



REVISED RULES OF BANKMED NAMIBIA

EFFECTIVE FROM

01 January 2021

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1. **NAME**

The name of the Fund shall be "BANKMED NAMIBIA", hereinafter referred to as "the Fund".

2. **LEGAL PERSONA**

The Fund is an independent juristic entity, existing separately from its Members and legally capable in its own name of suing and of being sued, of acquiring, holding and alienating movable and immovable property and of acquiring rights and obligations.

3. **REGISTERED OFFICE**

The principal place of business of the Fund shall be situated at Methealth Office Park, Maerua Park, Corner of Jan Jonker Road and Robert Mugabe Avenue, Windhoek, (P. O. Box 97203, Windhoek) but the Trustees shall have the

right to relocate the registered office to any other place in Namibia should the circumstances dictate, such as affordability or office space. The Registrar should be informed in writing of any change in the address of the Fund.

4. **OBJECTS AND PURPOSE**

The Fund is a non-profit entity with the objects of providing financial or other assistance to its Members in defraying expenditure incurred by them in connection with the rendering of any medical service as contemplated in the Act, and which derives its income from membership fees (in the form of Contributions) or such other sources contemplated by these Rules and the Act.

5. **BUSINESS MODEL AND RISK ASSESSMENT**

A risk assessment in respect of the Fund shall be based on the assessment of the Fund as a whole and not on the respective individual Members. To this end, no anti-selection shall be allowed.

6. **BINDING FORCE OF RULES**

7. **The Rules shall be binding on the Fund, its Members and their Dependants, the Trustees, Principal Officer and other employees of the Fund. DEFINITIONS**

In these Rules, words and expressions defined in the Act bear the meaning thus assigned to them and unless inconsistent with the context, all words and expressions purporting the masculine gender shall include the feminine and words signifying the singular shall include the plural and visa versa. The following words and expressions shall have the following meanings:

- 7.1. **"Act"** shall mean the Medical Aid Funds Act, 1995 (Act 23 of 1995), and the Regulations thereunder as amended from time to time;
- 7.2. **"Administrator"** shall mean the administrator appointed by the Board of Trustees from time to time;
- 7.3. **"Admission"** shall mean the date on which an Employee becomes a Member of the Fund in terms of these Rules;
- 7.4. **"Applicant"** shall mean a person who applies for membership of the Fund in terms of these Rules;
- 7.5. **"Application"** shall mean the document prescribed by the Trustees of the Fund, to be completed by a person who wishes to become a Member of the Fund in terms of these Rules;
- 7.6. **"Approval"** shall mean prior written approval of the Board of Trustees, unless expressly stated otherwise;

- 7.7. **"Auditor"** shall mean an Auditor registered under the Public Accountants' and Auditors Act 1951 (Act 51 of 1951);
- 7.8. **"Benefits"** shall mean the benefits granted from time to time by the Fund to its Members in terms of Annexure B and D of these Rules;
- 7.9. **"Benefit Options"** shall mean the various Fund options referred to in Annexure A of these Rules;
- 7.10. **"Board"** shall mean the Board of Trustees constituted under these Rules to manage the Fund in terms of the Act and these Rules;
- 7.11. **"Child"** shall mean a Principal Member's biological child, step-child in terms of a valid marriage entered into between the Member and a parent of such child, or legally adopted child who is under the age of 18 (eighteen) years, not self-supporting, and not a member or dependant of a member of any medical aid fund;
- 7.12. **"Continuation Member"** shall mean a Member who retains his membership of the Fund after he retires from the service of a Recognised Institution or whose employment is terminated by a Recognised Institution because of age, ill health or other disability, or a surviving Dependant who becomes the Principal Member after the death of the original Principal Member;
- 7.13. **"Contribution"** shall mean, the amount, exclusive of interest, paid by or in respect of the Member if any, in return for medical coverage in accordance with the payment structure in Annexure A of these Rules, for the purposes of qualifying for Benefits offered by the Fund in terms of these Rules.
- 7.14. **"Date of Service"** shall mean:
- 7.14.1. in the event of a consultation, visit or treatment by a medical practitioner, dentist or a person providing supplementary health services, the date on which each consultation, visit or treatment occurred, whether for the same illness or not;
 - 7.14.2. in the event of an operation, procedure or confinement, the date on which each operation, procedure or confinement occurred;
 - 7.14.3. in the event of hospitalisation, the date of each discharge from a hospital or nursing home or the date of cessation of membership whichever date occurs first: and
 - 7.14.4. in the event of any other service or requirement, the date on which such service was rendered, or requirement obtained.
- 7.15. **"Dependant"** shall mean:

- 7.15.1. the legal Spouse of a Member; provided that such spouse is not a member or dependant of a member of any other medical aid fund, nor a member or dependant of a member of PSEMAS;
 - 7.15.2. the Principal Member's common law Spouse or same sex partner who has continuously cohabitated with the Member for at least 2 (two) years, who is not a member or dependant of a member of any other medical aid fund, nor a member or dependant of a member of PSEMAS and who, on application and subject to such conditions as the Trustees may determine is recognised as a Dependant by the Trustees, provided that if such common law spouse or same sex partner has cohabitated with the Member for less than a continuous period of 2 (two) years and the Trustees recognise such common law spouse or same sex partner as a Dependant, the Principal Member may not register another common law spouse as his Dependant for a period of 2 (two) years as from the date whereon the former common law spouse or same sex partner terminates his membership of the Fund;
 - 7.15.3. the Child of a Principal Member;
 - 7.15.4. a Principal Member's Child who is over the age of 18 (eighteen) years, unmarried, not in receipt of an income exceeding the maximum annual social pension payable by the State, not a member or dependant of a member of any medical aid fund, not a member or dependant of a member of PSEMAS, is a full-time, active student at a tertiary educational institution recognised by the Trustees and who, on application and subject to such conditions as the Trustees may prescribe, is recognised as a Dependant by the Trustees for periods of not more than 12 (twelve) months at a time and such recognition shall not extend beyond the end of the calendar year during which such Child turns the age of 25 (twenty five) years;
 - 7.15.5. a Principal Member's Child over the age of 18 (eighteen) years who is unmarried, not a member or dependant of a member of any medical aid fund, not a member or dependant of a member of PSEMAS and who, owing to mental or physical defects or any similar cause, is not in receipt of an income exceeding the maximum annual social pension payable by the State; or
 - 7.15.6. a Special Dependant of the Member.
- 7.16. **“Employee”** shall mean a person in the full-time employment of a Recognised Institution;

- 7.17. **"Internal Prosthesis Protocol"** shall mean the protocol that prescribes the artificial replacement of a part of the body and the principles of benefits and claims settlement. This protocol will be provided upon request from the Member;
- 7.18. **"EXCO"** shall mean the executive committee composed of the chairperson, deputy chairperson and one Trustee which is established by the Board to support the Principal Officer with ad hoc urgent activities of the Fund of Bankmed Namibia;
- 7.19. **"Ex Gratia Benefit"** means a benefit awarded to Members to cover claims if the benefit has been depleted and there is a valid reason for the depletion;
- 7.20. **"Member"** shall mean any person qualifying for membership of the Fund in terms of these Rules, and includes a Principal Member, Dependant, Special Dependant or Continuation Member as the context indicates;
- 7.21. **"Month"** shall mean a period extending from the first day to the last day of any one of the twelve months of the year;
- 7.22. **"NAMAF"** shall mean the Namibian Association of Medical Aid Funds;
- 7.23. **"NAMFISA"** shall mean the Namibia Financial Institutions Supervisory Authority;
- 7.24. **"Namibia National Guidelines"** shall mean the Namibian Ministry of Health and Social Services' National Guidelines on ARV treatment;
- 7.25. **"PSEMAS"** shall mean the Public Service Employees Medical Aid Scheme;
- 7.26. **"Pensioner"** shall mean a person who is in receipt of an annuity or pension from a Recognised Institution;
- 7.27. **"Pre-existing Sickness Condition"** shall mean a condition for which medical advice, diagnosis, care or treatment was recommended or received within a 12 (twelve) month period ending on the date on which an application for Admission as a Member was made;
- 7.28. **"Principal Member"** shall mean a person qualifying for membership under these Rules and who is recognised by the Trustees as the main member;
- 7.29. **"Principal Officer"** shall mean the officer appointed as such in terms of the Act to manage the business of the Fund;
- 7.30. **"Recognised Institution"** shall mean (i) a financial institution in Namibia, (ii) any other recognised employer groups currently recognised and approved by the Board, (iii) any other employer groups

which may in future be recognised and approved by the Board which comply with the principal business model of the Fund (being premised on zero anti-selection), which have entered into an agreement with the Fund for the Admission of eligible persons in its employment as Members of the Fund in terms of these Rules. Membership to the Fund is however approved at the discretion of the Board of Trustees. A list of the current financial institutions and employer groups registered with the Fund has been attached to these Rules in Annexure I;

- 7.31. **"Registrar"** shall mean the Registrar or Deputy Registrar of medical aid funds appointed under the Act from time to time;
- 7.32. **"Rules"** shall mean these Rules of the Fund as amended from time to time, including the by-laws, Annexures, Schedules of Benefits and any other provisions relating to (i) the Benefits which may be granted, (ii) the Contributions which may become payable in terms of a resolution adopted in a General Meeting or by the Trustees and (iii) the requirements for the purposes of claiming Benefits, subject to the Registrar's approval;
- 7.33. **"Scale of Benefits"** shall mean a tariff of fees, recommended or preferential tariff or other benefit structure, recommended by NAMAFA, as a guide for medical aid funds to determine Benefit levels;
- 7.34. **"Service"** shall mean a "medical service" as defined in section 1 of the Act;
- 7.35. **"Specialist"** shall mean a person recognised as such under the Medical and Dental Act, 2004 (Act 10 of 2004);
- 7.36. **"Special Dependant"** shall mean:
- 7.36.1. in the case of a Dependant under the age of 25 years, such Dependant's biological child, under the age of 18 (eighteen) years, unmarried, not self-supporting, and not entitled to benefits from any medical aid fund nor from PSEMAS, who is also not the biological child, step-child, or legally adopted child of a Member and who is recognised as a Special Dependant by the Trustees for as long as the Dependant parent remains a Dependant;
 - 7.36.2. the former Spouse of a Principal Member for who the Principal Member is obliged to provide medical aid cover in terms of any Court Order relating to the divorce of such Principal Member from such former Spouse; provided that the Principal Member furnishes the Fund with a certified copy of such Court Order and that such former Spouse is not a member or dependant of a member of any medical aid fund nor a member or dependant of a member of PSEMAS";

- 7.36.3. a Principal Member's Child who is (i) over the age of 18 (eighteen) years, (ii) unmarried, (iii) registered at a registered tertiary institution for studies or is dependent on the Principal Member due to a disability or long-term health-related reasons, and can provide the Fund with written proof thereof, (iv) not in receipt of an income exceeding the maximum annual social pension payable by the State, (v) not a member or dependant of a member of any medical aid fund nor a member or dependant of a member of PSEMAS and (vi) recognised as a Dependant by the Trustees for periods of not more than 12 (twelve) months at a time;
- 7.36.4. in exceptional circumstances (the details of which must be stated), any other dependant of the Principal Member who is not a member or dependant of a member of any medical aid fund nor a member or dependant of a member of PSEMAS and who is recognised as a Special Dependant by the Trustees subject to the prior approval of the Recognised Institution employing the Member; provided further that such a person is not in receipt of an income exceeding the maximum annual social pension payable by the State and is not older than 55 (fifty-five) years of age;
- 7.37. **"Spouse"** shall mean, as the case may be, the legal spouse of a Principal Member or, in the case of a deceased Principal Member, the person who was such deceased Member's legal spouse and registered as a Dependant immediately before such Member's death; and
- 7.38. **"Trustees"** shall mean the members of the Board of Trustees appointed or elected to manage the Fund in terms of these Rules.

8. MEMBERSHIP

8.1. RECOGNISED INSTITUTIONS AND THEIR EMPLOYEES

- 8.1.1. Membership of the Fund shall be restricted to Employees of Recognised Institutions approved by the Trustees, subject to the following conditions:
- 8.1.1.1. the Trustees shall have the power to decide whether to extend membership to the Employees of any organisation or body and the conditions, financial or otherwise upon which such membership shall be extended;
- 8.1.1.2. a Recognised Institution may, except where otherwise provided in these Rules, terminate its Employees' membership of the Fund by giving 3 (three) months written notice by formal letter or email to the Fund; provided that the Fund acknowledges receipt of such

termination. If the Trustees are satisfied that the financial situation of the Fund permits, they may accept such shorter notice as they deem fit, however a Member's membership may not be terminated by the Recognised Institution by giving less than 1 (one) month's written notice; and

8.1.1.3. if an Employee was not a Member of the Fund during their term of employment with the Recognised Institution, they are not eligible for Admission in the Fund upon retirement.

8.1.2. An Employee of a Recognised Institution who is eligible for membership of the Fund but who does not join the Fund when he first becomes eligible for membership of the Fund and who thereafter applies for membership of the Fund:

8.1.2.1 such Admission to the Fund shall take effect only on 1st January of any year;

8.1.2.2 on Admission to membership of the Fund, a general waiting period of three months shall apply. In respect of confinements, a general waiting period of 9 (nine) months shall be applicable. During such waiting periods, no benefit shall accrue but Contributions shall be paid to the Fund;

8.1.2.3 the Trustees, in their discretion, may, on Admission, impose a waiting period of up to 6 (six) months during which Benefits for any Pre-existing Sickness Condition will be restricted or excluded in respect of such Member and or any of his Dependants.

8.1.2.4 The afore-going provisions of this Rule 8.1.2 shall not apply to an Employee described above who did not join the Fund when first eligible to do so because he was a dependant of a member of another medical aid fund, and who subsequently applies for membership of the Fund on the death of the member of the medical aid fund from whom he derived his membership of such medical aid fund from, or for any other reason that is satisfactory to the Trustees.

8.1.3. If the Trustees become aware that Benefits have been paid on behalf of any unregistered Dependiant or a Dependiant is in receipt of an income exceeding the maximum annual social pension payable by the State, no further claims for Benefits can be considered on behalf of the Member or his Dependants until:

8.1.3.1. arrear Contributions have been collected in respect of the Dependant that was unregistered; and

8.1.3.2. all Benefits paid out have been refunded to the Fund in respect of the dependant in receipt of an income exceeding the maximum annual social pension payable by the State.

