

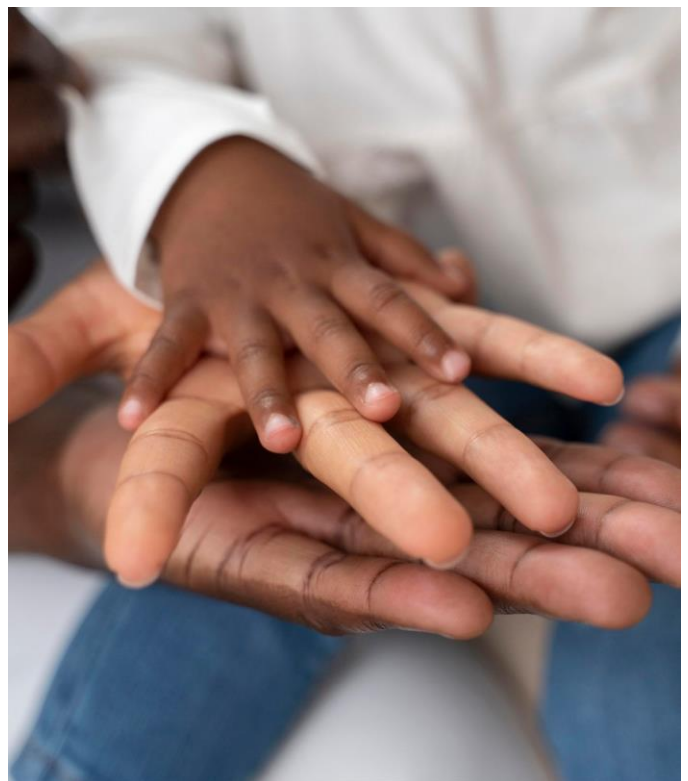
### TOPICS FOR DISCUSSION:

1. **PRODUCT 2024 BENEFIT, PREMIUM & RULES CHANGES**
2. **PROSPERITY OPERATING HOURS DURING THE FESTIVE SEASON**
3. **OVERAGE DEPENDANTS**
4. **HEALTH NEWS**

## 1. **PRODUCT 2024 BREAKDOWN OF BENEFITS, PREMIUM & RULES CHANGES**

### Introduction:

- 1.1 The Board of Trustees adheres to a stringent review process when setting the Scheme's Benefit and Premiums. This process involves a comparison of benefits with other open funds and considers feedback from members, employers, and healthcare practices.
- 1.2 One of the primary strategic objectives of the GEMHEALTH Scheme's Board of Trustees is to ensure its competitive edge in both benefit offerings and premiums. Similar to any business entity and all Namibian Medical Aid Funds, the Scheme's medium and long-term sustainability is influenced by industry-related factors, including medical inflation, claims escalation, Fund demographic and chronic illness profiles, as well as risks associated with the aging of Scheme members.
- 1.3 As part of the Product 2024 benefit design process, the Trustees repeated the annual benchmarking review, comparing the GEMHEALTH Scheme's benefit offerings to other open medical aid funds.
- 1.4 We are sure, as medical aid fund members you have all read the local newspaper reports the past few weeks reporting on the challenges faced by medical aid funds as a result of the escalation in claims trends, utilization, and other cost drivers. The change in claims occurred after the COVID lockdown in 2020, exceeding all actuarial forecasts and budget provisions. This resulted in all medical aid funds subsidizing monthly claims from accumulated reserves.
- 1.5 The review process this year was in response to major challenges faced by the healthcare industry, Namfisa, the Namibian medical aid industry, and the GEMHEALTH Scheme. The industry trend reports published by Namfisa and Namaf indicated a continuation of high claims trends from 2021 that the claims experience for 2023 continued the high claims trends observed from 2021.
- 1.6 The exercise conducted to set the 2024 product benefits/contributions was done in consultation with the independent Scheme Actuaries, and all factors affecting the Scheme's financial performance were taken into account. This is critical as the Scheme must protect the company/member's interests, whilst the proposed percentage increase in contributions and the setting of benefits have to align with the Namfisa benchmark requirements for reserves, etc.



