



NAMDEB

Medical Aid Scheme

Administered by Prosperity Health

NEWSLETTER

AFFORDABLE AND QUALITY HEALTH COVER FOR EMPLOYER GROUPS

TOPICS FOR DISCUSSION:

1. 2020 Benefit & Contribution Increases
2. Annual Information Sessions (Roadshows)
3. Designated Service Providers
4. Health News
5. Name Change Competition
6. Fraud , Waste & Abuse

2019
December

1. CHANGE OF BENEFIT IMPLEMENTATION PERIOD AND MEDICAL AID SCHEME CONTRIBUTION INCREASES EFFECTIVE 01 APRIL 2020

The performance of the Namdeb Medical Aid Scheme, like any business organization is influenced by normal economic factors such as medical cost increases, change in benefit utilization and healthcare inflation. The contributions and investment returns received by the Scheme cover all medical claims, non-healthcare costs and contribute in maintaining the Scheme reserves as prescribed by the Registrar of Medical Aids, Namfisa. To ensure the long-term sustainability of the Scheme the Board of Trustees again conducted an annual review of the Scheme benefit offerings and conduct a full actuarial review in determining the benefits and contributions for 2020.

To ensure that the Scheme remain competitive in its benefit offering and the Trustees again repeated its annual benchmarking review by independent actuaries and that compared the Namdeb Scheme benefits to other open medical aid funds. The review also takes into consideration feedback from members during road shows, healthcare practices and interaction with the Administrators client service personnel during the past year. At the same time NAMAFA (Namibia Association of Medical Aids) publish an annual benchmark tariff schedule that is used as the base in determining the Scheme tariff structure for 2020.

2020 BENEFIT YEAR

As part of the new benefit changes implemented 01 April 2019, the Board introduced the Namdeb Benefit Accumulator as part of the new benefit structure, which is a cover that incentivises low claiming members. To fully implement the new benefit on the system, the Scheme new benefit changes have to be effective 01 January and not 01 April of the year as in the past. In order to accommodate the new benefit implementation the Board resolved to change the benefit implementation period from 01 April 2020 to 01 January 2020, meaning that the new benefit changes will be introduced effective 01 January 2020.

Please note that the implementation of the new changes effective 01 January 2020 will only include the introduction of the new benefits, the implementation of the 2020 new premiums will remain effective 01 April 2020. In following onto

the comprehensive and inclusive review process we ensure that all changes are fully supported with well calculated risks assessments and actuarial reviews. Thus, in order to cater for the increase in claims costs, increase in the Scheme tariff structure for 2020, expected continuation of the increase in utilisation of benefits and benefit enhancements the Board of Trustees, herewith announce an overall premium increase effective 01st of April 2020 as follow:

- Option 1 & 2: Overall increase of 6.5 % on all income brackets for both active and pensioners.

Attached on Annexure A is the new 2020 premium tables effective 01 April 2020, which will be implemented at the end of March 2020. Please do not hesitate to contact us, should you require any further information or clarity on any matter.

1.1 BENEFIT CHANGES FOR 2020

All the monetary values of the respective benefit categories received an overall inflationary increase for 2020, however the listed benefits below received a higher percentage increase. All the new increased benefits will be effective 01 January 2020. The new benefit structure & premium is attached on Annexure B.

SUMMARY OF BENEFIT CHANGES:

NO	BENEFIT	CURRENT BENEFIT	NEW BENEFIT EFFECTIVE 01 JANUARY 2020
1	In-Hospital treatment & procedures by General Practitioners (GP)	GP Treatment & Procedures is paid at 100% of Scheme Tariff	GP Treatment & Procedures is paid at 135% of Scheme Tariff
2	Oncology Medication	Subject from the OAL with a N\$15 levy payable per item	Levy removed for 2020 Oncology medication to be paid at 100% of NMPL
3	Stepdown facilities	Limited to 5 days after hospitalization	To be paid from the Overall- Annual-Limit
4	Optical Benefit		
	Option 1 – Frames	N\$1,070	N\$1,500
	Contact lenses	N\$1,200	N\$1,500
	Option 2 – Frames	N\$890	N\$1,200
5	Antenatal Consultations (Option 1 only)	7 per annum	10 per annum
6	Levy on acute & self medication	N\$ 15 per prescribed item on script based on NMPL	10% of total script based on NMPL
7	Orthodontic treatment	80% of Scheme tariff subject to the dental benefit limits	100% of Scheme tariff based on the 2020 dental benefit limits



2. ANNUAL INFORMATION SESSIONS (ROAD SHOWS)

The Board is thankful for your continued membership and value your input. The Scheme belongs to its members, and to improve members understanding of the Scheme, its operations and performance the Scheme hosts annual information sessions or road shows. The sessions kicked off in December 2019 and the schedule for the remaining session is as follows.