8.1.4. If the Trustees become aware that claims have been paid on behalf of any unregistered Dependant or a Dependant in receipt of an income exceeding the maximum annual social pension payable by the State and such Dependant is not subsequently registered as the Member's Dependant, the Member shall refund to the Fund all Benefits paid out in respect of such Dependant.

8.2. **PENSIONERS AND CONTINUATION MEMBERS**

8.2.1. A Principal Member who retires from the employ of a Recognised Institution or whose employment is terminated by the Recognised Institution on account of age, ill-health or other disability, shall retain his membership if, at the time of his retirement, he was a Member of the Fund for a continuous period of not less than 2 (two) years and his Contributions for the previous 2 (two) are paid up within 3 (three) months from the date of such retirement. It is a proviso that in the case of a Member who was transferred from another medical aid fund, the period of continuous membership of the said other medical aid fund shall be considered as membership of the Fund. The relevant Recognised Institution shall notify such Member of his right to continue his membership and the amount payable by the Member (if any) in terms of this Rule to ensure such membership is retained. The Member shall then automatically continue to be a Member unless he informs the Fund, in writing, of his desire to terminate his membership.

8.2.2. A Principal Member, whose employment is terminated by the Recognised Institution on account of contractual obligations, may apply in writing to the Board of Trustees to remain a Continuation Member of the Fund.

8.3. **DEPENDANTS**

Upon the death of a Principal Member, his Dependant, if Admitted as such, immediately prior to the Member's death, shall be entitled to become a Member in the place of the deceased Principal Member and shall be entitled to the same privileges as the deceased Principal Member, provided that:

- 8.3.1. the eldest of such Dependants is registered as the new Principal Member and the Contributions are adjusted according to Annexure A;
- 8.3.2. the Contributions are paid to the Fund without interruption; and
- 8.3.3. the Fund receives written notice of the Dependants' intention to remain on the Fund within 3 (three) months of the Fund having informed such Dependant of his right to continue membership.
- 8.3.4. The Fund shall notify such Dependant of his right to become a Principal Member in place of the deceased Principal Member and of the Contribution payable in respect of such membership. Such Member's membership shall terminate if:
 - 8.3.4.1. he is a Spouse and remarries;
 - 8.3.4.2. or if he is a Dependant (other than a Spouse) and marries, and becomes entitled to membership of another medical aid fund by virtue of such marriage;
 - 8.3.4.3. he elects to become a member of another medical aid fund;
 - 8.3.4.4. he elects, in writing, not to become a Member;
 - 8.3.4.5. he would be ineligible in terms of Rule 7.15 of the definition of "Dependant".

8.4. **CONTRIBUTIONS**

- 8.4.1. Contributions to the Fund shall be based upon the risk that a Recognised Institution poses to the Fund.
 - 8.4.1.1. Contributions shall be calculated as follows:
 - 8.4.1.1.1. where it is mandatory for all Employees of a Recognised Institution to be Members of the Fund (in terms of their employer agreement with a Recognised Institution), except where Employees belong to the medical aid fund of his or her spouse, the Contributions of Annexure A, Option 1 and 2 will be applicable to the particular Recognised Institution.
 - 8.4.1.1.2. where it is voluntary for Employees of a Recognised Institution to be Members of the Fund and where such

Employees of the particular institution are in excess of 20 (twenty), the Contributions of Annexure A, Option 3 will be applicable to the particular Recognised Institution;

8.4.1.1.3. where it is voluntary for Employees of a Recognised Institution to be Members of the Fund, and where such Employees of the particular institution are less than 20 (twenty), the Contributions of Annexure A, Option 4 will be applicable to the particular Recognised Institution.

8.4.1.1.4. Should the membership of a Recognised Institution change from mandatory to voluntary or *vice versa*, the applicable Contribution as set out Rule 8.4.1.1 and the applicable table will be applied. Should the membership of a Recognised Institution in the case of voluntary membership decrease in the number of principal Members where membership should be in excess of 20 (twenty) Members, or change that membership should increase in excess of 20 (Members) where previously it was less than 20 (twenty) Members, the applicable contribution table as set out in Rule 8.4.1.1 will be applied within 30 (thirty days) of such change.

8.4.1.2. the monthly Contributions shall be as detailed in Annexure A; provided that:

8.4.1.2.1. contributions will be calculated according to the higher of the Member's or his Spouse's income in accordance with Table A or C in Annexure A. Where a Spouse is either self-employed, the owner of a business, a director, a farmer, a senior executive or a member of a partnership or close corporation, the Member must pay the maximum Contribution according to his family group, unless he submits satisfactory evidence of a lower income to the Trustees. In determining such lower income, tax concessions that are not applicable to salaried Employees shall be disregarded.

8.4.1.2.2. if a Child described in Rule 7.36.1 of the definition of "Special Dependant" is Admitted to the Fund and the Principal Member terminates such Special Dependant's membership

within 12 (twelve) months from his Admission date, the principal Member needs to provide reasons for the withdrawal of the Special Dependant to the EXCO. The principal Member will be held liable for the Contributions if EXCO determines that the withdrawal is not legitimate. Such Contributions shall be a debt due to the Fund by the principal Member and recoverable from him. Membership of such Special Dependant Child needs to be confirmed annually by 30th November.

- 8.4.2. Notwithstanding any contrary provision in these Rules, Benefits in respect of a Member shall be suspended if the Member's Contributions are in arrears, 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 a Member during any period for which Contributions have not been paid shall be a debt due to the Fund by the Member and recoverable from him.
- 8.4.3. No portion of any surplus realised by the Fund shall be distributed to the Members or to any other person whilst the Fund is still operational or active.
- 8.4.4. Contributions by Members outstanding for more than 90 (ninety) days shall bear interest at the prime overdraft rate of the Fund's relevant bank or at such other interest rate, to the maximum allowed under the Usury Act, 1965 (Act 73 of 1975) as may be determined by the Trustees.
- 8.4.5. Contributions shall be payable monthly in advance and shall be paid to the Fund not more than 7 (seven) days following the day on which salaries were paid by the relevant Recognised Institution to its Employees.

8.5. **MINORS**

A minor may become a Member and any such minor may, by himself if he has attained the age of 16 (sixteen) years, or assisted by a parent or guardian if he is under that age, execute all necessary documents and give all necessary acquaintances, provided that he may not serve as a Trustee or the Principal Officer of the Fund.

8.6. **RETENTION OF MEMBERSHIP**

- 8.6.1. A Principal Member may retain his membership whilst in the employ of a Recognised Institution on secondment outside of the borders of Namibia. In such case, the

relevant Recognised Institution shall take full responsibility for the payment of Contributions, including any amount previously contributed by the Recognised Institution. Such Contributions shall be paid to the Fund in Namibia Dollars. Any Benefits payable by the Fund shall be paid, in Namibia Dollars, into the account of the Member in Namibia.

8.6.2. A Pensioner may remain a Principal Member. However, should he reside outside Namibia, the Recognised Institution shall take full responsibility for the payment of the Contributions. Such Contributions shall be paid to the Fund in Namibia Dollars. Any Benefits payable by the Fund shall be paid, in Namibia Dollar into the account of the Member in Namibia.

8.6.3. The opening and/or maintaining of the required Namibian account referred to in Rule 8.6.1 and Rule 8.6.2 shall remain the responsibility of the Member.

8.7. CESSATION OF MEMBERSHIP

A Principal Member who has resigned as a Principal Member whilst in the employ of any Recognised Institution to become a dependant on his Spouse's medical aid fund, provided that:

8.7.1. such readmission to the Fund shall take effect only on 1st January in any year;

8.7.2. on readmission to membership of the Fund, a general waiting period of 3 (three) months and a 9 (nine) month waiting period for confinements may apply, during which periods no Benefit shall accrue but Contributions shall be paid to the Fund, if such former Member did not belong to any registered medical aid fund nor to PSEMAS prior to readmission to membership;

8.7.3. the Trustees, in their discretion may, on Admission restrict or exclude any Pre-existing Sickness Condition from Benefits in respect of such Member and or any of his Dependants.

8.8. TERMINATION OF MEMBERSHIP

Membership shall automatically cease:

8.8.1. upon the death of a Principal Member. The Dependants of such deceased has the right to Continuation of Membership. Such membership is however, subject to the criteria applied by the relevant Recognised Institution and such Dependants are liable for the Contributions. The eldest of the Dependants is further required to register as the Principal Member;

- 8.8.2. where a Member is in arrears with his Contributions or any other monies owing to the Fund and the arrears are not paid within 1 (one) month from the date of despatch of notification from the Principal Officer;
- 8.8.3. where a Principal Member leaves the employ of a Recognised Institution and does not become a Pensioner or Continuation Member. The relevant Recognised Institution undertakes to notify the Fund, in writing, 1 (one) calendar month prior notice of any of its Employees' termination of membership of the Fund. If no such notice is received by the Fund within the prescribed 1 (one) month period, the relevant Recognised Institution shall remain liable for the payment and/or settlement of Contributions until written notification of termination of membership is received;
- 8.8.4. where a Principal Member becomes a member or a dependant of a member of another medical aid fund. The relevant Recognised Institution undertakes to notify the Fund, in writing, 1 (one) calendar month prior notice of any of its Employees termination of membership of the Fund. If no such notice is received by the Fund within the prescribed 1 (one) month period, the Recognised Institution shall remain liable for the payment and/or settlement of any Contributions until written notification of termination of membership is received;
- 8.8.5. where a Principal Member becomes a member or a dependant of a member of PSEMAS. The relevant Recognised Institution undertakes to notify the Fund, in writing, 1 (one) calendar month prior notice of any of its Employees' termination of membership of the Fund. If no such notice is received by the Fund within the prescribed 1 (one) month period, the Recognised Institution shall remain liable for the payment and / or settlement of any Contributions until written notification of termination of membership is received;
- 8.8.6. where the Recognised Institution withdraws from the Fund or does not fulfil its obligations regarding subsidy payments;
- 8.8.7. EXCO or the Board may specifically exclude Member from receiving any Benefits or terminate the membership of a Member or refuse the membership of individuals which EXCO or the Board finds guilty of abusing the privileges of the Fund by *inter alia*, making false claims, making material misrepresentations or withholding factual information. In such an event, EXCO or the Board may require him to refund to the Fund any sum which, but for such abuse of the privileges of the Fund, would not have been distributed on his behalf; provided that the Member is given an opportunity to

be heard either personally or through a representative before a determination is made.

8.9. COMMENCEMENT OF MEMBERSHIP

8.9.1. Membership shall commence on either (i) the first day of the month in which the Member was appointed at the Recognised Institution, or (ii) on the day on which the Applicant was accepted and formally registered as a Member in terms of these Rules, whichever date of (i) and (ii) is the later.

8.9.2. In the event that an Employee of a Recognised Institution who is entitled to membership in terms of these Rules does not apply for such membership within 30 days following their employment with the Recognised Institution, rule 8.1.2.1.1 shall apply, provided that the Trustees may in their sole and final discretion and on good cause shown by such person, i.e. a valid reason for delay of registration, waive the application of rule 8.1.2.1.1 by giving written notice to that effect to such Employee. In such instance, the membership will only commence the 1st (first) January of the following year. An Employee shall immediately be entitled to receive Benefits as of the date that such Member is formally registered.

9. APPLICATION FOR MEMBERSHIP

9.1. FORM OF APPLICATION

Application for membership must be made on the form approved by the Trustees, and every Applicant shall in respect of himself and his Dependants furnish satisfactory evidence of age, together with such other information as the Trustees may require. The Trustees shall have the discretion to Admit or reject any Application for registration. The Trustees shall provide their reasons in the event of any Application being rejected. If the Trustees consider it desirable, an Applicant may be required to undergo a medical and/or dental examination before being accepted into membership and the Trustees may select the examiner. The cost of all such examinations shall be borne by the Applicant.

9.2. SUBMISSION OF APPLICATIONS

Prospective Members shall submit their Applications to the Fund once approved in writing by the Recognised Institution. The relevant Member shall ensure that the information provided by the prospective Member is correct. A copy of the Rules will be furnished to all Members upon approval of membership.

9.3. LIMITATION OF BENEFITS

After consideration of the evidence of health submitted by a Member in terms of Rule 9.1, the Trustees may, subject to the provisions of the Act, limit or specifically exclude Benefits in respect of a particular disease, disorder or disability that existed at the time of Admission as a Member. It is a proviso that no such limitation or specific exclusion in respect of congenital ailments or conditions shall be imposed on a Child born into the Fund. The Trustees shall notify the Member in writing of any limitation or specific exclusion imposed in terms of this Rule 9.3. Any such limitation or specific exclusion shall be listed on the Member's membership card.

9.4. NON-DISCLOSURE

If a Member fails to undergo a medical examination envisaged in Rule 9.1 when requested to do so by the Trustees or, if such Member or Dependant makes a false declaration or knowingly fails to disclose, when being medically examined, that he has suffered or is suffering from an illness or condition that would have caused the Trustees to impose any limitation or specific exclusion on his Benefits as provided for in Rule 9.3, the Benefits in respect of such Member or Dependant shall be determined by the Trustees as if such limitation or specific exclusion had been imposed as provided in Rule 9.3.

9.5. APPLICATION FOR DEPENDANTS

9.5.1. The Member must complete an Application for each Dependant (including any Special Dependents) on the form approved by the Trustees. If the Trustees consider it desirable, an Applicant may be required to undergo a medical or dental examination. The costs of all such examinations shall be borne by the Principal Member.

9.5.2. Prospective Members shall, upon making an Application for membership of the Fund, simultaneously apply for the registration of their Dependents (including Special Dependents), failing which such Dependents shall not be entitled to receive any Benefits from the Fund for a period of no less than 12 (twelve) months after the date from the formal registration of the said prospective Member, provided further that such Dependents shall only be entitled to Admission as a Dependant to the Fund and shall only become entitled to the Benefits from the Fund on the 1st January of any year. The provisions of Rule 9.5.2 do not apply in respect of a Dependant who is a Child born into the Fund or to a Spouse married to such prospective Member subsequently to such prospective Member having become a Member of the Fund.

