapy.

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

2.23.3 Accommodation and treatment in stress-relief clinics, spas and resorts whether deemed medically necessary or not.

2.23.4 Accommodation other than a recognised hospital/medical institution for treatment, investigation, operation and procedure outside the boarders of Namibia unless such treatment, investigation, operation and procedure cannot be done in Namibia, as part of Case Management and with prior approval.

2.23.5 Cost incurred in respect of any medical condition (whether chronic or otherwise) or a combination thereof, which in the exclusive opinion of the BOARD, warrants to be excluded from the BENEFITS including medical expenses by members who were subjected to risk rating and incurred within three months upon joining the Fund due to non-disclosure of pre-existing condition.

2.23.6 Cost incurred in respect of medical services provided by disciplines other than those set out in Annexure B.

2.23.7 Medical, travel and accommodation expenses for any planned or non-emergency consultations, examinations, procedures and treatment incurred in foreign countries other than in the Republic of South Africa as per the Fund Accommodation and Travelling Expenses Re-imbursement Policies.

2.23.8 Subsistence, travel and accommodation expenses incurred during unexpected medical treatment while in foreign countries resulting in prolonged stay.

2.23.9 Travelling and accommodation expenses incurred by the organ donor.

2.23.10 Dreaded diseases or critical illnesses which are not listed on the NMC Chronic Disease Management Programme.

2.23.11 Cryo-Save Stem Cell harvesting, preparation and storage.

3. Notwithstanding the provisions of paragraphs 1 and 2 hereof, the BOARD may, upon application by a MEMBER to have a BENEFIT paid in respect of an EXCLUSION (other than a SPECIFIC EXCLUSION) and after consideration of such motivation/ other information as it deems relevant, grant such MEMBER'S application if the BOARD, in its discretion, deems such excluded procedure, material or requisite to have been medically necessary.

ANNEXURE D: CHRONIC CONDITIONS IN RESPECT WHEREOF CHRONIC MEDICATION BENEFITS MAY BE CLAIMED

PAYABLE ON CHRONIC MEDICATION BENEFIT ONLY IF PRESCRIBED FOR LONGER THAN 3 CONSECUTIVE MONTHS

Acne

Addison's Disease

Allergic Rhinitis

Alzheimer's Disease

Anaemia

Analgesics for chronic pain management

Angina

Ankylosing Spondylitis

Anorexia Nervosa

Antibacterial, anti-viral and anti-fungal infections (treatment longer than 3 months)

Asthma

Attention Deficit Disorder (ADD)

Barret'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 and other blood clotting disorders

Hormone Replacement Therapy (Menopause or during pregnancy)

Hypercholesterolaemia

Hypertension

Hypoparathyroidism

Hypothyroidism

Ischaemic Heart Disease

Major Depression

Migraine (Prophylactics)

Motor Neuron Disease

Multiple Sclerosis

Muscular Dystrophy

Myasthenia Gravis

Narcolepsy

Obsessive Compulsive Disorder

Osteoporosis

Paget's Disease of Bone

Pancreatic Disease

Panic Disorder

Paraplegia and Quadriplegia (Associated Medicine)

Parkinson's Disease

Peripheral Vascular Disorders

Pituitary Adenoma

Polyarteritis Nodosa

Post Traumatic Stress Syndrome

Psoriasis

Pulmonary Interstitial Fibrosis

Rheumatoid Arthritis

Schizophrenia (If managed by a Psychiatrist)

Scleroderma

Stroke

Systemic Lupus Erythematosus

Thromboangitis Obliterans

Thrombocytopaenic Purpura

Tourette's Syndrome

Tuberculosis

Ulcerative Colitis

Unipolar Mood Disorder

Upper and Lower Gastro-Intestinal Tract Disorders

Valvular Hear Disease

Zollinger-Ellison Syndrome

ANNEXURE E: EXTERNAL MEDICAL APPLIANCES COVERED BY NMC

Notwithstanding any contrary provision contained elsewhere in the Rules, the provisions of paragraphs 1 shall apply to all MEMBERS and their DEPENDANTS.

1. Unless the BOARD determines otherwise, external medical appliances payable by the FUND are restricted to the following and only on prescription by a medical practitioner:

    1.1 Orthopaedic Footwear (only if prescribed by an Orthopaedic Surgeon and only if part of Case Management)

    1.2 Deep Vein Thrombosis stockings

    1.3 Crutches

    1.4 Walking Frame/Aid with or without wheels (only if used as part of Case Management)

    1.5 Cervical collars

    1.6 Back, leg, arm and neck braces

    1.7 Arch supports and inner soles (or prescribed by chiropractor)

    1.8 Oxygen (only if used as part of Case Management)

    1.9 Oxygen cylinders (only if used as part of Case Management)

    1.10 Oxygen refill (only if used as part of Case Management)

    1.11 Oxygen accessories (only if used as part of Case Management)

    1.12 Oxygen concentrators (only if used as part of Case Management)

    1.13 Nebuliser/Humidifier

    1.14 Peak flow meter (only if used as part of Case Management)

    1.15 Glucometers (one per family per annum)

    1.16 Blood pressure apparatus (one per family per annum)

    1.17 Urinal/Bedpan

    1.18 Medic alert registration

    1.19 Traction apparatus

    1.20 Mastectomy brassiere and prosthesis (payable from the Oncology benefit; a 20% co- payment applicable),

    1.21 Pressure bandage for burns

    1.22 Peripheral nerve stimulator for chronic pain (only if used as part of Case Management)

    1.23 Stoma accessories (only if used as part of Case Management) (Payable from the Stomaltherapy benefit)

    1.24 CPAP apparatus for sleep apnoea (only if used as part of Case Management)

    1.25 CPAP monitor (only if used as part of Case Management)

    1.26 Toilet seat raisers

    1.27 Mouth Guard (Maximum of N$400 per beneficiary per annum)

    1.28 Wigs for cancer patients (payable from the Oncology benefit; a 20% co- payment applicable)

    1.29 Oxymeter

    1.30 Adult Nappies (Subject to Case Management)

    1.31 Rentals of external appliances (Subject to Case Management)

ANNEXURE F: ACCOMMODATION EXPENSES REIMBURSEMENT POLICY

Pre-authorisation for Accommodation Other Than a Hospital or Recognised Medical Institution

