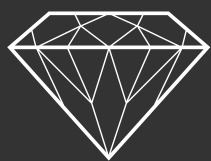




ACTIVE  
EMPLOYEES



**NAMDEB**  
Medical Aid Scheme

Administered by Prosperity Health

# NEWSLETTER

AFFORDABLE AND QUALITY HEALTH COVER FOR EMPLOYER GROUPS

## TOPICS FOR DISCUSSION:

1. 2019 Benefit & Contribution Increases
2. How to reduce your co-payment and out-of-pocket expenses
3. Namdeb Scheme: Option 2
4. Overage Dependents
5. Namdeb Scheme Web Page
6. Contribution tables

## 1. BENEFIT & PREMIUM INCREASES EFFECTIVE 01 APRIL 2019

The performance of the Namdeb Medical Aid Scheme and its long term sustainability like any other business organization is influenced by normal factors such as medical inflation, demographic and ageing of the Scheme and lastly the claim patterns of the members. The sound financial position of the Scheme is critical to provide members with peace of mind and also to meet the regulatory requirements as set by the Registrar of Medical Schemes/Namfisa.

Whilst 2018 was a challenging year for the medical aid industry, the Namdeb Scheme was no exception and exceptionally high individual hospital claims were one of the main contributors to costs. Namdeb

as a Medical Aid Scheme remained relatively stable for the past year however, the Scheme was characterized by higher than normal claims ratio's across a broad spectrum of members, increase in pensioner ratios, aging of the Scheme membership base and high levels of utilization across a number of disciplines was some of the major cost drivers. The increase in the gap payments which is the difference between the medical aid rates and the fee charged by health professionals also remain a great concern for the industry and the Namdeb Trustees. This contributed largely to the double increase in healthcare inflation in relation to the CPI (Consumer Price Index) inflation rate.

**2019**  
March

## BENEFIT & PREMIUM INCREASES EFFECTIVE 01 APRIL 2019

To ensure that the Scheme remain competitive in its benefit offering, the Trustees conducted its annual benchmarking review by independent actuaries and compared the Namdeb Scheme benefits to other open medical aid funds. The results of the benchmarking exercise once again indicated that the Namdeb Medical Aid Scheme still offers good value for money to its members.

In following the comprehensive and inclusive review process to ensure that all changes are fully supported by well calculated risks assessments as well as actuarial reviews, make provision for the increase in claims costs, increase in Scheme tariff structures, provide for the expected continuation increase in utilisation of benefits and new benefit enhancements, the Board of Trustees herewith, announce an overall premium increase of 7.5 % effective 01st of April 2019.

The deductions of the new increase will commence at the end of March 2019. Attached on Annexure A is the new amended benefit and contributions. The 2019 benefit offering is superior to that of most other medical aids and the contributions remains very favorable.

### 1.1 NEW BENEFITS EFFECTIVE 01 APRIL 2019

• **New Namdeb Benefit Accumulator:**

The Namdeb Medical Aid Scheme is a closed scheme, managed and operated as a solidarity fund build on the principle of cross subsidization amongst members. Despite the fact of the Scheme being a closed scheme, it directly competes with open schemes



in benefit offering. For the past few years, members through the annual information roadshows have been requesting the Scheme to look at options to reward members who manage their benefits efficiently and incentives members to reduce costs. The Board of Trustees is happy to announce that they have approve the introduction of a Namdeb Benefit Accumulator effective 01 April 2019 as part of the new benefit structure.

The Benefit Accumulator, will offer members the option to accumulate benefits in their Benefit Wallet if their claims on day-to-day benefits, excluding chronic medication are less than a specific percentage. The member's benefit in the Benefit Accumulator can in return be used to pay for medical expenses such as:

- Routine medical costs, even if the respective benefit has been depleted for the benefit year;
- Member co-payments;
- Treatment normally excluded in terms of the Scheme Rules;
- Excess co-payments the difference between the actual medical fee charge by medical practitioners and the Scheme benchmark tariff;

More details on the Benefit Accumulator will be provided in the next member newsletter.



## 1.2 ADDITIONAL BENEFIT CHANGES

All benefit categories received an overall inflationary increase for 2019, however the listed benefits below received a higher percentage increase. All the new increased benefits limits will be applied effective 01 January 2019. The new 2019 benefit structure is attached on Annexure A.