9.6. TRANSFER BETWEEN MEDICAL AID FUNDS

9.6.1. Subject to the terms and conditions applicable to the Admission of other Members, the Trustees shall Admit to membership of the Fund:

9.6.1.1. without a waiting period, entrance fee or imposition of new restrictions on account of the state of his health or the health of any of his Dependants, any person who has been a member or the dependant of a member of any other medical aid fund for a continuous period of at least 2 (two) years and who applies within 3 (three) months of the date on which he ceased to be a member or a dependant of a member of such fund;

9.6.1.2. without a waiting period or entrance fee, any person who has been a member or the dependant of a member of Bankmed South Africa Medical aid fund for a continuous period of at least 2 (two) years and who applies within 3 (three) months of the date on which he ceased to be a member or a dependant of a member of such fund, subject to the Fund risk rating to be performed.

9.6.2. The Trustees may at their discretion, decide on any restrictions on account of the state of a Members' health and/or waiting periods to be imposed on any person who has been a member or the dependant of a member of a non-Namibian medical aid fund for a continuous period of at least 2 (two) years and who applies within 3 (three) months of the date on which he ceased to be a member or a dependant of a member of such fund.

9.7. OBLIGATION TO REGISTER DEPENDANTS

Subject to the provisions of these Rules, more specifically Rule 9.5, a Member may elect to apply for Admission to the Fund of all his Dependants who are eligible in terms of the Rules and shall immediately inform the Fund of the occurrence of any event which results in any of his Dependants no longer qualifying as such in terms of these Rules; provided that the Fund shall be supplied with legal proof when a Member wishes to deregister Dependants due to divorce.

9.8. REGISTRATION OF A CHILD

Members shall notify the Fund within 30 (thirty) days of the birth or the legal adoption of a Child to permit registration as a Dependant. Increased Contributions in respect of a Child shall be due as from the first day of the month following birth or legal adoption. Benefits shall, nevertheless, accrue as from the date of birth or adoption; provided that no such Child shall qualify for Benefits until such time as the parent Member qualifies for Benefits.

9.9. NOTIFICATION OF CHANGE IN MARITAL STATUS

9.9.1. Members who marry, remarry, divorce or whose Spouses die subsequent to the Member joining the Fund shall notify the Fund within 30 (thirty) days thereof, and subscribe at the amended rates from the first day of the month following the change in their marital status. Benefits will, however, be adjusted from the date of such change in status. Members who marry or remarry subsequent to joining the Fund and fail to take the action under this Rule will render themselves liable to forfeiture of all Benefits in respect of the new conjugal status until they have given the required notification and paid the full Contributions applicable.

9.9.2. A Member shall notify the Principal Officer in writing immediately, but at the latest within 30 (thirty) days, of any change in circumstances, other than those defined in Rules 9.6, 9.7, 9.8 and 9.9.1, which may affect his payment of Contributions or amounts payable in respect of claims.

9.9.3. A Member's Admitted Dependents shall be entitled to the same Benefits as the Member.

10. **SPECIAL PROVISIONS RELATING TO PSEMAS MEMBERS**

No person who is a Member of PSEMAS may become a Member of the Fund.

11. **MEMBERSHIP CARD AND RULES**

11.1. **RIGHT TO A MEMBERSHIP CARD**

On Admission to membership, each Member shall receive a membership card containing such particulars as may be prescribed by the Act. Such card must be exhibited to any supplier of a Service on all occasions. In the event of such card being lost, a duplicate can be issued upon payment of a fee determined by the Trustees.

11.2. **RETURN OF MEMBERSHIP CARD ON TERMINATION OF MEMBERSHIP**

When a Member withdraws from the Fund, he must immediately return his membership card to the Fund. A Recognised Institution's human resources department shall be responsible for ensuring that the membership cards of Members who have withdrawn are returned to the Fund.

11.3. **AVAILABILITY OF RULES**

On request, the Fund shall supply at least one copy of the Rules to each branch of each Recognised Institution for the use of Members.

12. **LATE REGISTRATION FEE**

At the Trustees' discretion, any Principal Member employed by a Recognised Institution who did not apply for membership within 30 (thirty) days upon entering the employ of such Recognised Institution shall pay a late Admission fee as determined by the Trustees on Admission to the Fund if such Member did not belong to a registered medical aid fund or to PSEMAS prior to Admission as a Member of the Fund.

13. **EXAMINATION IN CASE OF PROTRACTED ILLNESS**

In cases of an illness of a protracted nature, the Trustees may recommend that a Member obtain a second opinion from an alternative medical Specialist of the Member's choice.

14. **BENEFITS**

- 14.1. Subject to the limitations imposed by these Rules, the Benefits payable by the Fund are detailed in Annexure B and D.
- 14.2. In the event of any alteration being made at any time in the Benefits granted by the Fund to Members, claims made subsequent to such alterations shall be paid as under the Rules existing as at the Date of Service, and not as at the date when the claim is submitted.
- 14.3. In order to meet the need for flexibility, the Fund may offer different Benefit Options.
- 14.4. When applying for membership, the Recognised Institution 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.
- 14.5. When applying for membership, a Principal Member shall indicate to the Fund on his application form which Benefit option he elects to join.
- 14.6. A Principal Member may change from one Benefit Option to another only on 1st January of each year unless a Principal Member changes their marital or Employee status. Such Member may elect to change to another Benefit Option following such change in his marital or Employee status. In such event, the change in Benefit Option shall be effective from the first day of the month following the day in which the Principal Member's marital or Employee status changed. In the event that a Principal Member wishes to change Benefit Options for any other reasons such Application should be submitted to EXCO for consideration and Approval.

15. **CLAIM PROCEDURES**

15.1. **SUBMISSION OF CLAIMS**

All accounts must be submitted to the Fund within the period prescribed in Rule 15.3 and must be specified as follows:

- 15.1.1 initials and surname of the Member;
- 15.1.2 the name of the patient as indicated on the membership card;
- 15.1.3 the name of the Fund;
- 15.1.4 the membership number of the Member;
- 15.1.5 the date of service;
- 15.1.6 the nature and cost of each service and, where applicable, the code of the scale of Benefits;
- 15.1.7 the name, quantity and price in respect of each supply of medicine, requirements or apparatus;
- 15.1.8 the name and practice number of the general practitioner or dentist who referred the patient to the specialist, on the specialist's account; and
- 15.1.9 in the case of claims in respect of medicine (except where the medicine was supplied by and in a hospital) also the doctor's or dentist prescription or a certified copy, indicating the date of the original prescription; the pharmacist's account, indicating the doctor's or dentist practice number, the cost, quantity and type of material and/or medicine; as well as the pharmacist's receipt. Hospital accounts for medicine supplied by and in a hospital must indicate the type of medicine/material, the quantity, and the cost.

15.2 ACCOUNTS NOT PAID DIRECTLY TO SERVICE PROVIDER OR IN FULL BY THE MEMBER

15.2 "The Fund shall pay unpaid accounts charged in accordance with the fees of the Scale of Benefits (or less) directly to the supplier of a Service in accordance with Annexure B on behalf of the Member; provided that the Member shall have a positive obligation to inform the Fund within 10 (ten) days of discovering any unusual or incorrect charges in respect of any such accounts."

15.2.2 Any amount outstanding, which is not settled by the Fund in accordance with these Rules, shall remain payable by the Member.

15.3 PERIOD FOR THE SUBMISSION OF CLAIMS

In order to qualify for the payment of Benefits, a claim must reach the Fund on or before the last day of the 4th month (120 day period) following the month during which the Service was rendered, unless, in the opinion of the Board of Trustees, extenuating circumstances exist. In such event, any such claim must reach the Fund on or before the last day of the 6th month (180-day period) following the month during which the Service was rendered. Any such claim so received by the Fund will be considered as a claim for an Ex Gratia Benefit and will be paid subject to the availability of funds. For determining the amount of

the Fund's contribution, each Date of Service shall be separately considered, whether or not the Service concerned forms part of an extended period of treatment for the same illness or condition.

15.4 EXTENSION OF TIME FOR SUBMISSION OF CLAIMS

Subject only to the provisions of the Act, a Member must obtain accounts for all Services rendered from the supplier thereof. If, for any other reason whatsoever, a Member is unable to obtain an account for Services or if he has in fact received an account but, because of special circumstances beyond his control, is unable to submit it within the prescribed period referred to in Rule 15.3, the Trustees may, at their discretion and acting on the advice of the Administrator, extend this period on condition that a written application for extension is received by the Principal Officer before the expiration of the said period.

15.5 ACCOUNTS PAID DIRECTLY AND IN FULL BY THE MEMBER

The Fund's portion of a claim determined in accordance with the provisions of Annexure B will be paid directly to the Member in the event that a Member settles an account directly with a service provider.

15.6 STATEMENT TO MEMBER

On settlement of a claim, the Fund shall forward to the Member a statement setting forth the necessary details of such claim.

15.7 CLAIMS IN RESPECT OF MEMBERS WHO HAVE WITHDRAWN

Any Member withdrawing from the Fund, or ceasing to be a Member thereof, shall have no claim against the Fund for any expenses subsequent to his withdrawal and the Fund shall not be liable for expenses incurred for any illness prior to resignation unless the claim is submitted before the last day of the 4th month (120 day period) following the month of termination of membership.

15.8 CLAIMS FOR SERVICES OBTAINED OVERSEAS

Members submitting claims for Services obtained outside Namibia must ensure that accounts are specified in terms of Rule 15 before submission to the Fund for a refund. Furthermore, such claims shall reflect the amount(s) in the equivalent Namibian currency and the rate of exchange as at the Date of Service used for conversion and shall bear a detailed description, in English, of each type of Service rendered.

15.9 CLAIMS IN EXCESS OF BENEFITS ALLOWED

When any claim has been submitted to the Fund and such annual Benefits as the Member is entitled to have been granted, any balance still outstanding on the claim shall not be paid by the Fund, and shall remain the responsibility of the Member.

16. **JURISDICTION**

Any claim brought against a Member for the recovery of amounts owing to the Fund may be brought at the option of the Fund in any Magistrate's Court having jurisdiction, notwithstanding the amount of the claim.

17. **LIABILITY ON DEFAULT**

The Recognised Institution of a Principal Member or former Principal Member (including a former Member on whose behalf the Fund has disbursed monies although not obliged to do so) who fails to pay by due date any amount due to the Fund shall also be liable for interest thereon at the maximum permissible rate in terms of the Usury Act, 1968 (Act 73 of 1968) and all costs and expenses incurred by the Fund in connection therewith including, but not limited to, tracing fees, collection commission and costs as between the Fund and its attorneys.

18. **MANAGEMENT**

A Board of Trustees shall conduct the general business of the Fund.

18.1. **COMPOSITION OF BOARD OF TRUSTEES**

18.1.1. The Board of Trustees shall consist of 10 (ten) persons who shall be constituted of (i) 50% (fifty percent) representation appointed from amongst the management of the five Recognised Institutions representing the highest number of Employees and (ii) 50% (fifty percent) appointed from amongst the Employees of all Recognised Institutions. The Trustees shall be made up as follows:

18.1.1.1. 5 (five) individuals who are elected from amongst the Employees of the Recognised Institutions, in accordance with the further procedure as set out in rule 18.1.2.

18.1.1.2. 5 (five) individuals nominated from amongst the management of the five Recognised Institutions representing the highest number of Employees, whereby the Chief Executive Officer (or someone of an equivalent title) of each Recognised Institution shall be entitled to nominate 1 (one) individual from amongst management to become a Trustee.

18.1.2. The Trustees representing the Employees shall be nominated and elected by the Employees of the different Recognised Institutions. Nominations must be in writing and be seconded by at least 10 (ten) Members of the relevant Recognised Institution. The nominee must accept the nomination in writing. Nominations must be in the hand of the Principal Officer at least 14 (fourteen days prior to the Annual General

Meeting. Should less than the required number of candidates be nominated in writing, Members may nominate further candidates at the Annual General Meeting. Such candidates must be proposed and seconded and must accept nomination either in person or in writing. At the Annual General Meeting, the members present at the Annual General Meeting shall vote and elect 5 (five) Trustees from amongst the candidates.

18.1.3. The following persons may not be Trustees of the Fund:

- 18.1.3.1. a person under the age of 21 (twenty-one) years;
- 18.1.3.2. the Auditor of the Fund;
- 18.1.3.3. the Actuaries of the Fund;
- 18.1.3.4. a consultant to the Fund;
- 18.1.3.5. a director, member or other official of any organisation serving as the Administrator of the Fund and a director, member, employee or other official of any organisation serving as the Administrator in connection with the business of the Fund.
- 18.1.3.6. a person has been convicted, whether in Namibia or elsewhere of theft, forgery or uttering of a forged document or perjury;
- 18.1.3.7. a person who has been removed by a competent court from any office of trust due to misconduct;
- 18.1.3.8. a person who is an un-rehabilitated insolvent or has surrendered his estate;
- 18.1.3.9. a person who has been declared insane, or incapable of managing his own affairs; or
- 18.1.3.10. a person who is not a Member of the Fund.
- 18.1.3.11. A Trustee may resign at any time by giving written notice at a Board meeting of the Trustees.

18.2. **PERIOD OF OFFICE**

Trustees shall be elected or appointed for a period of 3 (three) years, until the close of the third Annual General Meeting following their election or appointment but shall be eligible for re-election or re-appointment. Trustees shall serve a maximum of 3 (three) terms of no more than 9 (nine) consecutive years. The newly elected and appointed Board of Trustees shall take office as from the close of that Meeting.

18.3. TERMINATION OF PERIOD OF OFFICE

The office of a Trustee shall become vacant:

- 18.3.1. if he ceases to be a Member of the Fund;
- 18.3.2. if he is absent from three consecutive meetings without the permission of the Board of Trustees;
- 18.3.3. if the Board of Trustees accepts his written resignation from office;
- 18.3.4. if he is declared of unsound mind or incapable of managing his affairs;
- 18.3.5. if he is declared insolvent or has surrendered his estate;
- 18.3.6. if he is convicted, whether in Namibia or elsewhere of any offence involving an element of dishonesty;
- 18.3.7. if he is removed by a competent court from any office of trust because of misconduct;
- 18.3.8. upon his death or resignation;
- 18.3.9. if by a unanimous decision taken by the Chief Executive Officer of the relevant Recognised Institution or the relevant Employees who originally appointed the Trustee, following the consideration of written reasons submitted by the remaining Trustees.”
- 18.3.10. if he is removed from office in terms of the Act;

The provisions of this Rule apply *mutatis mutandis* to the Principal Officer.

19. ELECTION OF CHAIRPERSON AND VICE-CHAIRPERSON

- 19.1. The Board of Trustees must at the first meeting, elect from its Trustees present at the meeting, a Chairperson and a Vice Chairperson.