1. Other than travelling cost, Namibia Medical Care also reimburses members for accommodation expenses if consultation, examination, treatment or procedure can only be done in South Africa. The following checks are done before pre-authorising accommodation:

1.1 Oncology treatment in South Africa:

1.1.1 Chemotherapy - Accommodation NOT covered as facility is available in Namibia.

1.1.2 Radiotherapy in South Africa – Accommodation NOT covered as facility is available in Namibia.

1.1.3 Should a complication arise and member has to be admitted in hospital, payment of accommodation is no longer applicable as the Fund will be paying the hospital cost.

1.1.4 Referral from a medical specialist required for oncology treatment to South Africa.

1.2 Consultation, examination, treatment or procedure not available in Namibia:

1.2.1 Consultation or examination with a medical specialist not available in Namibia - accommodation will be covered up to a maximum of 2 days e.g. one (1) day before consultation or examination and one (1) day after the day of consultation or examination;

1.2.2 Members admitted in hospital after consultation or examination – accommodation will be covered one (1) day before consultation or examination and one (1) day after discharged from the hospital.

1.2.3 No accommodation will be covered whist the patient is in hospital as the Fund will already pay the hospitalisation cost

1.2.4 Referral from a medical specialist in Namibia is required for any consultation, examination, treatment or procedure in South Africa.

1.3 Mother's extended stay in hospital due to complication of the newborn baby (applicable also in Namibia):

1.3.1 If the hospital is willing to accommodate the mother's extended stay in hospital after confinement due to complication of the newborn baby, the Fund will reimburse the hospital directly as per the accommodation benefit per option.

1.3.2 The mother has the option to stay in a recognized accommodation institution within close proximity to the hospital.

Guidelines on Accommodation Reimbursement:

1. Pre-authorisation from the Managed Health Care is required.
2. Accommodation is not applicable if member prefers to see a Medical Specialist in South Africa to obtain a second opinion.
3. Once pre-authorised member may claim back the accommodation expenses only if valid receipt (proof of payment) is submitted from a recognized accommodation institution.
4. The Fund will pay as per the accommodation benefit per option.
5. Member will not be paid for staying with a family member or friend.
6. Should the member be hospitalised during his/her stay in South Africa the Fund will not pay for any account for private accommodation during hospitalisation as the Fund will already pay for the member's hospitalisation.
7. Ex Gratia not applicable to accommodation.
8. Accommodation for the accompanying adult in case of minor dependant will be handled on a case to case basis.
9. Accommodation is not applicable for consultation and treatment within the borders of Namibia. For example: if a member has to travel to Windhoek to see a medical specialist or be admitted at a hospital in Windhoek. However, certain cases on merits should be handled as Ex Gratia on a case to case basis.

ANNEXURE G: TRAVELLING EXPENSES REIMBURSEMENT POLICY

Pre-authorisation for Travelling Expenses Reimbursement Outside Normal Place of Residence and South Africa

1. NMC reimburses members for travelling expenses if treatment can only be done outside the town where they normally reside or to South Africa. The following checks are done before pre-authorising travelling cost reimbursement:

    1.1 Consultations, examinations or procedures within Namibia: (to highlight that within Namibia is covered)

        1.1.1 For medical or dental specialist consultations, examinations or procedures outside the town of residence, a referral from a general practitioner or dentist from the town of residence is required. This is subject to condition that the medical or dental specialist does not visit the town where the member resides.

        1.1.2 Travelling costs will not be covered for visits to medical or dental specialist where such visit is for cosmetic purposes including visits for orthodontic treatment as well as any optometry consultations and procedures.

    1.2 Consultations, examinations or procedures in South Africa:

        1.2.1 For medical or dental specialist consultations, examination or procedures not available in town of residence but available in other towns within Namibia for example in Windhoek, members will be referred first at a town in Namibia where the service is available.

        1.2.2 Travelling expenses reimbursement will only be pre-authorised for South Africa when there is no medical or dental specialist in any town in Namibia that can provide the service.

2. Travel Expenses Reimbursement Fee for consultations, examinations or procedures in South Africa:

    2.1 The maximum reimbursement fee for travelling expenses either by own private vehicle, by air or by bus is N$10 150 per family per annum.

    2.2 Visits, consultations, treatment (first and any subsequent visits, consultations and treatment for the same condition):

        2.2.1 When using own private vehicle, round trip distance at N$4.00 per kilometre based on the shortest distance travelled up to a maximum 80%;

        2.2.2 When travelling by air, return trip maximum of 80% of the economy class airline cost;

        2.2.3 When travelling by bus, return trip maximum of 80% of the actual bus ticket.

3. Travel Expenses Reimbursement Fee for consultations, examinations or procedures **within Namibia**:

    3.1 The maximum reimbursement fee for travelling expenses either by own private vehicle, by air or by bus is N$10 150 per family per annum.

    3.2 Visits, consultations, treatment (first and any subsequent visits, consultations and treatment for the same condition):

        3.2.1 When using own private vehicle, round trip distance at N$4.00 per kilometre based on the shortest distance travelled up to a maximum 80%;

        3.2.2 When travelling by air, return trip maximum of 80% of the actual airline cost;

        3.2.3 When travelling by bus, return trip maximum of 80% of the actual bus ticket.

    3.3 Travelling expenses will be refunded to the member based on the shortest kilometre distance from town of residence to the town where medical service will be rendered and back;

    3.4 Bus ticket will be paid at 80% of the cost based on the shortest distance from town or residence to the town where medical service will be rendered and back;

    3.5 Bus or airline ticket for accompanying spouse, family member or any person accompanying the member will not be reimbursed unless the member/dependant seeking medical service is a minor;

    3.6 Travelling cost for the spouse, family member or any person accompanying an adult member/dependant seeking medical service is subject to the approval of Managed Health Care on certain merits.

