



NEWSLETTER

APRIL 2023

TOPICS FOR DISCUSSION

1. Benefit & Contribution changes for 2023 -
2. Benefit Accumulator
3. Overage Dependants
4. Optical Benefit

Dear Valued member

Welcome to the first member newsletter of 2023. In this newsletter, we share important updates and notices including the 2023 Scheme changes and Benefit Information.

1. BENEFIT & CONTRIBUTIONS CHANGES FOR 2023

In December 2022, we communicated the new benefit and premium changes, below is a recap of our changes.

1.1 Benefit Changes

All benefit categories limits were adjusted with an overall inflationary increase for 2023, however, the listed benefits below received a higher percentage increase. The new benefit structure was implemented effective 01 January 2023 and will apply during the Benefit Year 2023 ending on 31 December 2023. For further details on the benefit structures and 2023 benefit schedule, please refer to annexure A.

1. Ambulance In hospital transfer (Out of Town)

2. Colonoscopy and Gastroscopy In Rooms

3. Mirena (IUCD Device) All-inclusive benefit

4. Optical benefit

1.2 New Premiums

In terms of the Namfisa industry trend reports published for the third quarter of 2022 all funds continue to experience high claims trends for the year. All medical aid funds in Namibia claims for 2022 continue to increase off a very high claims base of 2021. The Board of Trustees had an actuarial assessment done and based on the outcome the budget for 2023 was done. The Board announced an overall increase of 10% on all income brackets, effective 01 April 2023.

1.3 Rule Changes

Please refer to the summary of changes attached as annexure A for more details on the rule changes.



1.4 Discontinuation of Option 2 effective 01 January 2023

The FIM Act introduces several changes as covered under the provision for Medical Aids in Chapter 7 of the FIM Act. Considering all the above factors, and after the Actuaries advised the Board of Trustees that Option 2 will not be able to be self-funded or funded from the contribution income of the 10 members, it was resolved to give members 24 months' notice that the option will be deregistered with effect 1 January 2023. All affected members on Option 2 were informed of the change over the past two years that the option will be discontinued with effect 1 January 2023. This was followed with regularly updates and the 10 members had finally been transferred to Option 1 with effect 1 January 2023 and Option 2 was deregistered from the same date.

2. BENEFIT ACCUMULATOR



Is a low claim incentive and reward allocated to individual members whose annual day-to-day claims are below a set claims threshold. The benefit allows members the option to accumulate funds/benefits that you can use to pay for any healthcare expenditure. It is a reward offered to low claiming members as

an incentive in recognition of their low claims during a benefit year. Members can use the savings in their Benefit Wallet to pay for any healthcare expenses and even to have services done that is an exclusion of the Scheme, cosmetic surgery, medicine, optical benefits etc.

TOTAL REWARDS ALLOCATED FROM 2019 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 qualified on a year-on-year basis. Despite the increased communication from the Scheme, the total number of members that ended up utilizing the Benefit Accumulator Savings benefits remained low.

The number of members that utilized their savings benefits increased from 50 members in 2020 to 139 members in 2021.

To further enhance the use of the Benefit Wallet, the Board resolved to amend the current rules and introduce an automatic payment process of levies, co-payments or benefits exceeded on chronic, acute and OTC medication benefits paid at pharmacies and that will be directly from the Benefit Accumulator Saving balances in 2023. **The direct payment of levies was introduced on 01 February 2023. Next time you at the pharmacy please ask them to process your co-payment from your Savings Wallet.**

For all other disciplines, members can still use their benefit accumulator however they will be required to complete the Benefit Accumulator claim form before the claims can be processed. Below is a recap on claims that can be paid from benefit accumulator:

Any claims of the following categories are covered under the Benefit Accumulator.

- Routine medical costs, even if the respective benefit has been depleted for the benefit year;
- Member co-payments to pharmacies or any registered practice;
- Any treatment normally excluded in terms of the Scheme Rules like cosmetic surgery;
- Any Medical and clinical treatment/services is allowed in terms of the definition of a medical service as defined in the Medical Aid Funds Act 23 of 1995;
- The product and/or service claimed must be provided by a healthcare provider, registered with the Health Professions Council of Namibia (HPCNA) and holding a Namaf practice registration number;
- Expenses for opticians/optometrist prescribed sunglasses, protein supplements, vitamins, treatment for infertility, cosmetic procedures, etc., provided the service and/or healthcare product(s) is being supplied by a registered healthcare professional.

3. OVER AGED 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 up 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.

1. Documentation to be submitted as proof:

- Dependents aged 21 to 25 years – proof of full time studies for 2023 at an accredited tertiary institution
- Dependent with Mental or Physical disability: Doctors motivating letter.

2. Scheme notification to Members

- All principal members with dependants in the stipulated age category of 21 till 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 received notification from the Scheme Administrators from February 2023, requesting them to submit the necessary documentary proof.

NB: Members were urged to submit proof as highlighted under point 1, before 31 March 2023. Members are hereby notified that the membership of dependants older than 21 years who have not provided required proof have been terminated.

4. OPTICAL BENEFITS

Good eyesight is very important for all ages. Eye care to maintain good eyesight is therefore a requirement, especially as one becomes older. In order to assist in achieving this, GEMHEALTH offers its members optical benefits which are structured to provide optical support as and when the need arises.

1. What you need to know about your Optical Benefit?

The optical benefit like any other Scheme benefit is subject to the Scheme tariffs and benefit limits. The benefit limits are the maximum amount that is available for your optical benefits. It is important to remember that sub-limits and Scheme tariffs will apply to your optical claims. To provide information on the benefit, below is the frequently asked questions on the optical benefit.