- 1.7 During the COVID lockdown period in 2020, all medical aid funds in Namibia experienced a decrease in claims. However, these claims showed an extraordinary bounce back in 2021 and have persisted since then. This substantial increase in claims has contributed to a significant drop in the Scheme reserves for the past two years. The claims reflect increases in claims across a wide range of claim disciplines, with the highest claims categories being hospitals, specialists, and medication. High claims threaten the sustainability of medical aid funds. To address these escalating trends, the industry collectively agreed to reduce GP and Specialist In-Hospital treatment tariffs effective from January 1, 2023. Further reductions in the same tariff will be introduced effective 01 January 2024. Tariff reductions will also be affected in the medicine reimbursement model for 2024.
- 1.8 The primary focus of the 2024 benefit design was to address the high claims utilization while building the scheme-required reserves to acceptable levels in line with the Scheme's Risk-Based Policy. The reserve levels reduced over the past 3 years, mainly due to the high utilization of claims.
- 1.9 The review considered the current state of the Namibian economy, CPI, and healthcare inflation trends, which also adversely affect our members and participating employer groups.
- 1.10 The financial sustainability and position of the Scheme are critical in providing members and employer groups peace of mind by ensuring that the Scheme can effectively manage their healthcare needs and meet the regulatory requirements established by the Registrar of Medical Funds/Namfisa.
- 1.11 To secure the future of the private healthcare industry, the sustainability of the private medical aid funds is critical. It is however crucial to highlight that healthcare service providers also have to play their part in securing the sustainability of the private healthcare funds, as it guarantees their practices of a large portion of claims and income of their patients and members of medical aid funds.
- 1.12 With the inevitable development of the Namibian Government's plan for the introduction of a National Health Insurance and Essential Health Package for all Namibians, cooperation between the private and public health sectors is vital to maintain a private health funding model, in support of addressing national health challenges.
- 1.13 The future of the private healthcare industry hinges on the sustainability of private medical aid funds.

## **2** **BENEFIT CHANGES – PRODUCT 2024:**

Since 2021, the Namibian medical aids including GEMHEALTH Scheme have observed a significant increase in claims utilization, which resulted in a rapid decrease of the Scheme reserves. At a strategic meeting held in February 2023, some of the key strategic actions taken by the Board, was to address and reduce the impact of escalating utilization. It was suggested by some providers that the change in utilization has been to some extent triggered by “supplier induced demand” where some practices might have opted to claw back some of the losses in income during the lockdown period? The Trustees resolved to re-evaluate and restructure certain benefits offering in order to effectively manage and ensure members of continued access to quality healthcare services with the best clinical outcome, while ensuring that the Scheme maintain its sustainability.

- i) As a result, we have undertaken a review of the benefits offered, and adjustments have been made for the upcoming financial/benefit year effective 01 January 2024 to 31 December 2024. These changes are designed to balance the needs of our members while ensuring continued access to essential healthcare services.
- ii) The restructuring primarily focuses on optimizing the allocation of benefits to better accommodate the evolving healthcare landscape and to ensure equitable access for all members. While some benefits might have undergo major adjustments, please be assured that our aim is to maintain the high quality of service you have come to expect from our medical aid plan.

- iii) The Trustees used a “benefit limit utilization report” as a guide, to consider the adjustment of the benefits limits for the various benefit categories. This was done to ensure that the impact on the members was limited.
- iv) Members are further advised to exercise caution when obtaining services or medication are prescribed and to consider alternative or generic medications that attract lower or no co-payments. Members may also request a quotation from the practice/doctor and ask the Administrators for confirmation of benefits to compare the fee against the Scheme tariffs. If significant co-payments are due, members could consider seeking a second quotation.
- v) We understand that changes to benefits can be cause uncertainty, and the Scheme and Prosperity Health are committed to providing clarity and support to members and should you have any questions or require further information regarding these adjustments, our dedicated team is available to assist you.
- vi) The Scheme value your membership and trust in the GEMHEALTH Medical Aid Scheme, as your well-being remains our priority, and we assure you that we are dedicated to not only offering members a comprehensive coverage at the best rates that will keep the Scheme sustainable.
- vii) Thank you for your entrusting the Scheme for being the healthcare provider to you and your family.