4. Pre-authorisation Procedure for Travel Reimbursement:

   4.1 Travelling for medical purposes must first be pre-authorised by the Managed Health Care Department for travelling expenses to be reimbursed. NMC will not reimburse travelling expenses without prior authorisation.

   Requirement for pre-authorisation:

   4.1.1 Referral letter from treating doctor;

   4.1.2 The referral letter must indicate the name of the doctor the member being referred to;

   4.1.3 The member must indicate the date of appointment;

   4.1.4 Once pre-authorised, the member will receive a pre-authorisation or approval letter from the Managed Health Care;

   4.1.5 When the member returns and would like to submit the travelling claim, the member must complete the Travelling Reimbursement Form, which is available on the NMC website;

   4.1.6 Together with the completed form, the member must attached the pre-authorisation or approval letter from the Managed Health Care Department plus all the relevant proof such airline ticket or bus ticket. For members using their own car, petrol slips are not required

5. Travelling expenses for members using their own cars will be refunded to the members based on the shortest kilometre distance from town of residence to the town where medical service will be rendered and back;

6. Bus ticket will be paid at 80% of the cost based on the shortest distance from town or residence to the town where medical service will be rendered and back;

7. Bus or airline ticket for accompanying spouse, family member or any person accompanying the member will not be reimbursed unless the member/dependant seeking medical service is a minor;

8. Travelling cost for the spouse, family member or any person accompanying an adult member/dependant seeking medical service is subject to the approval of Managed Health Care on certain merits.

9. General Guidelines:

   9.1 No unauthorised travelling expenses will be reimbursed except in medical emergencies which are handled by any ambulance facilities;

   9.2 The member must first pay for the travelling costs and then claim back from the Fund;

   9.3 Bus or airline ticket must be attached to the claim;

   9.4 Claims for car rentals will not be paid;

   9.5 When using private vehicle, the total kilometres travelled will be calculated from the town of origin to the town or country of visit and excludes kilometres incurred while driving around in town or country of visit.

   9.6 No claims concerning the loss of personal property and breakdown of/or damage to vehicle will be considered;

   9.7 No ex gratia is given for travelling expenses.

ANNEXURE H: HEALTH PROFESSIONALS

A brief description of various Allied and Complimentary Health Professions as listed in the Namibian Allied Health Professions Bill (7 of 2004)

1. **ART THERAPY**
   A form of psychotherapy involving the encouragement of free self-expression through painting, drawing or modelling used as a remedial or diagnostic therapy.

2. **AUDIOLOGIST**
   Performs a complete range of diagnostic hearing tests (audiology) and extensive treatment of persons of all ages who have hearing impairment of deafness. This includes not only selecting and fitting of appropriate hearing instruments, but also subsequent training of the patient in learning to use the remainder of their hearing ability and to speak or to improve speech.

3. **AUDIOMETRICIAN**
   Performs diagnostic hearing tests and fits hearing instruments.

4. **AYURVEDA MEDICINE PRACTITIONER**
   Performs traditional East Indian therapy of disease making use of herbs, specific nutrition, panchakarma cleansing, acupressure message, Yoga and Jyotish (vedic astrology).

5. **BIOKINETICIST**
   Provides maintenance and improvement of physical abilities and final phase rehabilitation by means of scientifically based physical activity programmes.

6. **CHINESE MEDICINE PRACTITIONER AND ACUPUNCTURIST**
   Performs traditional Chinese medicine practice and acupuncture treatment that involves puncturing the skin with special acupuncture needles at particular locations, called acupuncture points.

7. **CHIROPRACTOR**
   Practices the healing arts and science by specialising in manipulative adjusted therapy directed at the correction and restoration of neuromuscular-skeletal disorders, particularly of the spine.

8. **CLINICAL TECHNOLOGIST**
   Performs diagnostic and/or corrective medical procedures on patients by means of applying and controlling electronic and other apparatus to ensure efficient diagnosis, therapy and evaluation.

9. **COMMUNITY SPEECH AND HEARING WORKER**
   Works within the community to discover and recognise speech, language and hearing disorders and to provide basic treatment for some of these. He/she also provides guidance to the community regarding speech, language and hearing disorders.

10. **DENTAL TECHNICIANS**
    By way of artistic and scientific methods manufactures and supplies to the dentist and his/her patients artificial devices like dental crowns, bridges, full or partial dentures, implants, etc.

11. **DENTAL THERAPIST**
    Examines and diagnoses conditions and disorders in the oral cavity (teeth and surrounding structure) in order to offer preventative, restorative and curative dental care with the ultimate goal of preserving the dentition.

12. **DIAGNOSTIC RADIOGRAPHER**
    Takes radiographs by means of applying various types of x-rays and develops films taken of specific parts of the human body for diagnostic purposes. Technology applied includes screening/fluoroscopy, mammography, computed tomography and magnetic resonance imaging.

13. **DIETICIAN**
    Provides nutrition counselling and educates individuals on optimal food choices and eating patterns and habits in order to prevent ill health, manage chronic health conditions and assure optimal rehabilitation.

14. **DISPENSING OPTICIAN**
    Cuts and edges optical lenses prescribed by an optometrist of ophthalmologist and fits them into a spectacle frame.

15. **ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN**
    Executes specific tests, observations and the taking of readings on patients by means of electro-encephalographic apparatus for the purpose of making a diagnosis of human brain functioning.

16. **EMERGENCY CARE PRACTITIONER (Basic)**
    Advanced life support emergency care practitioners (paramedics) are assisted by intermediate and basic practitioners and emergency care orderlies. They give emergency life support which includes pre-hospital evaluation, treatment and care during the transportation of such a person from the place of occurrence of the life-threatening condition to the appropriate health facility.