THE ROADSHOWS FOR 2019/20 WILL BE HELD AS FOLLOWS: A DETAILED PROGRAM WILL BE SEND OUT TO MEMBERS

NO	DATE	TOWN
1	03 December	Oshakati
2	04 December	Ondangwa
3	05 December	Eenhana
4	05 December	Windhoek
5	09 December	Hentiesbay
6	17 February 2020	Cape Town
7	02 - 05 March 2020	Oranjemund and Debmarine Vessel

All members are hereby invited to attend the information session where an overview of the Medical Scheme activities, financial results, benefit changes, advise how to best manage your benefits etc. The information will give you a better understanding of the Scheme and to better take care of you and your families health. This will empower you with information to best managed your medical benefits and reduce extra costs/co-payments that you carry as out-of-pocket expenses.

3. DESIGNATED SERVICE PROVIDER (DSP)

WHAT IS A DESIGNATED SERVICE PROVIDER (DSP)?

This can be a doctor, a pharmacist, a hospital or any other registered healthcare provider that offer their services at a reduced rate to members which saves members on co-payments and stretch their benefits.

DOES EVERY SCHEME HAVE DIFFERENT DSPS?

Yes, they can, but there is usually some overlap, especially when it comes to bigger schemes. Every scheme and every option within a scheme can be different, but many of the larger schemes have networks of designated service providers, both in-hospital and out-of-hospital.

DO ALL SCHEMES HAVE DSPS?

No, they don't. Some of the smaller schemes do not have DSPs, which means you can visit any registered healthcare provider. You will still be liable for co-payments, though.

WHAT IS THE ADVANTAGE OF USING DSPS?

What it comes down to is that when you use the DSP provider of your scheme, it is unlikely that you will have to make co-payments for the diagnosis, treatment, medicine and care. This will allow your to stretch your benefits to last longer and save you on your co-payment. It remain however your choice and if you opt to use a non-DSP provider you will carry the cost in access what the scheme pays. Thus it's primarily to give the members that wish to manage their benefits more effectively and save his/her out-of-pocket expenses a choice.

IS THERE A LIMIT TO OUT-OF-HOSPITAL TREATMENTS?

Yes, firstly, all out of out-of- hospital treatment is dependent and is subject to you your available benefits limits. The claims can only be paid if you still have benefits available. But because a DSP providers generally offer his/her services at a reduced rate your benefits will last longer.



3. DESIGNATED SERVICE PROVIDER (DSP)

WHY IS IT CHEAPER FOR TO USE A DSP?

It is usually cheaper for you to use a DSP, as your Scheme negotiates a special rate or tariffs on an annual basis with hospital chains, pharmacies and other service providers. They are in a much stronger bargaining position than you are as an individual. Nevertheless, you must remember that even healthcare providers, who are not DSPs, are usually willing to negotiate tariffs. It is for the member to take the initiative and to attempt to get his/her healthcare services at the better rates.

WHAT ABOUT NON-DSP PRIVATE DOCTORS?

Many private doctors do not charge medical fund tariffs, and if there is a shortfall, you will be liable for the difference between the practice rates and the Scheme benchmark tariff. It is generally referred to as the gap. Whilst funds set their own benchmark tariffs it is also the practitioner prerogative to decide on the rate for his/her services.

CAN MY SCHEME FORCE ME TO USE A DSP?

No, they can't, it is your choice, but you will be liable for the difference between the scheme tariff and the actual value of the bill.

WHAT HAPPENS IN AN EMERGENCY?

If you are in an accident, and there is no DSP nearby, your scheme will still pay the claim received at the Scheme tariff and any gap will be for your own account.

WHAT IF THERE IS NO DSP NEAR WHERE I LIVE OR WORK?