NO	BENEFIT	CURRENT BENEFIT	NEW BENEFIT EFFECTIVE 01 APRIL 2019
1	In-Hospital Specialist treatment & procedures on the following disciplines: <ul style="list-style-type: none"> <li>• MVA</li> <li>• Maxilla Facial</li> <li>• Oncology and</li> <li>• Kidney Dialysis</li> </ul>	Specialist Treatment & Procedures is paid at 100% of Scheme Tariff	Specialist Treatment & Procedures tariff increased from 100% to 200% on the all the highlighted disciplines
2	Refractive Surgery	Annual limit N\$ 12,710	Benefit limit increased to N\$ 30,000 (All-inclusive cover) pbpa
3	Cataract Eye Operations	Paid from Overall-Annual –Limit (AOL)	New benefit limit of N\$ 29,000 introduced for 2019
4	Psychiatry	Limited to 15 days pbpa	Benefit changed from number of days to benefit limit, new limit for 2019 N\$ 29,000 pbpa
5	Maxillo Facial & Dental Surgery (In- & Out-of-Hospital)	Paid from OAL	Paid from OAL Non-Elective Maxillo Facial/Oral Surgery – Trauma, limited to: <ul style="list-style-type: none"> <li>• Dental extractions of more than 3 teeth or multiple fillings in children under the age of ten and disabled dependants.</li> <li>• Removal of impacted wisdom teeth. (All Inclusive Benefit - Accommodation, surgery, treatment and services). Part of Clinical protocols</li> </ul>
6	Step down facilities in lieu of hospitalization	Paid from the Alternative Services In-Hospital , benefit limit N\$ 18,050	To a maximum of 5 days after discharge from hospital after a procedure. Benefit to be paid from the OAL
7	Biokinetics	Benefit paid from Paramedical Services N\$ 13,300	<ul style="list-style-type: none"> <li>➤ New benefit limit of N\$ 2,700 pbpa for Biokinetics services introduced effective 01 January 2019</li> <li>➤ Biokinetic will still be paid-from the Paramedical benefit for 2019</li> <li>➤ Members who require additional benefits for any medical reasons will have to apply and be required to submit a treatment plan and motivation from their GP or Specialist</li> </ul>
8	Preventative Benefits	<ul style="list-style-type: none"> <li>• Paid from Day-to- Day Benefits 2019</li> </ul>	<ul style="list-style-type: none"> <li>• New benefit package introduced effective 01 January 2019,</li> <li>• Cover to include a battery of wellness test, please refer to the benefit structure page 6 for more details</li> </ul>
9	GP & Specialist Consultations	<ul style="list-style-type: none"> <li>• 10 consultations pbpa</li> </ul>	<ul style="list-style-type: none"> <li>• Increased to 14 consultations pbpa with a family limit of 36 consultation per annum</li> </ul>
10	Vitamins – covered under the (OTC- self-medication benefit)	Benefit only cover single vitamins	<ul style="list-style-type: none"> <li>• Benefit to cover single &amp; multi vitamins including minerals as from 01 January 2019.</li> <li>• The claim limit of N\$100 per script will still apply</li> </ul>

### EXPLANATION OF ABBREVIATIONS:

- pbpa: per beneficiary per annum
- Scheme tariff: 100% of agreed tariff paid by Scheme
- OAL: Overall Annual Limit
- CPI: Consumer Price Index (Inflation)

## 2. HOW TO REDUCE YOUR CO-PAYMENT AND OUT-OF-POCKET EXPENSES

Members are encouraged to make use of the initiatives available for members to reduce the co-payment or out-of-pocket payments that will not only save you cash in the pocket, but also stretch your benefits to last longer.