- 19.2. In the absence of the Chairperson and Vice-Chairperson, the Board of Trustees present, must elect one of the Trustees to fill the role of the Chairperson for the duration of the meeting.
- 19.3. When necessary, the Chairperson of any Trustee meeting shall have a casting as well as a deliberative vote.
- 19.4. The Chairperson and Vice-Chairperson shall serve a term of no more than 3 (three) consecutive years.

20. APPOINTMENT OF A PRINCIPAL OFFICER

- 20.1. The Board of Trustees shall appoint a Principal Officer of the Fund. The duties and other ancillary matters relating to the Principal Officer are provided for in Rule 29 read with the Act and the regulations thereto. The Principal Officer shall be resident in Namibia, and if he, is for a period exceeding 30 (thirty) days, absent from Namibia or for any reason unable to discharge any duty imposed upon him by any provision of the Act or the regulations thereto, the Trustees must immediately appoint an alternative Principal Officer in a Board meeting (the Chairperson should call an ad hoc meeting if so required) for the duration of the said Principal Officers' absence from Namibia or inability to perform his duties.
- 20.2. Whenever the Trustees have appointed a new Principal Officer, the Trustees shall within 30 (thirty) days from such appointment, notify the Registrar in writing.

21. APPOINTMENT OF ADMINISTRATOR, ACTUARY, CONSULTANT OR OTHER SERVICE PROVIDER

- 21.1. The Board of Trustees shall appoint a duly accredited Administrator, Actuary or other service providers on such terms and conditions as it may determine, for the proper administration of the business of the Fund.
- 21.2. The Trustees may appoint consultants on such terms and conditions as they deem necessary.
- 21.3. The terms and conditions of such appointments must be contained in a written contract, which complies with the Act and the regulations thereto.

22. FILLING OF VACANCIES

- 22.1. The Board may fill any vacancy as, and when they occur. In filling any vacancies, the ratio of 50% (fifty percent) representation from amongst the Employees of the relevant Recognised Institution and 50% (fifty percent) from amongst the management of the relevant Recognised Institutions shall be maintained.

- 22.2. Should a vacancy be required to be filled by a Trustee who is from amongst the management of the Recognised Institution, the relevant nomination shall be done by the relevant Chief Executive Officer (or person of similar title) of the relevant Recognised Institution as soon as the vacancy occurs.
- 22.3. Should a vacancy be required to be filled by a Trustee who is an Employee who was nominated by the Employees of the relevant Recognised Institution, the candidate who at the Annual General Meeting received the highest votes after the candidates which were appointed as Trustees shall be eligible to be appointed as soon as the vacancy occurs until the following Annual General Meeting, at which point a new Trustee will be appointed in accordance with the procedure as set out in rule 18.1.2. Should such candidate not be available to take on the position or no longer be employed by the relevant Recognised Institution, the candidate in whose favour the subsequent highest votes were cast will be eligible to be appointed, and so forth. The nominees should accept their appointment in writing addressed to the Principal Officer. Once the nominees have accepted their appointment in writing, the relevant nominations are to be submitted to the Principal Officer. The Principal Officer will then submit the appointments to the following AGM for ratification.
- 22.4. If at any time the number of Trustees is less than 10 (ten) the Trustees holding office shall for all intents and purposes constitute the Board of Trustees until such time as the vacancy is filled according to Rule 22.4.

23. **REMUNERATION**

- 23.1. The Trustees shall be entitled to reasonable market related sitting fees for their services as approved annually by Members at the Annual General Meeting. The rate of such sitting fees shall be determined, considering the prevailing average rate of sitting fees paid to Trustees of medical aid funds at the time of making such a determination. The Trustees shall also be entitled to a refund of expenditure incurred by them in the performance of their duties, provided that such expenditure is authorised by the Principal Officer.
- 23.2. The Principal Officer shall be entitled to reasonable market related remuneration. Such remuneration, or any amendment thereto is to be approved by the Board. The Principal Officer shall further be entitled to a refund of expenditure incurred by him in the performance of his duties, provided that such expenditure is authorised by the Board.
- 23.3. The Principal Officer must approve all disbursements.

24. **INDEMNITY**

The Trustees and any officer of the Fund shall be indemnified by the Fund against proceedings, costs and expenses incurred by them in connection with anything done by them in good faith for the Fund, except proceedings, costs and expenses incurred on account of the Trustees wilful default, dishonesty or fraud.

25. **MEETINGS OF THE TRUSTEES**

The Principal Officer shall convene Trustee meetings as required, but at least 4 (four) times a year. 3 (three) days written notice thereof shall be sent to each Trustee. Half of the Trustees of the Board plus one is a quorum at meeting of the Board. Should the quorum not be met, the meeting shall be considered postponed to a date in future determined by the Trustees. Such meetings shall be held in Windhoek or in any other centre as may be decided by the majority of the Trustees.

26. **SPECIAL MEETINGS OF THE TRUSTEES**

Any 5 (five) Trustees may require the Principal Officer to convene a Special Trustee Meeting to be held within 1 (one) week of such notification. In the event of the Principal Officer failing to comply with their request, such Trustees may convene the meeting themselves in the manner provided for in Rule 22.9.

27. **MINUTES OF MEETINGS**

27.1. The Principal Officer shall keep detailed minutes of all Annual, Special and the Trustee Meetings. The minutes of such meetings shall be laid before the first succeeding respective meetings; provided that the minutes of every Special General Meeting shall, as the Trustees may decide, be laid before the first succeeding Special General Meeting or the Annual General Meeting. If the minutes of any such meetings are accepted as correct, the Chairperson of such meeting shall confirm them by affixing his signature thereto. Such signed minutes shall be prima facie evidence of the authenticity of the matters thereof.

28. **POWERS OF THE TRUSTEES**

28.1. Subject to the provisions of the Act, the Trustees are competent to:

28.1.1. delegate any of their powers to an Executive or a Sub-committee composed of such of the Trustees as they may appoint, or to such of the Trustees as they may appoint for such purpose, or to the Principal Officer, provided that:

28.1.1.1. any Executive or Sub-committee so formed, or Trustees so appointed, or the Principal Officer shall, in the exercise of such powers, comply with any rules or instructions imposed or issued by the Trustees;

- 28.1.1.2. the Principal Officer may further delegate the powers delegated to him, with the exception of those indicated by the Trustees, to any other employee of the Fund;
- 28.1.1.3. the Trustees may amend or withdraw any powers delegated in terms of this Rule;
- 28.1.1.4. appoint a resident of Namibia as the Principal Officer who shall be the Principal Executive Officer of the Fund, provided that no person under the age of 21 (twenty-one) years shall be entitled to act as the Principal Officer. It is not necessary for the Principal Officer to be a member of the Trustees;
- 28.1.1.5. determine the terms and conditions of the appointment of the Principal Officer and such other employees as may be appointed, involving if considered desirable, the rights to pensions for such persons appointed and annuities to their surviving spouses. The Trustees shall have the power to take all necessary steps to sign and execute all necessary documents to ensure and secure the due fulfilment of the Fund's obligation under such appointment;
- 28.1.1.6. require the resignation of the Principal Officer and/or any salaried or honorary official or any employee of the Fund if they consider circumstances justify such action;
- 28.1.1.7. insure the Fund against loss resulting from the negligence, dishonesty or fraud of any of its officers (including Trustees) with an insurer approved by the Registrar;
- 28.1.1.8. employ such clerical assistance as they consider necessary for the Principal Officer and pay for such services at rates that they consider commensurate with the work done;
- 28.1.1.9. subject to the availability of funds for this purpose, grant Ex Gratia awards to Members to assist them in defraying a medical expense that they or their Dependents incur, apart from the ordinary Benefits as governed by the Rules. All Ex Gratia awards in terms of this Rule shall be governed by the Fund's Ex Gratia awards policy and paid from the amount (if any) budgeted for Ex Gratia awards for each financial year. The Trustees shall have the power to make such budgetary provision

for Ex Gratia awards as is required from time to time. Donations from Members and others shall be invited;

- 28.1.1.10. subject to the provisions of Rule 18, formulate such by-laws as they deem necessary in connection with the foregoing, and such by-laws shall possess full authority;
- 28.1.1.11. appoint medical practitioners and/or dentists and/or any other profession or person as consultants to the Fund, and determine the fees for their services;
- 28.1.1.12. decrease Benefits by not more than 25% in any financial year; provided that such decrease is approved by a 2/3 majority of the Trustees, subject to the Registrar's approval;
- 28.1.1.13. increase Benefits in any financial year; provided that such increase is approved by a 2/3 majority of the Trustees, subject to the Registrar's approval;
- 28.1.1.14. decrease or increase the amount of Contributions payable by all Members by not more than 25% in any financial year; provided that the Trustees shall have the power to approve increases in excess of 25% if necessitated and resultant from an increased Scale of Benefits, and provided further that such decrease or increase is approved by a 2/3 majority of the Trustees, subject to the Registrar's approval;
- 28.1.1.15. initiate and defend any action at law that may be necessary to safeguard the interest of the Fund;
- 28.1.1.16. authorise the Principal Officer to deal with claims without reference to the Trustees, who shall determine the extent and conditions of such authority;
- 28.1.1.17. to purchase immovable property for use of the Fund and to let surplus capacity;
- 28.1.1.18. to require each Member on Admission to the Fund to sign forms prescribed by the Fund thereby giving authority for his banking account to be debited with his portion of claims paid on his behalf to suppliers of Services: Provided that in the case of Members not maintaining banking accounts the Trustees shall make arrangements

with such Member or the Recognised Institution where he is employed for the collection of such portions as may be necessary. It is a further proviso that in the case of existing Members, the Trustees shall have the power to debit a Member's banking account with the said portion or make arrangements with the Member or the Recognised Institution where he is employed for the collection thereof;

- 28.1.1.19. decide, at their discretion on any matter not specifically covered by these Rules: Provided that in the exercise of this discretion the Trustees shall be bound by the objects of the Fund and their powers as set out in these Rules and the Act;
- 28.1.1.20. subject to the provisions of the Act, invest surplus funds of the Fund that are not required for the immediate needs of the Fund;
- 28.1.1.21. recover the administration expenses of the Fund from Contributions of Members, or from investment income or from any other source;
- 28.1.1.22. in all contracts and other documents binding the Fund and to delegate this power to a Trustee or the Principal Officer on conditions as decided by the Trustees;
- 28.1.1.23. amend the Rules of the Fund in terms of Rule 28;
- 28.1.1.24. in consultation and recommendation of the Administrator's Medical Advisor and/or any relevant expert in the medical industry approve the payment of life sustaining treatment in full. This payment will however be subject to the relevant co-payment, Fund restrictions and Fund Rules for the specific benefit. Such payment is however further subject to the discretion of the Board of Trustees.

29. DUTIES, RESPONSIBILITIES AND POWERS OF THE PRINCIPAL OFFICER

- 29.1. The Principal Officer of the Fund shall be bound by the Rules and by any amendment thereto.
- 29.2. The Principal Officer shall have the following duties:
 - 29.2.1. to sign the certificate to be submitted to the Registrar together with any alteration or rescission of a Rule or an addition to the Rules of the Fund. Such certificate shall certify that such alteration or rescission of a Rule or such addition to the Rules has been adopted in accordance with the Rules;

- 29.2.2. to receive any notice required or permitted to be given to the Fund in terms of the Act;
 - 29.2.3. to prepare an annual report to the Registrar containing such information as may be prescribed by the Act for submission to the Registrar within 6 (six) months of the end of each financial year;
 - 29.2.4. in the exercise of the powers referred to in Rule 13A, to comply with any rules or instructions issued or imposed by the Trustees;
 - 29.2.5. except with the permission of the Trustees, to attend all meetings of the Fund and of the Trustees and any other duly appointed Sub-Committee where his attendance may be required;
 - 29.2.6. to submit all statutory returns;
 - 29.2.7. to cause to be recorded the proceedings of all meetings of the Fund, the Trustees and other duly appointed Sub-Committees;
 - 29.2.8. to arrange for the collection of Contributions;
 - 29.2.9. to arrange for the banking of funds;
 - 29.2.10. to make payments as authorised by the Trustees;
 - 29.2.11. to refer any dispute which may arise between a Member, a prospective Member, or a former Member or a person claiming by virtue of a Member, and the Fund or an officer of the Fund to the Trustees for review;
- 29.3. The Principal Officer shall have the following responsibilities:
- 29.3.1. to supervise the employees employed by the Fund and to ensure the carrying out of all duties as are necessary for the proper execution of the business of the Fund, as the Trustees may direct;
 - 29.3.2. to convene Trustee meetings as occasion arises, but at least four times a year, with three days' written notice thereof to each Trustee;
 - 29.3.3. to convene a Special Trustee Meeting at the request of any 5 (five) Trustees within 1 (one) week of such request;

- 29.3.4. to despatch notification to a Member that his Contributions or any other monies owing to the Fund are in arrears;
- 29.3.5. to sign the accounts, balance sheets, reports and statements referred to in Rule 30;
- 29.3.6. to sign all documents required to be lodged with the Registrar in terms of the Act; and
- 29.3.7. if the Trustees or the Members present at a duly constituted General Meeting are of the opinion that the Fund should be dissolved, the Principal Officer shall, upon direction by the of Trustees, despatch to every Member by registered post a memorandum containing the reasons for such a step and the manner in which the assets of the Fund shall be distributed, together with a ballot paper.

29.4. The Principal Officer shall have the following powers:

- 29.4.1. to exercise such of the powers of the Trustees as have been delegated to him by the Trustees in terms of the Rules; and
- 29.4.2. to further delegate the powers delegated to him, with the exception of those indicated by the Trustees, to any other employee of the Fund.

30. CUSTODY OF SECURITIES

- 30.1. Any mortgage bond, deed or other security belonging to or held by the Fund shall, except when in the temporary custody of another person for the purposes of the Fund, be kept in safe custody in a safe or strong-room at the registered office of the Fund or with any financial institution approved by the Registrar.
- 30.2. The Trustees shall make such provision, as they deem desirable for the safe custody of the books, documents, papers, and other effects of the Fund.

31. MEETINGS OF MEMBERS

31.1. ANNUAL GENERAL MEETINGS

- 31.1.1. An Annual General Meeting of Members of the Fund shall be held within 6 (six) months after the financial year end for the transaction of the following business:
- 31.1.2. to confirm the minutes of the previous Annual General Meeting and any Special General Meetings held since the previous Annual General Meeting.