**Below is the summary of benefit changes effective 01 January 2024.**

No	Benefit	New Benefits 1 January 2024	2023 Benefits	Summary of change
1	General Practitioners & Specialist In Hospital Treatment & Procedures	1. GP procedures : <b>125%</b> of Scheme Tariff 2. GP visits; <b>130%</b> of Scheme tariff 3. <b>150%</b> of Scheme tariff Specialist visits and Procedures, 4. Confinements: • Specialist & GP: <b>150%</b> of Scheme tariff	1. <b>135%</b> of Scheme tariff (GP procedures) 2. <b>150%</b> of Scheme tariff (GP visits) 3. <b>200%</b> of Scheme tariff (Specialist visits and Procedures, • Specialist & GP : <b>200%</b> of Scheme tariff	1. Reduction of the Scheme tariff payable to GP & Specialists for In-Hospital treatment and procedures
2	Tonsillectomies	1. Tonsillectomies 10% co-payment to apply on all tonsillectomies	1. Tonsillectomies Paid 100% of Scheme tariff. No co-payment applicable	1. Introduction of a 10% co-payment on tonsillectomies
3	MRI and CT Scans (In & Out of Hospital)	Limited to: <b>N\$38 600 per family with a 5% co-payment</b>  Specialist referral is mandatory	Limited to: <b>N\$38 600 per family</b>	1. Introduction of a 5% co-payment on MRI & CT Scans <b>NB: Effective 01 January 2024, Specialist referral for MRI &amp; CT Scans is compulsory</b>
4	Radiology and Pathology (In Hospital)	Limited to: <b>N\$25 000 Per Beneficiary Limited to N\$62 500 per family</b>	100% of Scheme Tariff Subject to Overall Annual Limit	1. Introduction of individual and family limits

No	Benefit	New Benefit Changes effective 1 January 2024	2023 Benefits	Summary of change
5	Colonoscopy, Gastroscopy including all endoscopic procedures (In & Out Hospital)	100% of Scheme Tariff 10% Co-payment to apply Subject to Pre-authorization	Overall Annual Limit (OAL) Subject to Pre-authorization	1. Introduction a 10% co-payment on all scopes In & Out of Hospital
6	Trauma Cover Includes In & Out of Hospital Treatment, Medication and Radiology & Pathology  *Organ Transplant and Donor Cost (subject to Board approval)  *Oncology (Radiotherapy and Chemotherapy)  *Renal Dialysis	100% of Scheme Tariff  1. <b>Oncology Treatment: N\$650 000 per beneficiary</b>  2. <b>Organ Transplant N\$300 000 per beneficiary</b>  3. <b>Kidney Dialyses N\$250 000 per beneficiary.</b>	100% of Scheme Tariff Subject to Overall Annual Limit	1. Introduction of sub limits on Trauma treatment
7	Cataract Eye Operation (All-inclusive including Accommodation)	100% of Scheme Tariff  <b>Limited to N\$44 000 per beneficiary (for two eyes)</b> 10% co-payment applicable to members younger than the	100% Scheme Tariff  <b>Limited to N\$49 700 Per Beneficiary</b>	1. Annual limit reviewed 2. 10% co-payment to be applicable on Cataract Eye surgeries for member aged 45 and younger
8	Refractive Surgery (All-inclusive including Accommodation) (Once-off benefit)	100% of Scheme tariffs Limited to: <b>N\$25 000 per beneficiary, once off benefit Limited to N\$36 000 per family</b>	100% of Scheme Tariff <b>Limited to N\$35 050 per beneficiary (once- off)</b>	1. Annual benefit limit reviewed in line with benefit comparison of other open funds 2. Introduction of a family limit
9	Auxiliary Services Including Physiotherapy, Biokinetics, Psychology & Dieticians	100% of Scheme Tariff Limited to: <b>*N\$8 000 per beneficiary</b> *Requires a specialist referral letter. Additional benefits to be allocated, if approved subject to submission and approval of a treatment plan for rehabilitation cases	100% of Scheme Tariff Subject to Overall Annual Limit	1. Annual benefit limit reviewed