### PLEASE CONSIDER THE FOLLOWING:

ATTRACTING CO-PAYMENT AS OUT-OF-POCKET EXPENSE	OPTION TO REDUCE OR STOP CO-PAYMENT OR OUT-OF-POCKET EXPENSE
A. You pay 20% co-payment on chronic medication	<ol style="list-style-type: none"> <li>Opt for formulary medication with lower or no co-payment <ul style="list-style-type: none"> <li>for more details see look-up facility on <a href="http://www.namdebmedical.com.na">www.namdebmedical.com.na</a></li> <li>or contact and speak to a pharmacist on Chroniline at Tel: +264 83 2999 991</li> </ul> </li> <li>Negotiate lower markup from your pharmacy</li> </ol>
	<ol style="list-style-type: none"> <li>Consider to order medication from the Designated Service Provider (DSP) Network at no co-payment <ul style="list-style-type: none"> <li>The pharmacies under the DSP network lowered their mark-up from 50% to 30% and that result in no co-payment</li> <li>The DSP Pharmacies may also courier your medication to any town in Namibia at no additional cost</li> <li>Please note that it is not mandatory or an exclusive arrangement and remain members choice to make use of DSP Pharmacies</li> </ul> </li> </ol>
B. You have annual limits on your chronic and acute medication benefits	<ol style="list-style-type: none"> <li>Consider generic medication and ask your doctor, as generic medication are cheaper than branded medication <ul style="list-style-type: none"> <li>By using generic medication , you save on co-payment and:</li> <li>Your benefits will last longer and before you deplete your benefits</li> </ul> </li> <li>Ask your pharmacists in terms of legislation to offer substitution for generic medication</li> <li>When obtaining medicine at the pharmacy you will receive an SMS reminder to opt for generic medication as it reduces your co-payment</li> </ol>
C. Medical practitioners charge a fee that may be more than the Scheme tariff and whilst the Scheme pay the hospital fees in full you may have a gap in payment to the practitioner and that needs to be paid by the member	Consider taking out the private GAP Cover Insurance for in-hospital services as it will pay the medical practitioner in full and reduce your out-of-pocket costs
D. Medical practitioners charge a fee that they determine as a fair rate and you may have to pay an upfront cash payment or co-payment	<ol style="list-style-type: none"> <li>Ask your medical practitioner for a rebate to reduce your co-payment or for a discount when paying cash</li> <li>The Scheme process claims paid for by members as a "speedline" claim and will refund you within 14 days' maximum for such claims</li> <li>Mail claims including proof of payment to <a href="mailto:claims@prosperitynam.com">claims@prosperitynam.com</a></li> </ol>
E. Obtain an quote from the medical practitioner and ask Prosperity to confirm what amounts will be paid by the Scheme	<ol style="list-style-type: none"> <li>This will allow you to know before the procedure if you have any co-payment to make and that will allow you to budget or plan for any procedure</li> </ol>
F. Obtain an authorization for all hospital services before the admission to hospital	<ol style="list-style-type: none"> <li>This will give you peace of mind that the procedure is covered confirm any exclusions and that you will not have no surprises or large co-payments</li> <li>In the absence of this you might be required to pay a deposit upfront on admission</li> </ol>





## 3. NAMDEB MEDICAL AID SCHEME OPTION 2

In April 2016, the scheme introduced a second option as part of its benefit structure, to offer members a lower cost option within the Namdeb Scheme. Members were allowed the option annually to change options. However since its inception until the end of 31 December 2018, the total registered principal members on the option has remained 12. Thus the option has not attracted large interest from amongst members and no growth was recorded over the past years.

In a meeting held in November 2018, the Board of Trustees resolved that:

- Effective 01 April 2019 existing members of the Scheme will not be allowed to change to Option 2. Any new members joining or rejoining the Scheme can only be registered on Option 1.
- Option 2 will continue to exist as an option under the Scheme until no members left and or the Board of Trustees resolve to close the option. The Trustees will continue to review the sustainability of the option on an annual basis.

## 4. OVER AGE DEPENDANTS

In terms of the rules of the Scheme, a registered dependant of a principal member over the age of 21 years, is entitled to remain a member of the Scheme to the age of 25 years, under the following conditions.

A full time student at a registered institution until such a student reaches the maximum age of 25 and not earning an income

- Dependant of the member with mental or physical defects or similar cause may remain a member of the Scheme.

### 4.1 DOCUMENTATION TO BE SUBMITTED AS PROOF:

- Student from 21 to 25 years – proof of full time studies for 2019 at an accredited tertiary institution
- Dependant with Mental or Physical disability - Doctors motivating letter
- As the base of the agreement the principal member will be required to complete an affidavit under oath to verify the status of any child dependant holding membership in any of the above categories.

All principal members with dependants in the stipulated age category of 21 and to age of 25, have to submit proof annually to confirm the status of their child dependants as

students and or mental or disabled members.