17. **EMERGENCY CARE PRACTITIONER (intermediate)**
    Advanced life support emergency care practitioners (paramedics) are assisted by intermediate and basic practitioners and emergency care orderlies. They give emergency life support which includes pre-hospital evaluation, treatment and care

during the transportation of such a person from the place of occurrence of the life-threatening condition to the appropriate health facility.

18. **ENVIRONMENTAL HEALTH PRACTITIONER**
Is responsible for assessing, correcting, controlling and preventing those factors in the environment that have the potential to adversely affect the health of present and future generations. The current scope of practice includes water and sanitation hygiene (including waste management), food quality assurance and control, radiation protection services and occupational health safety.

19. **ENVIRONMENTAL HEALTH ASSISTANT**
Has a similar, but less detailed knowledge base than the Environmental Health Practitioner and works under supervision/ guidance of the latter.

20. **FOOD INSPECTOR**
Performs food and meat inspections and investigations aimed at ensuring a safe food supply and to protect against misbranding of food products.

21. **HEARING AID ACOUSTICIAN**
Works specifically with the technical and technological aspects of selecting, fitting and repairing hearing instruments. He/she performs limited hearing tests solely aimed at selecting an appropriate hearing instrument.

22. **HOMEOPATH**
Aims to treat the whole person through medicines administered in minute concentration which correlate with all the physical, emotional and mental symptoms of the patient by applying the theory that like can be treated with like.

23. **MASSEUR**
Provides relaxation therapy through various manual techniques applied to relevant muscles or soft tissues of the human body.

24. **MEDICAL LABORATORY TECHNICIAN**
Works under the supervision of a medical technologist and performs a limited array of analytical procedures on various specimens of human origin.

25. **MEDICAL ORTHOTIST**
Is involved in measuring, designing, supervision of the manufacturing, fitting and issuing of orthopaedic appliances (orthoses) to physically challenged patients for the purpose of improving or correcting physical deformities.

26. **MEDICAL PROSTHETIST**
Is involved in measuring, designing, supervision of the manufacturing, fitting and issuing of orthopaedic appliances (prostheses) to physically challenged patients for the purpose of replacing missing limbs or body parts.

27. **MEDICAL REHABILITATION WORKER**
Provides basic general rehabilitation services in the areas of eg. Occupational Therapy, Physiotherapy, Speech Therapy and refers patients to the relevant positions as required.

28. **MEDICAL TECHNOLOGIST**
Performs analytical procedures on various specimens of human origin to assist in the process of making a correct diagnosis.

29. **NATUROPATH**
Promotes health and healing and treats certain diseases by utilising the body's inherent biological mechanisms to self-heal through the application of non-toxic methods.

30. **NUTRITIONIST**
Advises food manufacturers and producers on the physio-biochemical basis of food products and works with health authorities on nutrition programming at population level in light of current epidemiological data and scientific research.

31. **OCCUPATIONAL THERAPIST**
Applies a medical and bio/psycho/social knowledge base, to perform therapy of persons (or groups/communities) affected by physical, mental or other disabilities. The aim is the therapeutic engagement of a person (group/community) in culturally meaningful and health promoting ways in the spheres of their work, leisure, family, culture, self-care and rest to enable or assist to enable a person (group/community) to take control of and to as actively as possible participate in a healthy way and in the community. Invariably, this requites from the occupational therapist ends with the patient becoming economically self-sufficient.

32. OCCUPATIONAL THERAPIST ASSISTANT
Has a similar but less detailed knowledge base than an Occupational Therapist. Works under supervision/guidance of the better where the latter takes the main responsibility for the evaluation and planning of the intervention and the OTA performs the practical implementation.

33. OCCUPATIONAL THERAPY TECHNICIAN
Assists an Occupational Therapist (and patients) in technical matters such as working with wood, panel beating, upholstering, etc. or the making of therapeutic devices or supportive aids. The knowledge base is mainly technical with some bio/psycho/social knowledge.

34. OCULARIST
Designs and fits artificial eyes and/or scleral haptic shells over blinded eyes.

35. OPERATIONAL EMERGENCY CARE ORDERLY
Assists advanced life support emergency care practitioners (paramedics). They give emergency life support which includes pre-hospital evaluation, treatment and care of an acutely ill or injured person and the continuation of treatment and care during the transportation of such a person from the place of occurrence of the life-threatening condition to the appropriate health facility.

36. OPTOMETRIST
Examines eyes to determine focussing errors, and supplies spectacles and/or contact lenses.

37. ORTHOPAEDIC ORTHOTIST
Is involved in measuring, designing, supervision of the manufacturing, fitting and issuing of orthopaedic appliances (orthoses) to physical deformities.

38. ORTHOPTIST
Treats squinty and “lazy” eyes by means of eye exercises and other non-surgical means.

39. ORTHOPAEDIC PROSTHETIST
Is involved in measuring, designing, supervision of the manufacturing, fitting and issuing of orthopaedic appliances (prostheses) to physically challenged patients for the purpose of replacing missing limbs or body parts.

40. ORTHOPAEDIC TECHNICAL ASSISTANT
Assists the Orthopaedic Technician responsible for the manufacturing, assembling, maintenance and repair of orthopaedic appliances.

41. RHOPAEDIC FOOTWEAR TECHNICIAN
Is responsible for manufacturing, maintenance and repair of boots/shoes for orthopaedic patients.

42. OSTEOPATH
Is concerned with the inter-relationship between the structure/framework and the effective functioning of the body and provides therapy for various problems affecting the neuro-musculo-skeletal systems.

43. PARAMEDIC (advances life support)
The advanced life support emergency care practitioner (paramedics) is the highest qualified paramedic. He/she provides emergency life support which includes pre-hospital evaluation, treatment and of an acutely ill or injured person and the continuation of treatment and care during the transportation of such a person from the place of occurrence of the life-threatening condition to the appropriate health facility.