- 31.1.3. to receive and adopt the Auditor's financial statement and report to Members as at the 31st December of the previous year;
- 31.1.4. to receive and adopt the annual report by the Principal Officer/Chairperson of the Board of Trustees;
 - 31.1.4.1. to elect the Board of Trustees;
 - 31.1.4.2. to elect the Disputes Committee consisting of three members;
 - 31.1.4.3. to determine the overall remuneration of Trustees;
 - 31.1.4.4. to appoint Auditors for the ensuing year; and
 - 31.1.4.5. to transact any other business of which due written notice has been received by the Principal Officer at least 7 (seven) days preceding the Annual General Meeting.
- 31.1.5. The notice convening the Annual General Meeting and the agenda shall be sent to all Members at least 21 (twenty-one) days before the day of the meeting, either directly or through the medium of the Recognised Institutions employing them. The non-receipt of the notice by a Member shall not invalidate the proceedings at an Annual General Meeting.
- 31.1.6. If the Fund has less than 1 000 (one thousand) Members, 100 (one hundred) Members present in person or by proxy shall form a quorum. If the Fund has more than 1 000 (one thousand) Members, 200 (two hundred) Members present in person or by proxy shall form a quorum. If a quorum is not present after the lapse of half-an-hour from the time fixed for the commencement of the meeting, the meeting shall be postponed until the same day and time of the following week and if the number of Members required to form a quorum is not present in person or by proxy, the meeting shall be regarded as having been cancelled. It is a proviso that if the same day of the following week is a public holiday the meeting will be postponed till the first working day following the public holiday.
- 31.1.7. All Annual General Meetings shall be held in Windhoek or in any other centre as may be decided by the Trustees.

31.2. SPECIAL GENERAL MEETING

- 31.2.1. Whenever they consider it desirable, the Trustees may convene a Special General Meeting of the Fund, of which not less than 14 (fourteen) days' notice shall be given by circular and which must set forth the purpose for which the meeting is convened.
- 31.2.2. On receipt by the Principal Officer of a requisition signed by not less than 10% (ten percent) of Members, of whom not more than 30% (thirty percent) shall belong to any specific Recognised Institution, the Board of Trustees shall convene a Special General Meeting within 21 (twenty-one) days after the receipt of the requisition; provided such requisition specifies the purpose of the meeting required. Should the Trustees fail to convene a Special General Meeting within 21 (twenty-one) days after receipt of the said requisition, those who made the requisition may themselves convene such a meeting in the manner aforesaid. Such meeting shall be held within one month from the date of the said requisition and any resolution carried at such a meeting shall be binding and final, unless rescinded at a meeting convened by the Trustees, within 1 (one) month from the date of the first meeting.
- 31.2.3. The notice convening the Special General Meeting and the agenda shall be sent to all Members at least 14 (fourteen) days before the day of the meeting, either directly or through the medium of the Recognised Institutions employing them. The non-receipt of the notice by a Member shall not invalidate the proceedings at a Special General Meeting.
- 31.2.4. If the Fund has less than 1 000 (one thousand) Members, 100 (one hundred) Members present in person or by proxy shall form a quorum. If the Fund has more than 1 000 (one thousand) Members, 200 (two hundred) Members present in person or by proxy shall form a quorum. If a quorum is not present at a Special General Meeting called by the Board of Trustees after the lapse of half-an-hour from the time fixed for the commencement of the meeting, the meeting shall be postponed till the same day and time of the following week and if the number of Members required to form a quorum is not present in person or by proxy, the meeting shall be regarded as having been cancelled. It is a proviso that if the same day of the following week is a public holiday the meeting will be postponed till the first working day following the public holiday: Provided further that if a quorum is not present at a Special General Meeting convened on the requisition of Members after the lapse of half-an-hour from the time fixed for the commencement of the meeting, the meeting shall be regarded as cancelled.

- 31.2.5. All Special General Meetings shall be held in Windhoek or in any other centre decided on by the Trustees.

32. VOTING AT GENERAL MEETINGS

Every Member present at a General Meeting shall be entitled to vote and:

- 32.1.1. each such Member shall have 1 (one) vote;
- 32.1.2. the Chairperson of a general meeting shall have a casting as well as a deliberative vote;
- 32.1.3. no Member may vote at any general meeting unless all Contributions due by him have been paid to the Fund;
- 32.1.4. any objection to the qualification of a voter shall be referred to the Principal Officer, whose decision shall be final;
- 32.1.5. voting on any matter submitted to a General Meeting for a decision shall be decided by a majority vote cast by a show of hands unless at least 5 (five) Members present demand a vote by ballot, in which case the chairperson shall nominate 2 (two) or more scrutineers from among the Members present;
- 32.2. a declaration by the Chairperson of a General Meeting of the result of a ballot shall be conclusive;
- 32.3. an instrument appointing a proxy shall be in writing and signed by the Member;
- 32.4. a proxy is required to be a Member;
- 32.5. a notice convening a General Meeting need not inform Members of their right to appoint a proxy;
- 32.6. the instrument appointing a proxy shall be delivered to the Principal Officer not less than 24 (twenty-four) hours before the time set 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 expiration of 3 (three) months as from the date of its execution;
- 32.7. the instrument appointing a proxy shall be in the form prescribed by the Fund from time to time;
- 32.8. all Members attending a General Meeting shall be required to supply proof of membership; and
- 32.9. a resolution adopted at a General Meeting shall be binding on all Members subject to the provisions of Rules 25.2.2, 28.1, 28.2, 28.3 and 31.3.

33. SETTLEMENT OF DISPUTES IN RELATION TO THE FUND

- 33.1. Members may lodge their complaints, in writing, to the Fund.
- 33.2. Once a complaint has been lodged the Principal Officer shall ensure that an *ad hoc* disputes committee be constituted. The disputes committee shall consist of 5 Members nominated in writing by the Board of Trustees. Such Members shall be chosen at random by the Chairperson. A Member, who is a Trustee, shall be ineligible for nomination.
- 33.3. Once the Members have accepted their nominations, the Principal Officer shall convene a meeting of the disputes committee by giving not less than 14 (fourteen) days' notice in writing to the complainant and the 5 members of disputes committee. The notice shall provide the date, place, and time of the meeting as well as a brief summary of the dispute.
- 33.4. The disputes committee shall determine the process to be followed at this meeting. The aggrieved party shall however be afforded the opportunity to be heard either in person or through a representative.
- 33.5. The decision of the disputes committee shall be final and binding. The aggrieved party however has an opportunity to approach NAMFISA should they be dissatisfied with the outcome of the relevant decision.

34. ALTERATION OF RULES

- 34.1. Except when it occurs by reason of the use of the powers conferred in terms of Rules 22.12.11, 22.12.12 and 22.12.13, no alteration or rescission or addition to the Rules shall be made unless with the consent of the majority of the Trustees, whose decision must be ratified by not less than 2/3 of the Members present at any Annual General Meeting or Special General Meeting convened in terms of Rule 25, before such alteration, addition or rescission shall be effective.
- 34.2. Should a Special General Meeting be called in terms of Rule 25.2.2, any alteration, addition or rescission shall be considered duly carried if approved by a 2/3 majority of Members present at such Special General Meeting and shall be effective despite the majority of the Trustees not having consented thereto.
- 34.3. Notwithstanding anything hereinbefore or hereinafter contained, no such new Rule, amendment, alteration, addition or rescission, and no consolidation of the Fund's Rules within the Act, shall be valid if it purports to affect any right of a creditor of the Fund other than a Member thereof.
- 34.4. In the event of any situation, where the Rules of the Fund do not cover or do not provide any guidance to the Trustees, the Trustees shall have the power to deal therewith at their discretion, and if

necessary to formulate a new Rule to meet such a situation, but any new Rules so formulated must be submitted for confirmation, or otherwise, to the next Annual General Meeting or Special General Meeting whichever is held first. Should any material change become necessary in the opinion of the Trustees, they must convene a Special General Meeting within 1 (one) month of their decision for confirmation or otherwise.

- 34.5. Notwithstanding any provisions to the contrary, the Trustees shall be competent to rectify any error of spelling, language, translation, punctuation, or grammar or add explanatory notes in the English text of the Rules.
- 34.6. Every Member shall, as soon as possible after the registration of the amendment, be advised thereof direct or through the medium of the Recognised Institution employing him; provided that the non-receipt of such notice shall in no way relieve a Member of any obligation that may arise from such amendment.
- 34.7. No alteration, rescission or addition to the Rules shall be valid unless the Registrar has approved and registered it in terms of the Act.
- 34.8. Notwithstanding anything contained in these Rules the Trustees shall on the request and to the satisfaction on the Registrar, amend any rule that is inconsistent with the provisions of the Act.
- 34.9. Any alteration, addition or rescission to the Rules of the Fund will be communicated to Members within 30 days of approval by the Registrar of such change.

35. **FINANCE**

- 35.1. All monies received shall be applied in carrying out the objects of the Fund, and all sums thus received shall be invested at the discretion of the Trustees with due regard to the provisions of the Act.
- 35.2. All cheques shall be signed by such persons as may be empowered thereto from time to time by the Trustees.

36. **AUDITORS**

- 36.1. The books and vouchers of the Fund shall be audited by the Auditors of the Fund.
- 36.2. Subject to the Registrar's approval, Auditors shall be appointed for the ensuing year at the Annual General Meeting to hold office from the conclusion of that meeting to the conclusion of the next Annual General Meeting and shall be paid such fees as shall be determined at that Meeting. No Member of the Fund may be appointed as Auditor to the Fund.

- 36.3. In the event of an appointed Auditor not being available to act, the Trustees shall have the power to fill the vacancy by appointing an alternative Auditor
- 36.4. Every appointed Auditor shall be registered as such under the Public Accountants and Auditors Act, 1951 (Act 51 of 1951).
- 36.5. The Auditor of the Fund shall have a right of access at all times to the books and accounts and vouchers of the Fund, and shall be entitled to require from the officers of the Fund such information and explanations as he thinks necessary for the performance of his duties.
- 36.6. The Auditor shall make a report to Members of the Fund on the accounts examined by him and on the financial statements laid before the Annual General Meeting.
- 36.7. The Auditor, however appointed, may vacate his office by giving 30 (thirty) days written notice to the Trustees.

37. BALANCE SHEET AND ACCOUNTS

- 37.1. The Trustees shall cause such accounts, balance sheets, reports, statistics and statements of liabilities and assets to be kept ensuring the smooth administration of the Fund.
- 37.2. Such accounts, balance sheets, reports and statements shall be prepared and audited by the Auditors, shall be signed by the Chairperson, Principal Officer and 1 (one) Trustee or alternatively the Principal Officer and 2 (two) Trustees and shall be submitted to the Annual General Meeting.
- 37.3. All other documents required in terms of the Act, to be lodged with the Registrar shall be signed by the Principal Officer, the Chairperson of the Trustees, and a further Trustee.
- 37.4. The Fund shall supply any Member with a copy of the Rules or of the latest revenue account and balance sheet prepared in terms of the Act on demand.
- 37.5. Any Member shall be entitled to inspect, without charge, at the registered office of the Fund, the Rules and any of the documents referred to in the foregoing Rules 30.1, 30.2 and 30.3, and to make extracts therefrom.
- 37.6. The financial year of the Fund shall extend from the first day of January in any year to the last day of December of that year.

38. DISSOLUTION AND TERMINATION OF THE FUND

- 38.1. The Fund shall be dissolved or terminated only by order of a competent court or by a decision of Members as provided for in Rule 38.3.

38.2 In the event of the dissolution of the Fund in pursuance of an order of court the winding up of the Fund shall be affected in accordance with the conditions contained in the order and as provided in the Act.

38.3 If the Trustees or the Members present at a duly constituted General Meeting are of the opinion that the Fund should be dissolved or terminated, the Principal Officer shall, upon direction by the Trustees, despatch to every Member by registered post a memorandum containing the reasons for such a step and the manner in which the assets of the Fund shall be distributed, together with a ballot paper. It is a proviso that before despatch, the memorandum and ballot paper shall be forwarded to the Registrar for comment. Every Member shall be requested to return his ballot paper duly completed within 21 (twenty-one) days. If at least forty percent of the Members return their ballot papers duly completed and if the majority thereof are in favour of the dissolution or termination of the Fund, the Trustees shall take a formal decision that the Fund shall be dissolved or terminated with effect from a fixed date. From such fixed date, no further contributions shall be payable to the Fund. If two successive attempts to obtain a return of at least forty percent of the ballot papers fail, the Trustees shall refer the matter to the Registrar who may prescribe a lower percentage.

38.4 Upon dissolution or termination, the assets of the Fund shall be distributed amongst the current Members of the Fund.

38.5 If a decision to dissolve the Fund has been taken in terms of Rule 31.8 the following documents shall be forwarded forthwith to the Registrar:

38.5.1 a copy of the decision of the Trustees and a document detailing the distribution of funds.

38.5.2 a certificate by the Chairperson of the Trustees that the prescribed percentage of Members has voted in favour of the dissolution of the Fund; and

38.5.3 the name of the person recommended by the Trustees for appointment as liquidator.

38.6 Subject to the Registrar's approval, the Trustees shall be competent to appoint a liquidator, to fix his remuneration and subject to the provisions of the Act, to give him appropriate and relevant directions."

39 WINDING UP AND JUDICIAL MANAGEMENT

Subject to the provisions of the Act, the Fund may be wound up or placed under judicial management in the circumstances set out in and in accordance with the provisions of the Act.

40 AMALGAMATION AND TRANSFER OF BUSINESS

Subject to the provisions of section 34 of the Act, the Fund may amalgamate with, transfer any of its assets and liabilities to, or take transfer of any assets and liabilities of any other medical aid fund.

41 SURPLUSES REALISED BY THE FUND

No portion of any surplus realized by the Fund in any financial year may be distributed to its Members or any other persons. Surpluses will be invested for the benefit of the Fund. In the event of the termination or dissolution of the Fund, the assets of the Fund shall be distributed to the Members of the fund according to Rule 38 and the provisions of the Act.

42 SIGNATURE OF CONTRACTS AND DOCUMENTS

Save as otherwise provided in the Rules, all cheques, bills of exchange, promissory notes and other negotiable instruments, and all contracts, powers and other instruments and documents whatsoever required to be signed and counter-signed by or on behalf of the Fund shall be signed by such persons as may be empowered thereto by the Trustees, provided that documents to be deposited with the Registrar shall be signed as prescribed by the Act.