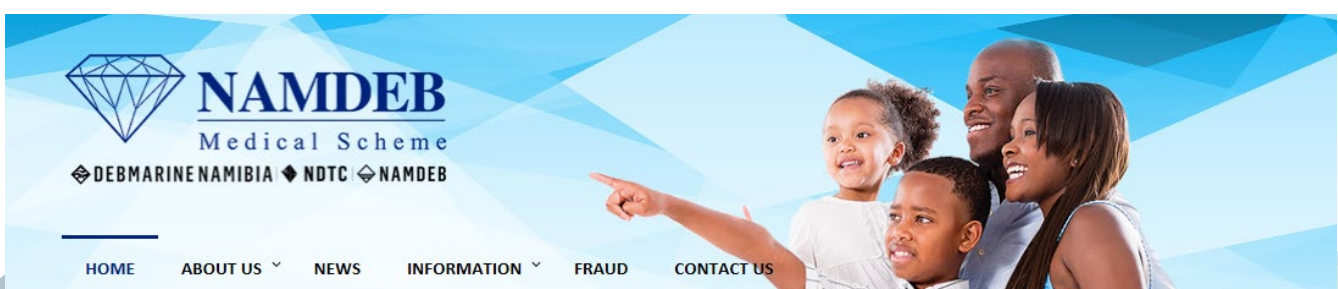
In addition the principal members will receive a notifications from the Scheme administrators in February and March 2019, requesting them to submit the necessary documentary proof and on request an affidavit to confirm their status by any of the following modes of:

- Email & sms notification to remind the member of the deadline for submission of documentary proof
- Formal letter via postage mail to remind the member to submit documentary proof or intended terminations of the dependants membership
- Formal letter via HR to remind the member to submit documentary proof or intended terminations of the dependants membership
- Formal letter as notice of termination of membership of the dependants failing to provide documentary proof

NB: Members are urged to submit proof as highlighted under point 4.1, and be cautioned that if no proof is submitted before 31 March 2019, membership of dependants older than 21 years will be suspended and or terminated on the Scheme.

## 5. NAMDEB SCHEME WEB PAGE

Visit the Scheme webpage on [www.namdebmedical.com.na](http://www.namdebmedical.com.na) for any more information or contact the nearest Prosperity Health Client Service offices to obtain more information or to verify any uncertainties.



## 6. NEW CONTRIBUTIONS EFFECTIVE 1 APRIL 2019

### 6.1 NEW CONTRIBUTIONS EFFECTIVE 01 APRIL 2019 EXCLUDING ANY INSURANCE COVER

under Rescue Me Emergency road ambulance cover & Funeral Cover:

(a) 100% Contributions including Employer & Employee Portion

OPTION 1							
INCOME BAND		M	M + 1	M + 2	M + 3	M + 4	M + 5
-	7,600	1,718	3,205	3,996	4,628	5,088	5,513
7,601	9,800	1,873	3,486	4,335	5,021	5,501	5,961
9,801	11,840	2,077	3,841	4,792	5,537	6,068	6,575
11,841	13,620	2,232	4,146	5,158	5,965	6,527	7,071
13,621	17,410	2,461	4,535	5,661	6,550	7,186	7,785
17,411	21,380	2,627	4,869	6,066	6,971	7,670	8,308
21,381	25,470	2,726	5,051	6,291	7,230	7,955	8,616
25,471	29,420	2,893	5,356	6,665	7,658	8,427	9,127
29,421	34,200	3,007	5,565	6,921	7,953	8,752	9,478
34,201	64,300	3,118	5,773	7,181	8,253	9,079	9,835
64,301	-	3,389	6,275	7,809	8,974	9,871	10,694

OPTION 2							
INCOME BAND		M	M + 1	M + 2	M + 3	M + 4	M + 5
-	7,110	1,050	1,960	2,443	2,828	3,111	3,370
7,111	9,160	1,178	2,192	2,726	3,157	3,460	3,749
9,161	11,070	1,343	2,482	3,097	3,579	3,923	4,249
11,071	12,730	1,501	2,789	3,469	4,012	4,390	4,757
12,731	16,280	1,719	3,169	3,955	4,576	5,022	5,441
16,281	19,990	1,835	3,402	4,239	4,871	5,359	5,806
19,991	23,810	1,976	3,661	4,561	5,242	5,767	6,246
23,811	27,500	2,147	3,975	4,948	5,686	6,257	6,777
27,501	31,970	2,284	4,229	5,260	6,043	6,650	7,203
31,971	60,100	2,396	4,437	5,520	6,344	6,978	7,559
60,101	-	2,664	4,932	6,139	7,055	7,759	8,407

### (B) GROUP RISK TRANSFER PREMIUMS

New Increased premiums for E-Med & Funeral Cover

Rescue Me Emergency Evacuation Cover (road transportation)  
Funeral Cover

- N\$ 22.35 per family per month  
- N\$ 15.00 per family per month

Note: Value payable under the policy:

- No age restriction
- No medical questionnaire to be completed

### FUNERAL COVER

Benefit Per Insured	Cover
Member	15 000 per person
Spouse/Adult Dep	15 000 per person
Children 12 Yrs to 21 Yrs	10 000 per person
Children Stillborn to 11 Yrs	5 000 per person

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