44. PHYSIOTHERAPIST
Provides services to people to maintain, develop and restore maximum movement and functional ability throughout their lifespan. Services are provided in circumstances where movement is threatened by injury, disease or the process of ageing.

45. PHYSIOTHERPAY ASSISTANT
Has a similar but less detailed knowledge base than a Physiotherapist. Works under supervision/guidance of the latter where the latter takes the main responsibility for the evaluation and planning of the intervention and the PTA performs the practical implementation.

46. PHYSIOTHERAPIST
Provides services to people to maintain, develop and restore maximum movement and functional ability throughout their lifespan. Services are provided in circumstances where movement is threatened by injury, disease or the process of ageing.

47. PHYSIOTHERAPY ASSISTANT
Has a similar but less detailed knowledge base than a Physiotherapist. Works under supervision/guidance of the latter where the latter takes the main responsibility for the evaluation and planning of the intervention and the PTA performs the practical implementation.

48. PHYTOTHERAPIST
Is a medically trained herbalist who diagnoses the patient's condition using standard medical diagnostics tools and procedures, after which herbal medication, that has been scientifically and empirically proven, is prescribed.

49. PODIATRIST
Deals with the affections (internal and external) of the feet, i.e. provides diagnosis and treatment of foot disorders and foot disabilities.

50. RADIOGRAPHER
Takes radiographs by means of applying various types of x-rays and develops films taken of specific parts of the human body for diagnostic purposes. Technology applied includes screening/fluoroscopy, mammography, computed tomography and magnetic resonance imaging.

51. RADIOGRAPHY ASSISTANT
Has basic training in taking x-rays and the use of x-ray equipment and performs duties as an assistant to and under supervision of a Radiographer.

52. RADIATION TECHNOLOGIST
Is responsible for conceptualising, designing, commissioning, measurement and testing, quality assurance, maintenance, modification and development of technology utilised for radiation purposes.

53. REMEDIAL GYMNAST
Provides rehabilitation therapy mostly to people with physical disabilities through therapeutic gymnastic exercises.

54. SINGLE MEDIUM THERAPIST IN OCCUPATIONAL THERAPY
Is a therapist, who has a similar professional bio/psycho/social knowledge base as a "general" occupational therapist, but who uses only one specific "medium" of intervention, for example art or music as opposed to an Occupational Therapist, who would select one or a variety of mediums, as indicated by the assessment evaluation of the patient.

55. SPEECH AND HEARING CORRECTIONIST
Is a teacher (educationalist) with additional training to identify and treat certain disorders in speech, language and/or hearing of children at pre-primary or primary school level.

56. SPEECH THERAPIST
Performs full diagnosis and treatment of the complete range of all speech, voice and language problems in patients ranging from babies to the aged. This includes problems such as disorders of sound production and language learning, voice orders, swallowing disorders, stuttering and disorders of speech and language following strokes, accidents, mental retardation and autism.

57. SPEECH THERAPIS AND AUDIOLOGIST
Performs functions and has qualifications similar to both the Speech Therapist and Audiologist.

58. THERAPEUTIC AROMATHERISPIST
Practices healing through the use of essential oils taken from plants, flowers, roots, seeds, etc. by directly applying these onto the skin or providing them in a tea or other liquid.

59. THERAPEUTIC MASSEUR
Delivers massage therapy treatment by aimed at a specific therapeutic outcome through the mobilisation of soft tissues.

60. THERAPEUTIC RADIOGRAPHER
Delivers radiation treatment by applying high energy x-ray technology to people mostly suffering from cancer disease.

61. THERAPEUTIC REFLEXOLOGIST
Performs stimulation of the hands, feet, ears and body, including specific pressure techniques or mobilisation of hands and feet for a therapeutic outcome.

ANNEXURE I: APPROVED TRUSTEE REMUNERATION STRUCTURE

The Trustee remuneration structure for 1 January to 31 December 2021 as approved at the Annual General Meeting of 25 June 2021:

Trustees will only be remunerated for each meeting attended.

	2021 (N$) Tax Inclusive
Trustee Meetings	(per meeting)
• Chairperson	N$4,930.80
• Vice Chairperson	N$4,186.53
• Other Trustees	N$3,430.63
Sub Committee Meetings	(per meeting)
• Chairperson	N$4,430.75
• Vice Chairperson	N$3,767.45
• Other Trustees	N$3,105.01
Advisory Committee (AC) Members' retainer fee	(per month)
• All Members	N$1,628.09
Day allowance – Includes accommodation	N$1,242 all inclusive
Travel	N$4.00/km

ANNEXURE J: GROUPS SPECIAL TABLES (INCOME & AGE)

MONTHLY CONTRIBUTIONS PAYABLE UNDER THE OPAL BENEFIT OPTION

Contribution Tables

Opal – 90885 2022				
Income Band		Main	Adult	Child
0	3,990	1,541	998	285
3,991	5,270	1,775	1,132	327
5,271	8,060	1,901	1,175	351
8,061	11,850	1,954	1,260	360
11,851	13,320	2,186	1,400	403
13,321	15,100	2,421	1,540	447

Ruby – 90046/90047				
Salary Band		Main	Adult	Child
0	3,830	1,636	1,083	473
3,831	5,720	1,929	1,286	479
5,721	8,580	2,240	1,540	464
8,581	11,440	2,603	1,821	457
11,441	14,320	2,977	2,118	458
14,321	14,321	3,262	2,336	464

Ruby – 90188 2022				
Salary Band		Main	Adult	Child
0	3,830	1,636	1,083	473
3,831	5,720	1,929	1,286	479
5,721	8,580	2,240	1,540	464
8,581	11,440	2,603	1,821	457
11,441	14,320	2,977	2,118	458
14,321	14,321	3,262	2,336	464