43 LIABILITY OF MEMBERS

The liability of a Member shall be recovered from the Recognised Institution and shall be limited to the amount of his unpaid Contributions together with any sum disbursed by the Fund on his behalf or on behalf of his Dependants that he has not repaid to the Fund. In the event of any Member ceasing to be a Member, any amount still owing by such Member in respect of himself or his Dependants shall be a debt due to the Fund and recoverable by the Fund from the relevant Recognised Institution. The provisions of Rule 19 shall apply mutatis mutandis to any such amount still owing to the Fund by such Member.

44 NAMFISA

NAMFISA is established by the Namibia Financial Institutions Supervisory Authority Act, 2001 (Act 3 of 2001) and any Member or his Dependant may approach NAMFISA at any time with any complaint regarding his membership of the Fund. NAMFISA is currently located on the 8th floor, Sanlam Centre, Independence Avenue with telephone no. 061-290 5000 and fax no. 061-290 5194.

45 NAMAFA

NAMAFA is a juristic body, established in terms of the Medical Aid Funds Act, 1995 (Act No. 23 of 1995) to promote, control, encourage and co-ordinate the establishment and functioning of Medical Aid Funds in Namibia.

Annexure A

Subject to the provisions of Rule 3.4, the total monthly subscriptions of every registered Member, including the Recognised Institution's portion thereof, shall be as follows with effect from 1 January 2021:

1. STATUS OF MEMBER AND INCOME

OPTION 1: Bankmed Essence

Applicable to Recognised Institutions where membership to the Fund is mandatory (except where an employee belongs to his or her spouse's medical aid fund).

TABLE A			
MEMBERS & DEPENDANTS			
Income Band	Member	Adult	Child
	N\$	N\$	N\$
A	1 892	1 520	332
B	2 022	1 627	354
C	2 165	1 730	375
D	2 650	2 113	456
E	2 859	2 299	493
F	3 054	2 452	533
G	3 219	2 577	562
H	3 368	2 704	595
I	3 527	2 830	617
J	3 671	2 943	644
K	3 708	2 979	648
L	3 747	3 006	658
M	3 792	3 027	670

TABLE B		
SPECIAL DEPENDANTS		
Income Band	Adult	Child
	N\$	N\$
A	1 892	332
B	2 022	354
C	2 165	375
D	2 650	456
E	2 859	493
F	3 054	533
G	3 219	562
H	3 368	595
I	3 527	617
J	3 671	644
K	3 708	648
L	3 747	658
M	3 792	670

A: Members earning from N\$ 0 - N\$ 2 860 per month

B: Members earning from N\$ 2 861 - N\$ 3 690 per month

C:	Members earning from	N\$ 3 691	-	N\$ 4 770 per month
D:	Members earning from	N\$ 4 771	-	N\$ 5 610 per month
E:	Members earning from	N\$ 5 611	-	N\$ 7 530 per month
F:	Members earning from	N\$ 7 531	-	N\$ 9 450 per month
G:	Members earning from	N\$ 9 451	-	N\$ 14 060 per month
H:	Members earning from	N\$ 14 061	-	N\$ 18 780 per month
I:	Members earning from	N\$ 18 781	-	N\$ 23 540 per month
J:	Members earning from	N\$ 23 541	-	N\$ 28 290 per month
K:	Members earning from	N\$ 28 291	-	N\$ 37 540 per month
L:	Members earning from	N\$ 37 541	-	N\$ 46 700 per month
M:	Members earning from N\$ 46 701 + and more per month			

The Member's portion and the Recognised Institution's portion of the subscriptions as shown above is payable monthly in advance.

OPTION 2: Essence Hospital Plan

Applicable to Recognised Institutions where membership to the Fund is mandatory (except where an employee belongs to his or her spouse's medical aid fund).

TABLE C			
MEMBERS & DEPENDANTS			
Income Band	Main	Adult	Child
	N\$	N\$	N\$
A	1 333	1 072	249
B	1 416	1 140	261
C	1 508	1 205	276
D	1 837	1 465	335
E	1 984	1 594	364
F	2 112	1 696	389
G	2 222	1 781	414
H	2 325	1 866	441
I	2 431	1 950	459
J	2 528	2 026	480
K	2 551	2 049	482
L	2 576	2 066	490
M	2 603	2 079	502

TABLE D		
SPECIAL DEPENDANTS		
Income Band	Adult	Child
	N\$	N\$
A	1 333	249
B	1 416	261
C	1 508	276
D	1 837	335
E	1 984	364
F	2 112	389
G	2 222	414
H	2 325	441

I	2 431	459
J	2 528	480
K	2 551	482
L	2 576	490
M	2 603	502

- A: Members earning from N\$ 0 - N\$ 2 860 per month
- B: Members earning from N\$ 2 861 - N\$ 3 690 per month
- C: Members earning from N\$ 3 691 - N\$ 4 770 per month
- D: Members earning from N\$ 4 771 - N\$ 5 610 per month
- E: Members earning from N\$ 5 611 - N\$ 7 530 per month
- F: Members earning from N\$ 7 531 - N\$ 9 450 per month
- G: Members earning from N\$ 9 451 - N\$ 14 060 per month
- H: Members earning from N\$ 14 061 - N\$ 18 780 per month
- I: Members earning from N\$ 18 781 - N\$ 23 540 per month
- J: Members earning from N\$ 23 541 - N\$ 28 290 per month
- K: Members earning from N\$ 28 291 - N\$ 37 540 per month
- L: Members earning from N\$ 37 541 - N\$ 46 700 per month
- M: Members earning from N\$ 46 701 + and more per month

The Member's portion and the Recognised Institution's portion of the subscriptions as shown above is payable monthly in advance.

OPTION 3: Bankmed Prime

Applicable to Recognised Institutions where membership to the Fund is mandatory (except where an employee belongs to his or her spouse's medical aid fund).

TABLE E			
MEMBERS & DEPENDANTS			
Income Band	Main	Adult	Child
	N\$	N\$	N\$
A	1 358	1 168	254
B	1 452	1 249	272
C	1 554	1 328	287
D	1 903	1 623	350
E	2 053	1 765	378
F	2 193	1 883	409
G	2 311	1 978	430
H	2 419	2 077	457
I	2 533	2 172	474
J	2 637	2 259	495
K	2 663	2 287	498
L	2 691	2 308	505
M	2 724	2 325	514

TABLE F		
SPECIAL DEPENDANTS		
Income Band	Adult	Child
	N\$	N\$
A	1 358	254
B	1 452	272
C	1 554	287
D	1 903	350
E	2 053	378
F	2 193	409
G	2 311	430
H	2 419	457
I	2 533	474

J	2 637	495
K	2 663	498
L	2 691	505
M	2 724	514

A: Members earning from N\$ 0 - N\$ 2 860 per month

B: Members earning from N\$ 2 861 - N\$ 3 690 per month

C: Members earning from N\$ 3 691 - N\$ 4 770 per month

D: Members earning from N\$ 4 771 - N\$ 5 610 per month

E: Members earning from N\$ 5 611 - N\$ 7 530 per month

F: Members earning from N\$ 7 531 - N\$ 9 450 per month

G: Members earning from N\$ 9 451 - N\$ 14 060 per month

H: Members earning from N\$ 14 061 - N\$ 18 780 per month

I: Members earning from N\$ 18 781 - N\$ 23 540 per month

J: Members earning from N\$ 23 541 - N\$ 28 290 per month

K: Members earning from N\$ 28 291 - N\$ 37 540 per month

L: Members earning from N\$ 37 541 - N\$ 46 700 per month

M: Members earning from N\$ 46 701 + and more per month

The Member's portion and the Recognised Institution's portion of the subscriptions as shown above is payable monthly in advance.

OPTION 4: Bankmed Care

Applicable to Recognised Institutions where membership to the Fund is mandatory (except where an employee belongs to his or her spouse's medical aid fund).

TABLE G			
MEMBERS & DEPENDANTS			
Income Band	Main	Adult	Child
	N\$	N\$	N\$
A	599	479	120
B	1 252	1 000	251
C	1 433	1 150	287
D	1 578	1 268	316
E	1 665	1 338	334
F	1 756	1 411	353

TABLE H		
SPECIAL DEPENDANTS		
Income Band	Adult	Child
	N\$	N\$
A	599	120
B	1 252	251
C	1 433	287
D	1 578	316
E	1 665	334
F	1 756	353

- A: Members earning from N\$ 0 - N\$ 4 770 per month
- B: Members earning from N\$ 4 771 - N\$ 5 610 per month
- C: Members earning from N\$ 5 611 - N\$ 7 430 per month
- D: Members earning from N\$ 7 531 - N\$ 9 450 per month
- E: Members earning from N\$ 9 451 - N\$ 14 060 per month
- F: Members earning from N\$ 14 061 + and more per month

1.1 The Member's portion and the Recognised Institution's portion of the subscriptions as shown above is payable monthly in advance and shall be paid to the FUND by not later than the seventh day of the month in respect of which they are due.

1.2 If a PRINCIPAL MEMBER's SUBSCRIPTIONS are in arrears for more than 7 (seven) days, the FUND will impose interest at the current prime rate (according to the Fund's bankers) minus 5% per annum, on the subscription payable in the month thereafter for as long as the contribution is outstanding.

If a PRINCIPAL MEMBER's SUBSCRIPTIONS are in arrears for more than 30 (thirty) the BENEFITS of such PRINCIPAL MEMBER shall be suspended pending full payment of all arrear SUBSCRIPTIONS.

1.3 PENSIONER CONTRIBUTIONS

Upon retirement, the member's premium will be calculated in accordance with Table A, C and E based on 60% of the member's last basic salary paid by the member's employer

ANNEXURE B: SCHEDULE OF BENEFITS

1. GENERAL

- 1.1 Subject to the provisions contained in the Rules, Members paying at the rates specified in Annexure A shall be entitled to the Benefits as set out below, both for themselves and for their registered Dependants, provided that these Benefits do not exceed the Scale of benefits.
- 1.2 Pre-authorisation shall be required before hospitalisation, surgical procedures and other specified items that may qualify for Benefits. In the case of an emergency the Fund must be notified thereof within 24 hours or on the first working day after such an emergency admission or treatment having been initiated,
- 1.3 No Member shall be entitled to assign, transfer, pledge, hypothecate or cede his/her Benefits or his/her rights to Benefits in or from the Fund.
- 1.4 Maximum annual Benefits shall be calculated, based on the services rendered during that year, from 1 January to 31 December each year.
- 1.5 Benefits are not transferable from one financial year to another or from category of membership to another.
- 1.6 All Benefits will be calculated according to the Scale of Benefits. In the event of the Scale of Benefits not being applicable, the actual cost of services will be used as the basis for the calculation.
- 1.7 Prolonged treatment may be subject to review and limits as imposed by the Trustees.
- 1.8 Claims must be submitted in accordance with the instructions contained in Rule 9.
- 1.9 The Fund shall establish or cause to be established a programme to manage the treatment of immune deficiency related to HIV/AIDS. Benefit entitlement shall be 100% of the scale of benefits in respect of all the services, materials and medicines detailed in this Annexure subject to pre-authorisation and adherence to the said programme.
- 1.10 A fully specified account may be submitted by a supplier of services, in accordance with the instructions contained in Rule 9, to the Fund for direct payment of the Benefit amount only. The Member will be required to settle the balance of the account himself/herself, direct with the supplier of the service.
- 1.11 Where the Member elects to pay the full amount to the supplier of the service, the Fund will refund the scale of benefit to the Member upon receipt of a fully specified account supported by an official receipt.

2. BANKMED ESSENCE BENEFITS

2.1 OVERALL ANNUAL BENEFIT

Unlimited Benefits

2.2 PRO RATA BENEFITS

If a Member joins the Fund after the first day of a financial year, the maximum Benefits for all Services set out in paragraph 2.3.16.2, 2.3.16.3 and 2.4, except for the Benefits in paragraph 2.4.7, are decreased for such financial year in the same ratio as the number of months already expired bears to twelve.

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 4.2 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.

2.3 CATEGORY A: HOSPITALISATION BENEFIT

Subject to overall annual benefit set out in paragraph 2.1

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 Benefits will be paid. Additional Hospital Benefit Cover for General Practitioners, Medical Specialists and Anaesthetics for in-hospital services are paid up to a maximum of 215% of NAMA Tariff.

2.3.1 HOSPITALISATION

Subject to overall annual benefit set out in paragraph 2.3. Subject to pre-authorisation by the Fund. Benefits are subject to management by or on behalf of the Fund. Limited to 100% of the Scale if Benefits for:

2.3.1.1 ACCOMMODATION AND THEATRE

Subject to annual sub-Benefit limit in paragraph 2.3.1. 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.

2.3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL /MEDICAL INSTITUTION

Subject to annual sub-Benefit limit in paragraph 2.3.1. Limited to N\$ 600 per day per family for up to maximum of 2 (two) days for accommodation other than a recognised hospital/medical institution and subject to Accommodation Expenses Re-imbursment Policy. Subject to pre-authorisation by the Fund.

2.3.1.3 BLOOD TRANSFUSIONS

Subject to annual sub-Benefit limit in paragraph 2.3.1. Limited to 100% of the Scale of Benefits for the cost of the blood, the apparatus and the operator's fee.

2.3.1.4 INTENSIVE AND HIGH CARE

Subject to annual sub-Benefit limit in paragraph 2.3.1. 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 (three) 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. Any claim for such accommodation in excess of 3 (three) days will be paid only if supported by a motivation from a medical practitioner.

2.3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TTO) MEDICINE)

Subject to annual sub-Benefit limit in paragraph 2.3.1. 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.

2.3.1.6 RADIOLOGY AND PATHOLOGY (IN HOSPITAL)

Subject to annual sub-Benefit limit in paragraph 2.3.1. Limited to 100% of the Scale of Benefits for x-rays and pathology. Benefits will be paid only if a Medical Practitioner referred the Member or Dependant for such procedure. Additional Hospital Benefit Cover excluded.

2.3.1.7 PHYSIOTHERAPY

Subject to annual sub-Benefit limit in paragraph 2.3.1.

2.3.1.7.1 PHYSIOTHERAPY (IN-HOSPITAL)

Subject to annual sub-Benefit limit in paragraph 2.3.1.7. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

2.3.1.7.2 PHYSIOTHERAPY (POST REHABILITATION)

Subject to annual sub-Benefit limit in paragraph 2.3.1.7. Limited to N\$ 5 800 per family for post rehabilitation physiotherapy once the Member or Dependant is out of hospital. Benefits will be paid at 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded. Post rehabilitation benefit available within 3 months from hospital discharge. Subject to prior approval by the Fund.