If there really is no DSP nearby, you continue to use any provider close to you or you may resolve to order your medication by a courier pharmacy and that will deliver the medication to your doorstep at a reduced rate.

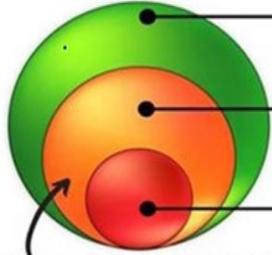
4. HEALTH NEWS

HEALTH TOPIC FOR THIS ISSUE: DEPRESSION

Depression is an illness that involves the body, mood, and thoughts and that affects the way a person eats, sleeps, feels about himself or herself, and thinks about things. Depression is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be wished away.

People with depression cannot merely 'pull themselves together' and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate symptoms of depression include loss of interest in activities that were once interesting or enjoyable. Below is additional information on Depression.

If You Don't Understand Depression, **READ THIS!**



Green Zone
High functioning / mild symptoms:
feel like you're "floating on water"

Orange Zone
Moderately intense symptoms:
feel like "treading water"

Red Zone
Very intense symptoms:
Feel like you're "drowning"

Depression Traffic Lights

Depression is an ILLNESS: Some days...

- You can **work long hours** and do all the chores (green zone), other days you **struggle to have a shower** (red zone)
- You can **fake a smile and attend social events** (green and orange zone), other days you have to **hide in your room**, recharge, and wait for the storm to pass (red zone)

! Please understand this and **don't make someone have to prove how unwell they are** - they're fighting an invisible illness that is life threatening. @RealDepressionProject



5. NAME CHANGE COMPETITION

The Scheme hosted a name change competition whereby all members were invited to submit names that can be considered as possible new names for the Scheme. The Board of Trustees would like to thank all members who participated in the competition, and congratulate the following winners:

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|----------------------------|---------------------------|
| 1. LIONEL KAPITANGO | 2. THOMAS DE KLERK |
| 3. ALINA MWAALA | 4. LUCRESIA ISAACS |

6. FRAUD, WASTE & ABUSE



It is estimated that between 10-20% of medical claims submitted to medical fund/schemes are due to fraud, waste and abuse. Looking at the current escalation in Scheme cost, the topic of fraud waste and abuse is critical, it does not only affect the Scheme but also the member as it off-set against your benefit limits and also threatens the long term sustainability.

In order to provide more information on the topic, we look at the definition of FWA in terms of medical schemes.

PLEASE REMEMBER!!!!!!!

- Fraud, Waste & Abuse (FWA) harms you and your Scheme, Choose to do the right thing and let your voice be heard in confidence.
- Let us join hands and combat FWA

Please report any suspicious involving Namdeb Medical Scheme to the Namdeb tollfree fraud hotline on **083 380 0169**. All matters reported will be investigated and treated with the outmost confidentiality.

CONTACT DETAILS

<p>Oshakati The Palms 7 c/o Robert Mugabe & Main Rd P.O. Box 7196 Oshakati West Tel: +264 65 222 335 / 334 Fax: +264 65 222 985</p>	<p>Windhoek c/o Feld & Thorer Str P.O. Box 22927 Windhoek Tel: +264 83 2999 736 Fax: +264 61 222 161</p> <p>Rosh Pinah Unit 1 SME Park Kokerboom Str P.O. Box 71 Rosh Pinah Tel: +264 83 323 2131 / 2130 Fax: +264 63 274 959</p>	<p>Lüderitz 230 Bismarck Str P.O. Box 1178 Lüderitz Tel: +264 63 202 143 Fax: +264 63 204 169</p> <p>Swakopmund Unit 23 The Dome Welwitschia Str P.O. Box 2869 Swakopmund Tel: +264 83 323 2050 Fax: +264 88 655 2774</p>	<p>Oranjemund c/o 11th Ave & 12th Str P.O. Box 833 Oranjemund Tel: +264 83 3232 113 / 110 / 111 Fax: +264 63 232 191</p> <p>Tsumeb 1150 Sam Nujoma Dr P.O. Box 791 Tsumeb Tel: +264 83 232 2070 / 2072 / 2073 Fax: +264 88 655 5509</p>	<p>Walvis Bay Medical Park Hidipo Hamutenya Str P.O. Box 731 Walvis Bay Tel: +264 83 323 2000 Fax: +264 64 206 094</p>
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