Ruby - 74898U2 2022				
Salary Band		Main	Adult	Child
0	3,830	2,105	1,381	609
3,831	5,720	2,473	1,654	618
5,721	8,580	2,878	1,974	600
8,581	11,440	3,345	2,338	585
11,441	14,320	3,822	2,723	585
14,321	14,321	4,188	3,000	599

Ruby - 90087				
Salary Band		Main	Adult	Child
0	3,830	2,660	1,744	772
3,831	5,720	3,129	2,083	784
5,721	8,580	3,633	2,502	752
8,581	11,440	4,219	2,955	744
11,441	14,320	4,830	3,438	742
14,321	14,321	5,298	3,779	760

Ruby - 91984				
Salary Band		Main	Adult	Child
0	8,060	1,767	1,532	816
8,061	10,360	1,920	1,654	874
10,361	12,510	2,122	1,802	972
12,511	14,410	2,272	1,951	1,029
14,411	18,420	2,495	2,107	1,140
18,421	22,600	2,654	2,268	1,210
22,601	26,920	2,745	2,340	1,251
26,921	31,100	2,902	2,472	1,315
31,101	36,150	3,007	2,556	1,359
36,151	67,950	3,105	2,646	1,405
67,951	67,951	3,363	2,867	1,523

Ruby Pensioners - 91106/90809				
Salary Band		Main	Adult	Child
0	3,830	2,112	1,372	612
3,831	5,720	2,475	1,656	613
5,721	8,580	2,876	1,980	596
8,581	11,440	3,336	2,346	586
11,441	14,320	3,823	2,723	583
14,321	14,321	4,188	3,000	597

Ruby - 90083				
Salary Band		Main	Adult	Child
0	3,830	1,636	1,083	473
3,831	5,720	1,929	1,286	479
5,721	8,580	2,240	1,540	464
8,581	11,440	2,603	1,821	457
11,441	14,320	2,977	2,118	458
14,321	14,321	3,262	2,336	464

Ruby - 90180/90195				
Salary Band		Main	Adult	Child
0	3,830	1,636	1,083	473
3,831	5,720	1,929	1,286	479
5,721	8,580	2,240	1,540	464
8,581	11,440	2,603	1,821	457
11,441	14,320	2,977	2,118	458
14,321	14,321	3,262	2,336	464

Ruby - 90731				
Age Band		Main	Adult	Child
0	25	2,078	1,359	604
26	30	2,303	1,518	602
31	35	2,462	1,658	594
36	40	2,660	1,814	580
41	45	2,933	2,034	588
46	50	3,124	2,175	572
51	55	3,372	2,382	560
56	60	3,611	2,561	572
61	65	3,827	2,734	572
66		3,846	2,749	574

Ruby - 91984				
Salary Band		Main	Adult	Child
0	8,060	1,767	1,532	816
8,061	10,360	1,920	1,654	874
10,361	12,510	2,122	1,802	972
12,511	14,410	2,272	1,951	1,029
14,411	18,420	2,495	2,107	1,140
18,421	22,600	2,654	2,268	1,210
22,601	26,920	2,745	2,340	1,251
26,921	31,100	2,902	2,472	1,315
31,101	36,150	3,007	2,556	1,359
36,151	67,950	3,105	2,646	1,405
67,951	67,951	3,363	2,867	1,523

Sapphire - 90187				
Salary Band		Main	Adult	Child
0	3,830	1,996	1,515	660
3,831	6,700	2,326	1,791	660
6,701	9,550	2,828	2,165	660
9,551	12,410	3,351	2,585	672
12,411	15,260	3,982	3,064	672
15,261	15,261	4,292	3,281	672

Sapphire - 74898				
Salary Band		Main	Adult	Child
0	3,830	2,511	1,909	837
3,831	6,700	2,930	2,251	837
6,701	9,550	3,555	2,724	837
9,551	12,410	4,223	3,247	848
12,411	15,260	5,013	3,851	848
15,261	15,261	5,398	4,132	848

Sapphire - 91984				
Salary Band		Main	Adult	Child
0	8,060	2,466	2,136	1,133
8,061	10,360	2,676	2,307	1,215
10,361	12,510	2,959	2,513	1,355
12,511	14,410	3,168	2,718	1,435
14,411	18,420	3,480	2,933	1,593
18,421	22,600	3,701	3,161	1,687
22,601	26,920	3,828	3,262	1,744
26,921	31,100	4,046	3,445	1,834
31,101	36,150	4,190	3,567	1,891
36,151	67,950	4,329	3,689	1,957
67,951	67,951	4,691	3,994	2,121

Sapphire - 90046/90047				
Salary Band		Main	Adult	Child
0	3,830	1,996	1,515	660
3,831	6,700	2,326	1,791	660
6,701	9,550	2,828	2,165	660
9,551	12,410	3,351	2,585	672
12,411	15,260	3,982	3,064	672
15,261	15,261	4,292	3,281	672

Sapphire – 90135				
Salary Band		Main	Adult	Child
0	3,830	1,996	1,515	660
3,831	6,700	2,326	1,791	660
6,701	9,550	2,828	2,165	660
9,551	12,410	3,351	2,585	672
12,411	15,260	3,982	3,064	672
15,261	15,261	4,292	3,281	672

Sapphire - 90181/90204				
Salary Band		Main	Adult	Child
0	3,830	1,996	1,515	660
3,831	6,700	2,326	1,791	660
6,701	9,550	2,828	2,165	660
9,551	12,410	3,351	2,585	672
12,411	15,260	3,982	3,064	672
15,261	15,261	4,292	3,281	672

Sapphire - 74898U1				
Age Band		Main	Adult	Child
0	25	2,640	2,011	858
26	30	2,900	2,221	858
31	35	3,126	2,397	858
36	40	3,484	2,681	858
41	45	3,897	2,984	858
46	50	4,188	3,231	874
51	55	4,571	3,520	874
56	60	5,053	3,883	874
61	65	5,358	4,110	874
66		5,369	4,115	874