2.3.2 SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT OF HOSPITAL, INCLUDING MATERIALS)

Subject to overall annual Benefit set out in paragraph 2.1. Subject to prior approval by the Fund. Benefits are subject to management by or on behalf of the Fund. Limited to 100% of the Scale of Benefits. Referral from a Specialist only. Referral from a General Practitioner acceptable in places where there is no Specialist. Additional Hospital Benefit Cover excluded.

2.3.2.1 MRI AND CT SCANS

Subject to annual sub-Benefit limit in paragraph 2.3.2. Benefits will be paid at 100% of the Scale of Benefits.

2.3.2.2 NUCLEAR MEDICINE

Subject to annual sub-Benefit limit in paragraph 2.3.2. Benefits will be paid at 100% of the Scale of Benefits.

2.3.3 GENERAL PRACTITIONERS AND SPECIALISTS (IN HOSPITAL SERVICES, PROCEDURES AND OPERATIONS)

Subject to overall annual Benefit set out in paragraph 2.1. Benefits will be paid at 100% of the Scale of Benefits limited to a maximum of 215% of NAMA Tariff for surgical procedures, diagnostic examinations, operations, anaesthetics, visits, consultations, and non-surgical procedures.

2.3.4 INTERNAL APPLIANCES AND MATERIALS

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

Subject to overall annual Benefit set out in paragraph 2.1. Subject to pre-authorisation by the Fund and Internal Prosthesis Protocol.

2.3.4.1 ARTIFICIAL EYES

Subject to annual sub-Benefit limit in paragraph 2.3.4. Benefits will be paid at 100% of cost.

2.3.4.2 ARTIFICIAL LIMBS

Subject to annual sub-Benefit limit in paragraph 2.3.4. Benefits will be paid at 100% of cost.

2.3.4.3 OTHER INTERNAL APPLIANCES AND MATERIALS

Subject to annual sub-Benefit limit in paragraph 2.3.4. Benefits will be paid at 100% of cost.

2.3.5 DIALYSIS

Subject to overall annual benefit set out in paragraph 2.1. Benefits will be paid at 100% of the Scale of Benefits. Subject to Case Management and Managed Health Care Guidelines.

2.3.6 ONCOLOGY – (ALL-INCLUSIVE IN AND OUT OF HOSPITAL)

Subject to overall annual Benefit set out in paragraph 2.1 and further limited to N\$ 750 000 per Beneficiary annum. Limited to 100% of the Scale of Benefits. Benefits include all cost relating to Oncology treatment and procedures in and out-of-hospital consultations, surgery, hospitalization, Radiation Oncology and Oncology Medication for chemotherapy, radiotherapy, and hormone therapy. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related specialised Radiology and Pathology tests and procedures

2.3.7 ORGAN TRANSPLANTS

Subject to overall annual benefit set out in paragraph 2.1. Limited to 100% of the Scale of Benefits. Benefits include all costs relating to the supply and transportation of the organ, and organ transplant 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:

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

2.3.7.2 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.

2.3.7.3 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 re-imburement not applicable to the organ donor. Subject to Case Management and Managed Health Care Guidelines.

2.3.8 PRIVATE NURSING

Subject to overall annual Benefit set out in paragraph 2.1 and further limited to N\$ 33 250 per family per annum. Limited to 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund.

2.3.9 FRAIL CARE/HOSPICE

Subject to overall annual Benefit set out in paragraph 2.1 and further limited to N\$ 33 250 per family per annum. Limited to 100% of the Scale of Benefits for accommodating permanent, chronically ill, or geriatric patients in a registered nursing home or hospital. Subject to pre-authorisation by the Fund.

2.3.10 PSYCHIATRIC TREATMENT

Subject to overall annual benefit set out in paragraph 2.1. Benefits will be paid at 100% of the scale of benefits. Subject to prior approval and Managed Health Care Guidelines.

2.3.1011.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 2.3.10. Limited to 100% of the scale of benefits. Benefits include medical practitioners' and allied health professionals' fees during hospitalisation.

2.3.10.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 2.3.10 for psychiatric treatment HOSPITALISATION and further limited to N\$ 30 500 per family per annum. Benefits include all cost relating to hospitalisation.

2.3.11 ALCOHOLISM / DRUG ADDICTION

Subject to annual sub-benefit limit in paragraph 2.3.10, 2.3.10.1 and 2.3.10.2. Limited to 100% of the scale of benefits.

2.3.12 REFRACTIVE SURGERY

Subject to overall annual benefit set out in paragraph 2.1 and further limited to N\$ 30 000 per beneficiary once off, all-inclusive benefits. Benefits will be paid at 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund.

2.3.13 PHAKIC IMPLANTS (LENS IMPLANT)

Subject to overall annual benefit set out in paragraph 2.1 and further limited to N\$ 34 750 per beneficiary once off, all-inclusive benefits. Benefits will be paid at 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund.

2.3.14 RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

Subject to overall annual benefit set out in paragraph 2.1 for reconstructive surgery due to medical necessity. Subject to pre-authorisation by the Fund and strict Managed Health Care Guidelines.

2.3.14.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 2.3.14 and further limited to N\$ 13 750 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.

2.3.14.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 2.3.14. Limited to 100% of the Scale of Benefits. Benefits include all cost relating to hospitalisation.

2.3.15 DENTAL SURGERY

Subject to overall annual Benefit set out in paragraph 2.1. Additional Hospital Benefit Cover excluded. Subject to pre-authorisation by the Fund.

2.3.15.1 DENTAL IMPLANT – HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 2.3.15. Limited to N\$ 16 750 per family per annum and further limited to N\$ 9 500 per beneficiary. Benefits will be paid at 100% of the Scale of Benefits.

2.3.15.2 MAXILLO FACIAL AND ORAL SURGERY (ELECTIVE AND NON-ELECTIVE) (ALL-INCLUSIVE)

Subject to annual sub-benefit limit in paragraph 2.3.15. Limited to N\$ 133 250 per family per annum. Benefits include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine, and hospitalisation. Benefits will be paid at 100% of the Scale of Benefits

2.3.16 MATERNITY

Subject to overall annual benefit set out in paragraph 2.1.

2.3.16.1 CONFINEMENTS

Subject to annual sub-benefit limit in paragraph 2.3.16 and further limited to one confinement per year in the case of a Dependant other than a Spouse. Limited to 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund. Benefits as set out in paragraphs 2.3.1.1, 2.3.1.2, 2.3.1.3, 2.3.1.4, 2.3.1.5, 2.3.1.6 and 2.3.3 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.

2.3.16.2 ANTE-NATAL CONSULTATION

Subject to annual sub-benefit limit in paragraph 2.3.16 and further limited to 12 consultations per beneficiary per annum. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

2.3.16.3 ANTE-NATAL / POST-NATAL CLASSES AND EDUCATION

Subject to annual sub-benefit limit in paragraph 2.3.16 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.

2.3.16.4 SONAR SCANS (EXCLUDING 3D)

Subject to annual sub-benefit limit in paragraph 2.3.16 and further limited to 3 scans per beneficiary per pregnancy. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

2.3.16.5 TESTS FOR CHROMOSAL AND FOETAL ABNORMALITIES

Subject to annual sub-benefit limit in paragraph 2.3.16. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

2.3.16.6 MID-WIFERY SERVICE

Subject to annual sub-benefit limit in paragraph 2.3.16. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

2.3.17 INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 2.1 and further limited to N\$ 6 000 per beneficiary. Benefits will be paid at 100% of the Scale of Benefits. Subject to prior approval by the Fund.

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

2.3.18 STOMALTHERAPY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 2.1 and further limited to N\$ 28 750 per family per annum. BENEFITS include all cost relating stomalththerapy. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

2.3.19 AMBULANCE AND EVACUATION SERVICES

Subject to overall annual benefit set out in paragraph 2.1. 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.

2.3.19.1 EMERGENCY AMBULANCE AND EMERGENCY FLIGHTS

Benefits are unlimited and will be paid at 100% of the Scale of Benefits in the case of emergency ambulance and according to tariffs as determined by the Fund for emergency flights. Non-emergency ambulance services and all flights are subject to pre-approval.

2.3.19.2 AMBULANCE AND INTER-HOSPITAL TRANSFER

Subject to annual sub-Benefit limit in paragraph 2.3.19. Limited to 100% of the Scale of Benefits. Non-emergency ambulance services are subject to pre-approval.

2.3.19.3 OTHER TRANSPORT

Subject to annual sub-Benefit limit in paragraph 2.3.19 and further limited to N\$ 9 800 per family per annum. Limited to 80% of cost. Subject to prior approval by the Fund and Travelling Expenses Reimbursement Protocol.

2.3.20 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.

2.4. CATEGORY B: DAY-TO-DAY BENEFITS

Subject to overall annual benefit set out in paragraph 2.1.

2.4.1 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to overall annual benefit set out in paragraph 2.4. Limited to N\$ 26 500 per family per annum and further limited to N\$ 13 250 per beneficiary. Benefits will be paid at 100% of the Scale of Benefits.

2.4.1.1 CONSULTATIONS AND VISITS (OUT OF HOSPITAL)

Subject to annual sub-Benefit limit in paragraph 2.4.1. Limited to 100% of the Scale of Benefits for consultations visits out of hospital, including casualties.

Medical Practitioners E-Consultation during State of Emergency relating to the COVID–19 Pandemic:

General Practitioners and Medical Specialists consultations that is delivered using electronic communication channels as oppose to face-to-face consultation from the start of the lockdown until such time that the State of Emergency in relation to the COVID-19 pandemic is lifted. The Claims are paid at 100% of NAMA Tariff Code 0130 up to the available General Practitioner and Medical Specialists benefit limit under the members' option.

2.4.1.2 PROCEDURES AND SERVICES (OUT OF HOSPITAL)

Subject to annual sub-Benefit limit in paragraph 2.4.1. Limited to 100% of the Scale of Benefits for surgical procedures, diagnostic examinations and operations performed outside of hospital.

2.4.1.3 MATERIALS AND DISPOSABLE ITEMS

Subject to annual sub-Benefit limit in paragraph 2.4.1. Limited to 100% of scale of benefits for materials and disposable items.

2.4.1.4 RADIOLOGY AND PATHOLOGY

Subject to annual sub-Benefit limit in paragraph 2.4.1. Limited to 100% of the Scale of Benefits for radiology and pathology out of hospital. Benefits include Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry services. Referral from a Medical Practitioner required.

2.4.2 DENTISTRY

Subject to overall annual benefit set out in paragraph 2.4. Limited to N\$ 14 250 per family per annum and further limited to N\$ 10 500 per beneficiary.

2.4.2.1 CONSERVATIVE/BASIC DENTISTRY

Subject to annual sub-Benefit limit in paragraph 2.4.2. Limited to 100% of the Scale of Benefits for conservative/basic dentistry procedures including dental technician and dental therapy services.

2.4.2.2 SPECIALISED/ADVANCED DENTISTRY

Subject to annual sub-Benefit limit in paragraph 2.4.2. Limited to 100% of the Scale of Benefits for specialised/advanced dentistry procedures including dental technician services.

2.4.2.3 DENTAL IMPLANTS

Subject to annual sub-benefit limit in paragraph 2.4.2. The available Benefits are for either procedures done in-hospital or in-practice (out-of-hospital) but not for both.

2.4.2.3.1 In-hospital

Subject to annual sub-benefit limit in paragraph 2.4.2.3. Limited to maximum annual sub-benefit limits of N\$ 14 000 per family. Limited to 100% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Dental implant component is limited to N\$ 7 500 per beneficiary and N\$ 14 500 per family. Subject to pre-authorisation.

2.4.2.3.2 In-Practice

Subject to annual sub-benefit limit in paragraph 2.4.2.3. Limited to maximum annual sub-benefit limits of N\$ 18 500 per family. Limited to 150% of the Scale of Benefits. Benefits include consultation and procedure. Dental implant component is limited to N\$ 7 500 per beneficiary and N\$ 14 500 per family. Subject to pre-authorisation.

2.4.2.4 ORTHODONTICS

Subject to overall annual benefit set out in paragraph 2.1. Limited to 100% of the Scale of Benefits and further limited to N\$ 20 000 per beneficiary once off.

2.4.3 MEDICINE & INJECTIONS

Subject to overall annual benefit set out in paragraph 2.4. Limited to N\$ 52 000 per family per annum and further limited to N\$ 26 850 per beneficiary per annum.

Benefits in respect of prescribed medicines 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.

2.4.3.1 ACUTE MEDICINE & INJECTIONS

Subject to sub-Benefit limit in paragraph 2.4.3 and further limited to N\$ 15 000 per family and N\$ 7 500 per beneficiary.

Limited to 80% of the Scale of Benefits for medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person, including excess of 7 days' supply of hospital TTO medicine.

2.4.3.2 CHRONIC MEDICINE (NON-PENSIONERS)

Subject to sub-Benefit limit in paragraph 2.4.3 and further limited to N\$ 35 000 per family and N\$ 17 750 per beneficiary.

Limited to 80% of the Scale of Benefits for chronic (i.e. life sustaining, or repetitive) medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person. Benefits are subject to approval by the Fund.

2.4.3.3 CHRONIC MEDICINE (PENSIONERS)

Subject to sub-Benefit limit in paragraph 2.4.3 and further limited to N\$ 35 000 per family and N\$ 17 750 per beneficiary.

Limited to 100% of the Scale of Benefits for chronic (i.e. life sustaining, or repetitive) medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person.

Benefits are subject to approval by the Fund.

2.4.3.4 SELF MEDICATION

Subject to annual sub-Benefit limit in paragraph 2.4.3 and further limited to N\$ 2 250 per family and N\$ 1 700 per beneficiary.

Limited to N\$215 per claim per beneficiary per day. Benefits will be paid at 100% of the Scale of Benefits. Benefits will be paid only in respect of medicines scheduled as schedule 1 (Namibian medicine schedules) and lower.

2.4.3.5 ESSENTIAL VACCINATION/IMMUNIZATION

Subject to annual sub-Benefit limit in paragraph 2.4.3. Benefits will be paid at 100% of the Scale of Benefits and based on the World Health Organization's (WHO) list of essential immunization/vaccination.

2.4.4 SPECIFIED ILLNESS CONDITIONS

Subject to overall annual benefit set out in paragraph 2.1.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

Limited to N\$ 33 250 per beneficiary per annum. Subject to prior approval the Fund.