No	Benefit	New Benefit Changes effective 1 January 2024	2023 Benefits	Summary of change
10	Dentistry Including: -Maxillo facial -Dental extraction of more than 3 teeth and multiple fillings (for children under 10 years and disabled patients) -Removal of wisdom teeth -Subject to prior approval and clinical protocols) -All inclusive benefit	100% of Scheme tariff <b>N\$60 000</b> per beneficiary, <b>N\$90 000</b> per family  <b>In-hospital</b> Dentist - 100% of Scheme Tariff in-hospital Specialist - 100% of Scheme Tariff in-hospital Subject to co-payment of 5% on elective procedure  <b>In hospital procedures done in rooms</b> Dentist - 125% of Scheme Tariff in-rooms Specialist - 150% of Scheme Tariff in-rooms	GP- 135% of Scheme Tariff Specialist - 200% of Scheme Tariff Subject to Overall Annual Limit	1. Introduction of annual benefit limit 2. Review of In-Hospital tariff payable to Dentist & Specialist tariff. 3. Increase if tariff payable on In hospital procedures done in rooms 4. Members encouraged to have dental procedures done in practice than in-hospital that attract higher and additional costs
11	Dental Implant (All-inclusive Benefit)	Dental Implant Components and procedure covered at 100% of Scheme tariff, limited to: <b>N\$18 500 per beneficiary, N\$30 000 per family</b>	Dental Implant Components covered at 100% of cost, limited to: <b>Per Beneficiary: N\$15 400</b>	1. Annual limit to include all dental implant costs including procedures.
12	Chronic Medicine	100% of Scheme Medicine Tariff, limited to <b>N\$20 000 per beneficiary and N\$38 500 per family</b> 0% co-payment on preferred medicine as per scheme's formulary 20% co-payment on chronic medicines that are not preferred medicines as per the Scheme's formulary.	100% of NMPL, Per <b>Beneficiary: N\$40 200</b> 20% co-payment on chronic medicines that are not preferred medicines as per the Scheme's formulary. If a preferred medicine is used, then no co-payment applies.	1. Annual limit reviewed 2. Family limit introduced. 3. co-payment on chronic medicines remain on non-preferred medicines as per the Scheme's formulary. If a preferred medicine is used, then no co-payment applies and the member save the out-of-pocket expense

No	Benefit	New Benefit Changes effective 1 January 2024	2023 Benefits	Summary of change
13	External Prosthesis and Medical Appliances	<p><b>1. Minor Appliances:</b>  100% of Scheme tariff  <b>N\$5 000 per beneficiary, limited to N\$9,800 per family</b>  <b>Subject to a co-payment of 5%</b>  <b>Ankle Boot</b>  Age 16 years and below - limited to 1 every year  Age 17 years and older - limited to 1 every two years  <b>Bath swivel stool or shower chair</b> - limited to 1 per beneficiary every (3) three years  <b>Bedpans</b> - limited to 1 per beneficiary every (3) three years  <b>Blood Pressure Meters</b> - limited to 1 per beneficiary every (3) three years  <b>Arm immobiliser Sling</b> - limited to 1, every (3) three years  <b>Walker</b> - limited to 1 per beneficiary every (3) three years  <b>Diabetic Monitoring Meters</b> - limited to 1 per beneficiary every (3) three years  <b>Humidifiers</b> - limited to 1 per beneficiary every (3) three years  <b>Oximeter</b> - limited to 1 per beneficiary every (3) three years  <b>Nebulizers</b> - limited to 1 fill per beneficiary every (3) three years  <b>Aero chambers/ Spacers</b> - limited to 1 fill per beneficiary every (3) three years</p> <p><b>Subject to clinical protocols and pre- authorisation</b></p>	<p>100% of Cost. Limited to:  <b>Per Beneficiary: N\$25 750</b>  Blood Pressure Meters - limited to 1 per beneficiary every (3) three years  Diabetic Monitoring Meters - limited to 1 per beneficiary every (3) three years  Humidifiers - limited to 1 per beneficiary every (3) three years  Nebulizers - limited to 1 fill per beneficiary every (3) three years  Aero chambers/ Spacers - limited to 1 fill per beneficiary every (3) three years  Hearing Aids - limited to 1 pair per beneficiary every (2) two years</p> <p>Subject to pre- authorisation</p>	<ol style="list-style-type: none"> <li>1. New Benefits category introduced.</li> <li>2. 5% co-payment to be applicable on all minor appliances</li> <li>3. Member encouraged to extend the life of use of the appliance</li> </ol>

No	Benefit	New Benefit Changes effective 1 January 2024	2023 Benefits	Summary of change
14		<p><b>2. Major Appliances:</b>            100% of Scheme tariff Limited to N\$25 750 per Beneficiary.            Subject to a co-payment of 5%</p> <p><b>Wheel Chairs</b> - limited to every (5) five years  <b>Hearing Aids</b> - limited to 1 pair per beneficiary every (2) two years  <b>Oxygen Concentrators</b> - limited to 1 every (5) five years  <b>Sleep Apnea machines</b> - limited to 1 per beneficiary every (3) three years.  <b>CPAP Machine</b>- limited to 1 per beneficiary every (3) three years  <b>Artificial Limbs</b> - every two years            Subject to clinical protocols and pre-authorisation</p>		1. Introduction of a 5% co-payment
15	Maintenance, Repairs and Batteries of External Appliances. New Benefit	<p><b>3. Maintenance, Repairs and Batteries of External Appliances.</b>            Part of the major appliances benefit, limited to <b>N\$3 000 per beneficiary</b></p> <p>Subject to clinical protocols and pre-authorisation</p>	Not Applicable	1. New Benefit Category introduced effective 01 January 2024 and members now don't have to apply for ex gratia
16	Emergency Evacuations	100% of Scheme tariff Overall Annual Limit Subject to a 5% Co-payment	100% of Scheme Tariff Overall Annual Limit	1. 5% co-payment to be applicable on evacuations