Sapphire - 90046/90047				
Salary Band		Main	Adult	Child
0	3,830	1,996	1,515	660
3,831	6,700	2,326	1,791	660
6,701	9,550	2,828	2,165	660
9,551	12,410	3,351	2,585	672
12,411	15,260	3,982	3,064	672
15,261	15,261	4,292	3,281	672

Sapphire - 90055				
Salary Band		Main	Adult	Child
0	3,830	2,388	1,822	793
3,831	6,700	2,791	2,148	793
6,701	9,550	3,385	2,604	793
9,551	12,410	4,022	3,098	799
12,411	15,260	4,780	3,670	799
15,261	15,261	5,146	3,939	799

Sapphire - 90471/90735/90973/91141/91495				
Age Band		Main	Adult	Child
0	25	2,640	2,011	858
26	30	2,900	2,221	858
31	35	3,126	2,397	858
36	40	3,484	2,681	858
41	45	3,897	2,984	858
46	50	4,188	3,231	874
51	55	4,571	3,520	874
56	60	5,053	3,883	874
61	65	5,358	4,110	874
66		5,369	4,115	874

Sapphire Pensioners - 91106				
Salary Band		Main	Adult	Child
0	3,830	3,073	2,497	1,069
3,831	6,700	3,635	2,907	1,069
6,701	9,550	4,416	3,519	1,069
9,551	12,400	5,210	4,133	1,079
12,401	15,260	6,188	4,888	1,079
15,261	15,261	6,871	5,420	1,079

Diamond - 91984				
Salary Band		Main	Adult	Child
0	8,060	3,594	3,114	1,654
8,061	10,360	3,904	3,362	1,775
10,361	12,510	4,314	3,662	1,978
12,511	14,410	4,618	3,964	2,093
14,411	18,420	5,075	4,277	2,319
18,421	22,600	5,395	4,608	2,459
22,601	26,920	5,581	4,759	2,541
26,921	31,100	5,898	5,023	2,672
31,101	36,150	6,110	5,201	2,755
36,151	67,950	6,312	5,378	2,853
67,951	67,951	6,838	5,824	3,093

Diamond - 90088				
Salary Band		Main	Adult	Child
0	5,720	3,007	2,433	1,041
5,721	7,640	3,550	2,840	1,041
7,641	10,500	4,314	3,436	1,041
10,501	13,380	5,088	4,037	1,057
13,381	17,190	6,041	4,772	1,057
17,191	17,191	6,714	5,287	1,057

Diamond - 90086				
Age Band		Main	Adult	Child
0	25	3,849	3,155	1,334
26	30	4,255	3,427	1,334
31	35	4,707	3,739	1,334
36	40	5,212	4,138	1,334
41	45	5,801	4,622	1,334
46	50	6,236	4,941	1,345
51	55	6,756	5,349	1,345
56	60	7,409	5,851	1,345
61	65	8,018	6,322	1,345
66		8,062	6,347	1,345

Ruby - Standard Low				
Salary Band		Main	Adult	Child
0	3,830	1,636	1,083	473
3,831	5,720	1,929	1,286	479
5,721	8,580	2,240	1,540	464
8,581	11,440	2,603	1,821	457
11,441	14,320	2,977	2,118	458
14,321	14,321	3,262	2,336	464

Sapphire Standard Low				
Salary Band		Main	Adult	Child
0	3,830	1,996	1,515	660
3,831	6,700	2,326	1,791	660
6,701	9,550	2,828	2,165	660
9,551	12,410	3,351	2,585	672
12,411	15,260	3,982	3,064	672
15,261	15,261	4,292	3,281	672

Diamond Standard Low				
Salary Band		Main	Adult	Child
0	5,720	3,073	2,497	1,069
5,721	7,640	3,635	2,907	1,069
7,641	10,500	4,416	3,519	1,069
10,501	13,380	5,210	4,133	1,079
13,381	17,190	6,188	4,888	1,079
17,191	17,191	6,871	5,420	1,079

ANNEXURE K: E-THERAPY AND E-CONSULTATION

E- therapy benefit for PRINCIPAL MEMBERS and DEPENDANTS during State of Emergency relating to the COVID-19 pandemic:

- E-therapy includes psychological, psychological counsellor and social worker therapy delivered using electronic communication vehicles instead of face-to-face therapy.
- E-therapy claims are accepted from the start of the lockdown period until such time that the State of Emergency is lifted relating to the COVID-19 pandemic.
- E-therapy claims are paid at 100% of the NAMAF rate for individual psychotherapy up to the available benefit limit under the members' option.

Medical Practitioners E-Consultation during State of Emergency relating to the COVID-19 Pandemic:

- Medical Practitioners (General Practitioner and Medical Specialists) consultation that is delivered using electronic communication vehicles as opposed to face-to-face consultation.
- E-consultation from the start of the lockdown period until such time that the State of Emergency is lifted relating to the COVID-19 pandemic.
- E-consultations are paid at 100% of NAMAF Tariff Code 0130 up to the available General Practitioner and Medical Specialists benefit limit under the members option.