2. 2023 Optical benefit

N\$5,000 per beneficiary every second year

- Consultation/Tests - 1 per beneficiary - 100% of Scheme tariff
- Lenses - 150% of Scheme tariff subject to optical limit

Frames & Lens Enhancements - 100% of cost limited to N\$2 600 per beneficiary- subject to optical limit.

NB: Members are hereby reminded that the optical benefits form part of the day-to-day overall limit.

3. How often can I claim for my spectacles

In terms of the Scheme rules, the optical benefit is offered on a two year benefit cycle. In other words if you claimed for glasses in 2023, you'll only be eligible for a new claim in 2025.

4. Can I use the total optical benefit for my frames?

The total optical benefit for 2023 amounts to N\$ 5,000, it is important to highlight that the frame & lens enhancements is paid from the optical benefit and is limited to N\$2,600, in other words even if the total benefit is N\$5,000 the claims payment of frames and lens enhancements will be limited to the sub-limit. Below is an example of a cost breakdown of a member optical claim, to illustrate the benefit allocation in terms of the rules. Total optical received N\$4,600 and the breakdown of cost is as follows:

Claim	Optical Claim	Scheme Benefit	Member co-payment
Test	N\$600	N\$600	N\$0.00
Lenses	N\$500	N\$500	N\$0.00
Lens enhancements	N\$1,000	N\$1,000	N\$0.00
Frame	N\$3,000	N\$1400	N\$1,100
Total Claims	N\$4,600	N\$3,500	N\$1,100

Looking at the example above, it is important to highlight that even though the total claim is less the total benefit, the sub-limit of the frame and lens enhancements is limited to the 2600 benefit sub-limit.

5. CAN I USE THE TOTAL OPTICAL BENEFIT FOR MY LENSES?

If the total claim of the member for lenses is within the optical benefit limit, the full claim will be paid by the Scheme as indicated in the example below:

Claim	Optical Claim	Scheme Benefit	Member co-payment
Test	N\$600	N\$600	N\$0.00
Lenses	N\$4,200	N\$4,200	N\$0.00
Lens- enhancements	N\$0.00	N\$0.00	N\$0.00
Frame	N\$0.00	N\$0.00	N\$0.00
Total Claims	N\$4,800	N\$4,800	N\$0.00

6. HOW ARE CONTACT LENSES COVERED BY THE SCHEME?

Contact lenses are covered under the lenses benefit, the limit for the contact lenses is not offered as a separate benefit limit. As part of the optical benefit changes for 2023, contact lenses form part of the lens benefit.



7. THE OPTICAL BENEFIT IS OFFERED ON A TWO-YEAR CYCLE HOW WILL MY CONTACT LENSES BE ACCOMMODATED?

The optical benefit is offered on a two-year cycle, in other words the remaining benefit of the previous year, will be utilised to cover the new claim as indicated below.

Claim	Optical Claim
2023 Benefit Year	Optical Benefit N\$5,000
Test	N\$600
Contact Lenses	N\$2,000
Total Claim	N\$2,600
Total to be paid by Scheme	N\$2,600
Members co-payment	N\$0.00
2024 Benefit Year	Remaining Balance of 2023 – N\$2,400
Test	N\$700
Contact Lenses	N\$2,200
Total Claim	N\$2,900
Total to be paid by Scheme based on the available benefit	N\$2,400
Members co-payment	N\$500
Reason for co-payment	Total claim is more than the available benefits

8. CAN I USE MY OPTICAL BENEFIT TO CLAIM FOR A FRAME ONLY?

If a claim is received for a frame only and there are no other transactions, in other words, there are no charges for an eye test or lenses, the Scheme will refer back to the member's claims history to determine if there was a previous claim submitted for spectacles. If not previous exists, the claim will be rejected.

9. WHAT ITEMS ARE NOT COVERED UNDER THE OPTICAL BENEFIT?

- Sunglasses
- Spectacles with a tint exceeding 35%
- Colored contact lenses
- Contact lenses solutions
- Accessories

10. WHAT IS MY ROLE AS A MEMBER?

You can make a difference to your healthcare costs, next time you visit an optometrist keep the following in mind to avoid out-of-pocket payments. Once an optical confirmation is submitted, feedback on the Scheme payment is forwarded to the Member and Optometrist.

*** Members should always ensure:**

- **That their contact details are updated to ensure that they receive the confirmation, and they should also ask the Optometrist to submit the quotation and obtain confirmation from the Scheme before they finalize the spectacles to avoid unplanned co-payments.**

For further information on the Optical Benefit please contact Prosperity Client Service at +264 83 2999 000 (within Namibia calls only) / gemhealthmember@prosperitynam.com

WE WANT TO HEAR FROM YOU!

It could happen sometimes that you are not satisfied or have not received feedback after you have contacted the Call Centre. GEMHEALTH have a dedicated member enquiry mailbox and all you need to do is to send your enquiry to gemhealthmember@prosperitynam.com.

The enquiry will be investigated, and we will take into account all the information available. Once the investigation is finalised, written feedback will be provided. To ensure that we resolve your enquiry as quickly as possible, please remember to include the following information:

- **Member Number;**
- **Healthcare Provider;**
- **Treatment Date;**
- **Name of Dependant who received treatment;**
- **Enquiry: e.g. Outstanding payment, short payments;**
- **Date of submission of first enquiry;**
- **Name of consultant where enquiry was submitted;**

We trust that you'll find the topics informative, and in our next edition we'll focus on the Scheme Medication Benefit.

Kind Regards