## Day to Day Benefits

1	<b>General Practitioners and Specialists</b>	<p>100% of Scheme Tariff for GP's and Specialist (excl. Specialist consultations at <b>130% of Scheme Tariff</b>):  per beneficiary: <b>N\$15 000</b> per family: <b>N\$28 000</b>  *16 Consultations per beneficiary including a maximum of 5 tele/ virtual-consultation per beneficiary  * 36 consultations per family  * 10 Ante-natal consultations  All other outpatient/ in rooms procedures subject to GP and Specialist limit.</p>	<p>100% of Scheme Tariff for GP's and Specialist (excl. Specialist consultations at <b>160% of Scheme Tariff</b>):  per beneficiary: <b>N\$20 600</b>  *16 Consultations per beneficiary including a maximum of 5 tele/ virtual-consultation per beneficiary  *36 consultations per family  * 10 Ante-natal consultations  All other outpatient/ in rooms procedures subject to GP and Specialist limit.</p>	<ol style="list-style-type: none"> <li>1. Annual limit reviewed.</li> <li>2. Review of Scheme tariff payable on Specialist</li> <li>3. Member to consider negotiating a lower rate or consider specialists that may charge a lower rate OR no co-payment</li> </ol>
2	<b>Dentistry</b>	<p>100% of Scheme Tariff limited to:  per beneficiary: <b>N\$14 600</b>  per family: <b>N\$27 800</b></p> <p>*Conservative Dentistry  * Specialised Dentistry  * <b>Orthodontic: Subject to a 10% Co- payment</b>  * Maxillo Facial limited to <b>N\$3070 per Beneficiary</b></p>	<p>100% of Scheme Tariff limited to: Per Beneficiary:  <b>N\$14 600</b>  Per Family: <b>N\$30 950</b></p> <p>*Conservative Dentistry  *Specialised Dentistry (Orthodontic paid at 100% of Scheme Tariff)  Maxillo Facial limited to N\$3 070 per Beneficiary</p>	<ol style="list-style-type: none"> <li>1. Annual limit Reviewed</li> <li>2. Introduction of a 10% co-payment on orthodontic treatment</li> </ol>
3	Medicine Benefits	<p><b>Acute Medicine 100%</b> of Scheme medicine tariff, Per Beneficiary: <b>N\$10 000</b>  <b>100% of Scheme medicine tariff, Per Family: N\$28 000</b>  <b>15% Levy</b>  <u>Self-Medication (OTC)- Subject to Acute Medicine Limit</u>  100% of Scheme medicine tariff per beneficiary: <b>N\$1 800</b>  <b>Limited to N\$310 per script</b>  <b>15% Levy</b>  <b>Vitamins OTC - Subject to Acute Medicine limit per beneficiary: N\$640, limited to N\$140 per script</b>  <b>15% Levy</b></p>	<p><b>Acute Medicine 100% of NMPL, Per Beneficiary: N\$15 000</b>  <b>10% Levy</b>  Self-Medication 100% of NMPL  <b>Per Beneficiary: N\$7 600</b>  Limited to N\$310 per script, 10% Levy  <b>Vitamins OTC 100% of NMPL, Per Beneficiary: N\$640</b>  Limited to N\$140 per beneficiary per month  <b>10% Levy</b></p>	<p><b>Acute Medication</b></p> <ol style="list-style-type: none"> <li>1. Annual limit reviewed</li> <li>2. Family sublimit introduced</li> <li>3. Medication levy increased from 10 to 15% per script.</li> </ol> <p>OTC -Self-medication</p> <ol style="list-style-type: none"> <li>1. Benefit to be included under the acute medication benefit.</li> <li>2. Medication levy, increase from 10% to 15% per script</li> </ol> <p>Vitamins</p> <ol style="list-style-type: none"> <li>1. Benefit to form part of OTC/Self- medication benefit</li> <li>2. Medication levy increased from 10% to 15%</li> </ol>