Index

A

ABUSE OF FUND PRIVILEGES 20
ACCOMMODATION EXPENSES REIMBURSEMENT POLICY 148
ACCOUNTS 13
ACTUARY AND ACTUARIAL VALUATION 14
ADJOURNMENT OF GENERAL MEETINGS 24
ADMINISTRATION COSTS 14
ADMINISTRATOR 5, 13
ADMISSION DATE 21
AMALGAMATION OR TRANSFER 27
AMBER BENEFITS 130
AMBER CONTRIBUTION TABLE 40
AMBER PLUS BENEFITS 135
AMENDMENTS TO THE Rules 25
AMOUNT OF CONTRIBUTIONS 20
ANNUAL GENERAL MEETINGS 23
APPLICATION FOR MEMBERSHIP 18
APPROVAL 5
ARREAR CONTRIBUTIONS 21
AUDITOR 7, 13

B

BANK ACCOUNT 13
BENEFIT OPTIONS 21
BENEFITS 6, 21
BENEFIT YEAR 6
BINDING POWER OF RULES 26
BOARD OF TRUSTEES 6, 9

C

CESSATION OF MEMBERSHIP 19
CHAIRPERSON AT GENERAL MEETINGS 24
CHANGE OF PARTICULARS OF MEMBERS 26
CHILD 6
CHIROPRACTOR 88, 101, 113, 128, 141, 151
CHRONIC CONDITIONS 146
CLAIMS PROCEDURE 22
COHABITANT PARTNER 9
CONDITIONS OF SERVICE OTHERWISE UNAFFECTED 25
CONFIDENTIALITY 26
CONTINUATION MEMBERS 16, 19
CONTRACEPTIVE DEVICES 143
CONTRIBUTIONS 20
COVID-19 8, 13, 16, 18, 20, 21, 22, 24, 25, 163
CURRENCY 25

D

DATE OF SERVICE 6
DEFINITIONS 5
DEPENDANT 6, 9, 15, 20
DEPENDANTS OF DECEASED MEMBERS 17
DIAGNOSTIC EXAMINATION 7
DIAMOND BENEFITS 105
DIAMOND CONTRIBUTION TABLE 35
DISPUTES COMMITTEE 7, 25
DISSOLUTION OF THE FUND 26

E

EMERALD BENEFITS 117
EMERALD CONTRIBUTION TABLE 37
EMERALD PLUS BENEFITS 122
EMERGENCY EVACUATION 7, 97
EMPLOYEES 7, 15, 19
EMPLOYERS 7, 19, 26
E-THERAPY AND E-CONSULTATION 163
EVIDENCE OF HEALTH 15, 16, 18
EXCLUSIONS 7, 22, 143, 163
EX GRATIA PAYMENTS 12, 24
EXTERNAL MEDICAL APPLIANCES COVERED BY NMC 147

F

FIDELITY GUARANTEE AND PROFESSIONAL INDEMNITY 14
FINANCIAL YEAR 7, 13
FUND 5, 7
FUND SURPLUSES 26

G

GENERAL MEETINGS OF THE FUND 23
GROUP MEMBERSHIP 7

H

HEALTH PROFESSIONALS 151
HOMEOPATH 152
HOSPITALISATION 6

I

INCOME 7
INDIVIDUAL MEMBER 7, 17, 19
INFORMATION REQUIRED FROM EMPLOYERS AND MEMBERS 26
INSPECTION OF DOCUMENTS OF THE FUND 25
INSURANCE OF BENEFITS 26
INSURER 8
INTERCHANGEABILITY 17

J

JADE BENEFITS 71
JADE CONTRIBUTION TABLES 46

L

LEGISLATION 5
LIABILITY OF EMPLOYERS AND MEMBERS 20
LIMITATION OF BENEFITS 19

M

MANAGEMENT OF THE FUND 9
MEDICAL AID FUND 8
MEMBER 8
MEMBERSHIP 15
MEMBERSHIP CARD AND CERTIFICATE OF MEMBERSHIP 25
MEMBERSHIP QUALIFICATION 15
MOVEMENT FROM ANOTHER MEDICAL AID FUND 17

N

NAMAF 8
NAME AND HISTORY 5
NAMFISA 8
NOMINATIONS - TRUSTEES 10
NON-DISCLOSURE 19

O

OBJECT 5
OPAL BENEFITS 62
OPAL CONTRIBUTION TABLES 29
OPERATION 6, 8
OPTION CHANGE 21

P

PAYMENT OF CONTRIBUTIONS 20
PAYMENT OF HEALTH PROFESSIONALS 22
PERSONAL LIABILITY 14
PERSONS OTHER THAN EMPLOYEES (INDIVIDUALS) 17
POWERS AND RESPONSIBILITIES OF THE BOARD 11
PREAMBLE 5
PREMIUM HOLIDAY 8, 15, 16, 20
PRINCIPAL MEMBER 8
PROCEEDINGS AT ANNUAL GENERAL MEETINGS 23
PROFESSIONAL INDEMNITY 14
PROOF OF AGE AND OTHER EVIDENCE 18
PSEMAS 8

Q

QUORUM AT GENERAL MEETINGS 24

R

RECOVERY OF AMOUNTS DUE TO THE FUND 21
REGISTERED OFFICE 5
REGISTRAR 8
REGISTRATION AND SAFE CUSTODY OF DOCUMENTS 14
RESIGNATION FROM A GROUP 19
RESTRICTIONS 22
RISK RATING 8
RUBY BENEFITS 80
RUBY CONTRIBUTION TABLES 31
RULE(S) 8

S

SAPPHIRE BENEFITS 93
SAPPHIRE CONTRIBUTION TABLES 33
SCALE OF BENEFITS 8
SECRETARY 8, 11
SERVICE 8
SIGNING POWERS 13
SITTING FEES HONORARIA 11
SPECIAL DEPENDANT 9
SPECIAL GENERAL MEETINGS 24
SPECIALIST 8
SPECIFIC EXCLUSIONS 8, 145
STATUS 5
STATUS CHANGE 22
STUDENTS 9
SUICIDE AND SELF INFLICTED INJURY 144
SURGICAL PROCEDURE 9

T

TOPAZ BENEFITS 49
TOPAZ CONTRIBUTION TABLE 43
TOPAZ PLUS BENEFITS 55
TOPAZ PLUS CONTRIBUTION TABLE 43
TRAVELLING EXPENSES REIMBURSEMENT POLICY 149
TRUSTEE 9
TRUSTEES REMUNIRATION STRUCTURE 155

V

VOTING AND PROXIES 24

W

WAITING PERIODS 9