## Day to Day Benefits

4	<b>Radiology and Pathology (Out-of-Hospital)</b>	100% of Scheme Tariff per beneficiary limit of <b>N\$15 400</b> for: <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• Scans: Ultra Sounds/Antenatal</li> </ul> <b>5% co-payment applicable on all Radiology &amp; Pathology</b>	100% of Scheme Tariff per beneficiary limit of <b>N\$15 400</b> for: <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• Scopes</li> </ul> Diagnostics <ul style="list-style-type: none"> <li>• Scans: Ultra Sounds/Antenatal</li> </ul> Angiography	1. Introduction of a 5% co-payment on all radiology & pathology
5	Auxiliary Services	100% of Scheme Tariff. <b>Limited to N\$8 000 per beneficiary, N\$20 000 per family</b> Biokinetics limited to N\$3 180 per beneficiary, Excl.: <ul style="list-style-type: none"> <li>• Post Burn wounds</li> <li>• Children/ Adults with physical disabilities</li> <li>• Guillan Barré and other paralyzing diseases</li> </ul> (Post-op biokinetics paid from OAL) Physiotherapy, Social Workers, Speech, Audiology, Acousticians, Dieticians, Occupational Therapy, Biokenetics, Hom/ Chiro/ Osteopathy, Podiatry, etc.	100% of Scheme Tariff. <b>Limited to N\$16 650 per Beneficiary.</b>  Biokinetics limited to N\$3 180 per beneficiary, Excl.: <ul style="list-style-type: none"> <li>• Post Burn wounds</li> <li>• Children/ Adults with physical disabilities</li> <li>• Guillan Barré and other paralyzing diseases</li> </ul> (Post-op biokinetics paid from OAL)	1. Annual benefit limit reviewed, and family limit introduced
6	Psychology and Psychiatry	100% of Scheme Tariff. <b>Limited to: per beneficiary: N\$8 000</b>	100% of Scheme Tariff. <b>Limited to: Per Beneficiary: N\$16 650</b>	1. Annual limit reviewed
7	Wellness Reward	Member earns benefit reward to Benefit Accumulator <b>*BMI/</b> Blood pressure test/Cholesterol/ Test Blood Sugar (Finger Prick Test) -N\$100 <b>*Mammogram/ DEXA Scan</b> -N\$150 <b>*Pap Smear-</b> N\$100 <b>*HIV Test</b> N\$ 100 <b>*Prostate Screening</b> -N\$150 Chronic Disease Wellness Management -N\$150	Not Applicable	1. New Benefit to be introduced effective 01 January 2024  2. Members encourage to take pro-active care of their health in going for screening tests. Members are rewarded for going for annual check-ups and the savings received in your Benefit Accumulator account can be used for any medical service

## 3 RULE CHANGES

The following fund rules below, have been amended effective 01 January 2024.

Rule no	Current Rule	New Rule effective 1 January 2023	Reason for rule change
15.15	<p><b>Contribution</b> Means the portion of the membership fee (whether in whole or in part) payable by a Member or Continuation member and/or by an Employer or any other person (on behalf of such Member or Continuation Member), in accordance with the Rules;</p>	<p><b>“Contribution”</b> Means the portion of the membership fee (whether in whole or in part) payable by a Member or Continuation member and/or by an Employer or any other person (on behalf of such Member or Continuation Member), in accordance with the Rules;</p> <p>5.15.1 The Scheme applies two contribution tables, one for active members and one for the pensioners’ category. The Scheme deems this specific practice of setting contribution tables to be reflective of the age base model.</p> <p>15.5.2 The two separate contribution tables are critical to the sustainability and mitigation of the inherent risk associated with the age of members.</p>	Explanation for the separate contribution tables for Pensioner members
5.30	<p>5.30 <b>“Full Time Studies”</b> Means academic or vocational studies that are undertaken at a registered institution, studies of a part-time nature or internship will be submitted to the Board for approval.</p>	<p>5.30 <b>“ Full Time Studies”</b> Means academic or vocational studies that are undertaken at a registered accredited institution, studies of a part-time and online nature or internship will be submitted to the Board for approval.</p>	Rule to include online studies.
6.1.3	New rule	<p>6.1.3 Applications of existing employees who previously resigned from the Scheme in favour of membership at another medical aid fund and who seek to re-apply for membership, such applications will be subject to Board approval</p>	Application of members falling in this category will be subject to Board approval
7.5	<p>Dependants registered at a date later than 30 days from the date of membership, if he/she prior to the date of application does not belong to any other medical scheme or Psemas, will receive a general waiting period for a period of three (3) months and a specific condition exclusion to a maximum of 12 months on pre-existing illness conditions subject to a medical report.</p>	<p>7.5 Applications for dependants registered at a date later than 30 days as stipulated in rule 7.1, will be subject to Board approval</p>	Applicants of dependants registered after stipulated Scheme time frames to be subject to approval.
15.7.9	New Rule	<p>15.7.8 All Benefit Wallet Claims must be submitted to the Scheme within (4) four months from the date of service.</p>	Include submission period on benefit accumulator claims

Rule no	Current Rule	New Rule effective 1 January 2023	Reason for rule change
21.4	Trustees will serve for a term of three (3) years and shall retire alternately after three (3) years, but will be eligible for re-election for a maximum of three (3) terms, including the first term.	Trustees will serve for a term of three (3) years and shall retire alternately after three (3) years, but will be eligible for re-election for a maximum of three (3) terms, including the first term.	

## 4 PREMIUM INCREASES

### Background:

Namfisa has taken due notice of the challenges that medical aids face in Namibia, although they have capped the increases of contributions to 9,9% effective 1 January 2024, they allow funds the opportunity to submit a further request for an increase towards the end of March 2024. Such requests will have to include a comprehensive medium term business plan to show initiatives and interventions of the fund, and how it will restore its reserve levels to secure the sustainability of the respective fund. Namaf (Namibia Association of Medical Aid Funds) also confirmed its concern in the escalating claims costs and has announced a zero percent increase in Namaf tariffs for 2024.

The contribution increases for the open funds varied from 10,7% to 13%, and after their application for increases and revised benefits were declined by Namfisa, they had to reduce it to the 9,9% benchmark guideline issued by Namfisa. Some funds indicated that they were not able to drop their contribution increase to below 10% and is still considering their options in response to the Namfisa ruling.

Following the setting of the Benefit structures, the financial status of the Scheme was reviewed by the actuaries in line with the guidelines from Namfisa. This ensures that the financing of the Scheme is fully supported with well-calculated risks and against actuarial assessments. Thus, to cater for the expected continuation in claims costs during 2024, and the utilization of benefits effective 01 January 2024, the Board of Trustees hereby announces:

- **An overall premium increase of 12.5% effective 1<sup>st</sup> April 2024 will apply and if annualised over the 12-months from 1<sup>st</sup> January to 31<sup>st</sup> December 2024 that members will enjoy the revised benefits it amounts to 9,4%**

### Annexures A

Attached as annexure A are the new 2024 premium tables effective 1<sup>st</sup> April 2024, and the revised benefit structure effective 1st January 2024.

We trust that you will understand the circumstances under which the above decisions have been made, and we assure you that the Board of Trustees is committed to working towards ensuring that the GEMHEALTH Medical Aid Scheme survives the challenges of time and remains affordable and sustainable.

The Board of Trustees will continue to strive to ensure that we do our best to live up to the expectations of members, manage their healthcare status effectively, and reduce the out-of-pocket expenses that members incur, without compromising members' access to quality healthcare services. If we fall short in living up to their expectations, please inform us at any ti

A personal low claim incentive allocated to members, whose annual day-to-day claims are below the claims threshold. It is a Scheme benefit which offers members the option to accumulate funds to cater for their healthcare costs of their choice, whether an exclusions, benefit exceeded and or claims cosmetic surgery, second pair of glasses or co-payments to any practice etc. It is a reward allocated to members as an incentive in recognition of their low claims during a benefit year.



## TOTAL REWARDS ALLOCATED FROM 2019 TO UP TO DATE: N\$ 6,4 MILLION

The Benefit Accumulator Rewards was launched in 2019 with the first rewards awarded in 2020 to 922 members. Since inception more and more members benefitted/qualified on a year-on-year basis.

To further enhance the use of the Benefit Savings, the Board resolved to amend the current rules for 2023, and introduce an automatic payment process of levies, co-payments or benefits exceeded on chronic, acute and OTC medication benefits paid at pharmacies.

### New Changes effective 01 January 2024:

- Effective 01 January 2024, the benefit accumulator claims should be submitted within four months from date of payment. Any claims submitted after four months will be rejected as late claims.
- Members are encouraged to use their accumulated savings balances to fund any co-payments to providers or to fund any out-of-pocket expenses

### Market developments

Gathering information from newspaper articles published over the past few weeks by practitioner interest groups commenting on the zero increase announced in the Namaf tariffs for 2024, it seems that some practitioners may be inclined to collect larger co-payments from patients/members. Members should take note of this possibility and are encouraged to consider other means to manage their claims costs. Such initiatives may include, among others:

- Obtaining quotes from practices and requesting administrators to review and indicate, before the services are rendered, any co-payments you may have to bear.
- Considering the use of DSP (designated service providers) network practitioners who may charge lower rates or result in lower co-payments.
- Negotiating with your provider for a lower rate.
- Paying cash to receive a rebate and then submitting a claim for 'Speedline' processing, leading to a refund within 14 days.
- Considering purchasing private Gapcover insurance to cover the difference for in-hospital services provided by GPs and Specialists.
- Reporting any instances of possible fraud, waste, and abuse (FWA) to the Scheme, administrators, and/or Trustees.

## 2. OPERATING HOURS OF PROSPERITY HEALTH OFFICES OVER THE FESTIVE SEASON

NO	OFFICE	OPERATING HOURS & ADDITIONAL INFORMATION
1	<ul style="list-style-type: none"> <li>Prosperity Head Office</li> <li>Windhoek</li> <li>Tsumeb</li> <li>Ongwediva</li> <li>Oranjemund</li> <li>Walvisbay</li> <li>Swakopmund</li> </ul>	<ul style="list-style-type: none"> <li>Offices will remain open, operating on all working days.</li> <li>Normal working hours will be from 08h00 till 17h00, except on;</li> <li>Public Holidays, and</li> <li>22nd and 29th December 2023, offices will be closed as from 13h00</li> </ul>

### AFTER HOUR /EMERGENCY NUMBERS

Namibia	<ul style="list-style-type: none"> <li>Hospital Authorisations (After hours): Call <b>0811457233</b></li> <li>Emergency Evacuation /Ambulance Services: Call <b>924</b></li> <li>Or download the Emed 24 mobile app on your phone and by the press of the button it will share your location coordinates and activate Emed 24, the Emergency Call Centre to call you back</li> </ul>
South Africa	<ul style="list-style-type: none"> <li>Hospital Authorisations all hours and for After hours/Emergency Evacuation /Ambulance Services: Call <b>0100015110</b></li> </ul>

## 3.OVERAGE DEPENDANTS

In accordance with the Scheme rules, a registered dependent of a principal member, aged over 21 years, can continue as a dependent until they reach the age of 25 years, which is the maximum age for dependents registered on the Scheme. All principal members with dependents who has reached the age of 25 years, are hereby notified that the membership of these dependents' will be terminated effective 01 January 2024. Each affected member will receive a personal notification from the Scheme.

## 4.HEALTH NEWS

### HOW TO RECOVER YOUR FITNESS AFTER THE FESTIVE SEASON

With the festive season fast approaching, training & diet will take a backward step on everyone's list of priorities. We tend to ruin our usual diets during the festive season, and as a result, gain additional weight that makes us feel guilty. We should always remember that we are still able to enjoy the festive season and stay fit at the same time! Below are a few useful tips that might help:

#### Eat Less and more often

Distribute your meals evenly throughout the day, and do not eat everything at once. Eat your dinner earlier and have a nice walk before going to bed

#### Avoid Skipping Meals

Don't skip meals, especially breakfast! Even though it can be tempting to skip certain meals, believing that it will make up for the treats you consumed the previous day, don't do it because it will only lead to counterproductive results.

#### Eat Before Heading Out

It is best that you eat something before heading out to visits or family dinners. By doing so, you will no longer be tempted to eat a lot or overindulge yourself since you have already eaten. Skipping on meals is not a good idea either, because you will only be forced to eat more later.

#### Drink With Moderation

It is best to regulate your drinking since alcohol, coke or other juices can add calories.

**Drink a Lot Of Water**

This can reduce your appetite as well as keep you hydrated at all times. And it will also prevent a possible hangover if you overdo it with alcohol.

**Be Active**

You should still perform your fitness routine whenever possible and if you can't do that, simply walk more, park your car some distance away from the store or just use the stairs!

**Spend some time outdoors**

Make the holidays a family affair and plan outdoor activities where everyone is involved.