2.4.4.1 HIV/AIDS

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

2.4.4.1.1 Medicine

Subject to annual sub-benefit limit in paragraph 2.4.4. Limited to 100% of the Scale of Benefits. Benefits will be paid at Maximum Namibia Medicine Price List on generics.

2.4.4.1.2 First full HIV Consultation/Assessment

Subject to annual sub-benefit limit in paragraph 2.4.4. Limited to N\$ 440 per consultation per HIV/Aids beneficiary. Once off benefit.

2.4.4.1.3 Consultations (after the first full HIV consultation)

Subject to annual sub-benefit limit in paragraph 2.4.4 Limited to six consultations per HIV/Aids beneficiary per annum and further limited to N\$ 405 per consultation. (GP's only)

2.4.4.1.4 HIV Counselling

Subject to annual sub-benefit limit in paragraph 2.4.4 and further limited to N\$ 1 300 per HIV/Aids beneficiary per annum. Limited to 100% of the Scale of Benefits.

2.4.4.1.5 Pathology Tests

Subject to annual sub-benefit limit in paragraph 2.4.4. Limited to 100% of the Scale of Benefits.

2.4.4.1.6 HIV Resistance Test

Subject to annual sub-benefit limit in paragraph 2.4.4. Limited to 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund.

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

Subject to maximum annual sub-benefit limit in paragraph 2.4.4 and limited to 100% of the Scale of Benefits. Subject to prior approval by the Fund and as per National Guidelines.

2.4.4.3 POST-EXPOSURE PROPHYLAXIS (PEP)

Subject to maximum annual sub-benefit limit in paragraph 2.4.4 and limited to 100% of the Scale of Benefits. Subject to prior approval by the Fund and as per National Guidelines.

2.4.4.4 PRE-EXPOSURE PROPHYLAXIS (PrEP)

Subject to maximum annual sub-benefit limit in paragraph 2.4.4 and limited to 100% of the Scale of Benefits. Subject to prior approval by the Fund and as per National Guidelines.

2.4.5 PRIMARY HEALTH CARE SERVICES

Subject to overall annual benefit set out in paragraph 2.4.

2.4.5.1 CONSULTATIONS AND PROCEDURES

Subject to annual sub-Benefit limit in paragraph 2.4.5. Limited to 100% of the Scale of Benefits for visits, consultations, treatment, and non-surgical procedures. Limited to N\$ 1 500 per family per annum and further limited to N\$ 500 per beneficiary.

2.4.5.2 MEDICINES & INJECTIONS

Benefits in respect of prescribed medicines 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 on generics.

Subject to annual sub-Benefit limit in paragraph 2.4.3.1. Limited to 80% of the Scale of Benefits for medicines and injections prescribed by any legally authorised person.

2.4.6 AUXILIARY SERVICES (SUPPLEMENTARY SERVICES)

Subject to overall annual benefit set out in paragraph 2.4. Limited to N\$ 17 500 per family per annum and N\$ 11 750 per beneficiary per annum.

2.4.6.1 ART THERAPY

Subject to annual sub-Benefit limit in paragraph 2.4.6. Limited to 100% of the Scale of Benefits.

2.4.6.2 AUDIOLOGY/SPEECH THERAPY

Subject to annual sub-Benefit limit in paragraph 2.4.6. Limited to 100% of the Scale of Benefits.

2.4.6.3 BIODYNAMICS

Subject to annual sub-Benefit limit in paragraph in 2.4.6. Limited to 100% of the Scale of Benefits. Further limited to N\$ 5 250 per beneficiary per annum.

2.4.6.4 CHINESE MEDICINE

NO BENEFITS shall be paid.

2.4.6.5 CHIROPRACTOR

2.4.6.5.1 Consultations and Procedures

Subject to annual sub-benefit limit in paragraph 2.4.6. Limited to 100% of the scale of benefits for visits, consultations, treatment, and procedures.

2.4.6.5.2 Medicine and Injections

Subject to annual sub-benefit limit in paragraph 2.4.3.1. Benefits in respect of prescribed medicines will be granted only for one month's supply thereof at a time. Limited to 80% of the scale of benefits for medicines and injections prescribed by a chiropractor.

2.4.6.6 CLINICAL PSYCHOLOGIST/PSYCHOLOGICAL COUNSELLOR

Subject to annual sub-Benefit limit in paragraph 2.4.6. Limited to 100% of the Scale of Benefits. Further limited to N\$ 5 250 per beneficiary per annum.

E-Therapy claims (include all forms of electronic channels/mediums) will be paid from the start of the lockdown period until such time that the State of Emergency in relation to the COVID-19 pandemic is lifted. E-Therapy claims are paid at 100% of the NAMA Tariff for individual psychotherapy up to the available benefit limit under the members' option. The aforementioned excludes group therapy.

2.4.6.7 CLINICAL TECHNOLOGY

Subject to annual sub-Benefit limit in paragraph 2.4.6. Limited to 100% of the Scale of Benefits.

2.4.6.8 DIETICIAN

Subject to annual sub-Benefit limit in paragraph 2.4.6. Limited to 100% of the Scale of Benefits.

2.4.6.9 HEARING AID ACOUSTICIAN

Subject to annual sub-Benefit limit in paragraph 2.4.6. Limited to 100% of the Scale of Benefits.

2.4.6.10 HOMEOPATH/NATUROPATH/PHYTO THERAPIST

2.4.6.10.1 Consultations and Procedures

Subject to annual sub-benefit limit in paragraph 2.4.6. Limited to 100% of the scale of benefits for visits, consultations, treatment, and procedures.

2.4.6.10.2 Medicine and Injections

Subject to annual sub-benefit limit in paragraph 2.4.3.1. Benefits in respect of prescribed medicines will be granted only for one month's supply thereof at a time. Limited to 80% of the scale of benefits for medicines and injections prescribed by a homeopath, naturopath and phytotherapist.

2.4.6.11 OCCUPATIONAL THERAPY

Subject to annual sub-Benefit limit in paragraph in 2.4.6. Limited to 100% of the Scale of Benefits.

2.4.6.12 ORTHOTIST/PROSTHETIST

Subject to annual sub-Benefit limit in paragraph in 2.4.6. Limited to 100% of the Scale of Benefits.

2.4.6.13 PHYSIOTHERAPY

Subject to annual sub-Benefit limit in paragraph in 2.4.6. Limited to 100% of the Scale of Benefits. Further limited to N\$ 5 250 per beneficiary per annum.

2.4.6.14 PODIATRIST/CHIROPDIST

Subject to annual sub-Benefit limit in paragraph 2.4.6. Limited to 100% of the Scale of Benefits.

2.4.6.15 SOCIAL WORKERS

Subject to annual sub-Benefit limit in paragraph in 2.4.6. Limited to 100% of the Scale of Benefits. Further limited to N\$ 5 250 per beneficiary per annum. Motivation required.

E-Therapy (include all forms of electronic channels/mediums) claims will be paid from the start of the lockdown period until such time that the State of Emergency in relation to the COVID-19 pandemic is lifted. E-Therapy claims are paid at 100% of the NAMA Tariff for individual social worker therapy up to the available benefit limit under the members' option. The aforementioned excludes group therapy.

2.4.7 WHEELCHAIR

Subject to overall annual benefit set out in paragraph 2.1 and further limited to N\$ 13 250 per beneficiary every four years, the first such four-year period commencing on 01 January 2019. Benefits are payable at 100% of cost. The benefit is inclusive of wheelchair repair and maintenance. Subject to prior approval by the Fund.

2.4.8 APPLIANCES (EXTERNAL)

Subject to overall annual benefit set out in paragraph 2.1. Limited to 80% of the cost of any external medical and surgical appliance, other than hearing aid apparatus or wheelchairs. Further limited to N\$ 4 500 per family per annum.

2.4.9 HEARING AID APPARATUS

Subject to overall annual benefit set out in paragraph 2.1 and further limited to 100% of cost with a maximum of N\$ 30 000 per family every 2 years, the first such two-year period commencing on 01 January 2018. The Benefits include the supply, repair, and maintenance of hearing aid apparatus. Subject to prior approval by the Fund.

2.4.10 MEDICAL DEVICES FOR DIABETES MANAGEMENT

Subject to overall annual benefit set out in paragraph 2.1. Limited to 80% of the cost. Subject to prior approval and Managed Health Care guidelines.

2.4.10.1 Insulin Pumps / Glucose Monitoring System / Glucose Reader

Subject to annual sub-benefit limit in paragraph 2.4.10 and further limited to N\$ 40 000 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2020.

2.4.10.2 Diabetes Related Consumables

Subject to annual sub-benefit limit in paragraph 2.4.10 and further limited to N\$ 2 500 per beneficiary per annum.

2.4.11 OPTICAL SERVICES

Subject to overall annual benefit set out in paragraph 2.4. Limited to N\$ 9 000 per family per annum and further limited to N\$ 4 500 per beneficiary every two years, including frames, the first such two-year period commencing on 01 January 2019.

2.4.11.1 OPTICAL TESTS

Subject to annual sub-Benefit limit in paragraph 2.4.11. Limited to 100% of the Scale of Benefits for optical tests and further limited to one optical test per beneficiary per annum.

2.4.11.2 SPECTACLE LENSES AND CONTACT LENSES

Subject to annual sub-Benefit limit in paragraph 2.4.11. Limited to 100% of the Scale of Benefits for spectacle lenses and contact lenses.

2.4.11.3 BI-FOCAL / MULTI-FOCAL LENSES

Subject to annual sub-Benefit limit in paragraph 2.4.11. Limited to 100% of the Scale of Benefits for bi-focal and multi-focal lenses and further limited to N\$ 1 000 per beneficiary every two years, the first such two-year period commencing on 01 January 2019.

2.4.11.4 FRAMES

Subject to annual sub-Benefit limit in paragraph 2.4.11. Limited to 100% of the cost and further limited to N\$ 1 150 per frame per beneficiary.

2.4.12 BENEFIT BOOSTER

Subject to annual overall benefit set out in paragraph 2.4.

Limited to N\$ 6 000 per family per annum and further limited to N\$ 3 250 per beneficiary per annum.

The Benefit Booster in respect of medicine and injections, dentistry, general practitioners and specialists out-of-hospital, including casualties primary health care and Auxiliary Services benefits is applicable only once the annual sub-benefit limit in paragraphs 2.4.1, 2.4.2 (excluding 2.4.2.4), 2.4.3 (excluding 2.4.3.4), 2.4.5 and 2.4.6 are depleted.

2.4.12.1 MEDICINE AND INJECTIONS

2.4.12.1.1 MEDICINE AND INJECTIONS ACUTE & CHRONIC (NON-PENSIONERS)

Subject to annual sub-benefit limit in paragraph 2.4.12.

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

Limited to 70% of the Scale of Benefits for medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person.

Benefit Booster excludes Self-Medication.

2.4.12.1.2 MEDICINE AND INJECTIONS CHRONIC (PENSIONER)

Subject to annual sub-benefit limit in paragraph 2.4.12.

Limited to 90% of the Scale of Benefits for chronic (i.e. life sustaining, or repetitive) medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person.

Benefit Booster excludes Self-Medication.

2.4.12.2 DENTISTRY (EXCLUDING ORTHODONTICS)

Subject to annual sub-benefit limit in paragraph 2.4.12. Limited to 70% of the Scale of Benefits for Benefits as set out in paragraphs 2.4.2.1, 2.4.2.2, and 2.4.2.3.

2.4.12.3 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to annual sub-benefit limit in paragraph 2.4.12. Limited to 80% of the Scale of Benefits for Benefits as set out in paragraphs 2.4.1.

2.4.12.4 PRIMARY HEALTH CARE

Subject to annual sub-benefit limit in paragraph 2.4.12. Limited to 80% of the Scale of Benefits for Benefits as set out in paragraph 2.4.5. A levy of 20% is applicable for medicine.

2.4.12.5 AUXILIARY SERVICES

Subject to annual sub-benefit limit in paragraph 2.4.12. Limited to 70% of the Scale of Benefits for Benefits as set out in paragraph 2.4.6.

3. BANKMED PRIME BENEFITS

3.1 OVERALL ANNUAL BENEFIT

N\$ 1 000 000 per beneficiary

N\$ 1 500 000 per family

3.2 PRO RATA BENEFITS

If a Member joins the Fund after the first day of a financial year, the maximum Benefits for all Services set out in paragraph 3.3.16.2, 3.3.16.3 3.4, except for the Benefits in paragraph 3.4.7, are decreased for such financial year in the same ratio as the number of months already expired bears to twelve.

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 3.2 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.

3.3 CATEGORY A: HOSPITALIZATION BENEFIT

Subject to overall annual benefit set out in paragraph 3.1

Benefits will be paid at 100% of the Scale of Benefits if pre-authorized by the Fund. If not pre-authorized by the Fund, no Benefits will be paid. Additional Hospital Benefit Cover for General Practitioners, Medical Specialists and Anaesthetics for in-hospital services are paid up to a maximum of 215% of NAMA Tariff.

3.3.1 HOSPITALISATION

Subject to overall annual benefit set out in paragraph 3.1. Subject to pre-authorization by the Fund. Benefits are subject to management by or on behalf of the Fund. Limited to 100% of the Scale of Benefits for:

3.3.1.1 ACCOMMODATION AND THEATRE

Subject to annual sub-Benefit limit in paragraph 3.3.1. 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.

3.3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL /MEDICAL INSTITUTION

Subject to annual sub-Benefit limit in paragraph 3.3.1. Limited to N\$ 600 per day per family for up to maximum of 2 (two) days for accommodation other than a recognised hospital/medical institution and subject to Accommodation Expenses Re-imbursment Policy. Subject to pre-authorisation by the Fund.

3.3.1.3 BLOOD TRANSFUSIONS

Subject to annual sub-Benefit limit in paragraph 3.3.1. Limited to 100% of the Scale of Benefits for the cost of the blood, the apparatus and the operator's fee.

3.3.1.4 INTENSIVE AND HIGH CARE

Subject to annual sub-Benefit limit in paragraph 3.3.1. 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 (three) days. Any claim for such accommodation in excess of 3 (three) days will be paid only if supported by a motivation from a medical practitioner.

3.3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TTO) MEDICINE)

Subject to annual sub-Benefit limit in paragraph 3.3.1. 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.

3.3.1.6 RADIOLOGY AND PATHOLOGY (IN HOSPITAL)

Subject to annual sub-Benefit limit in paragraph 3.3.1. Limited to 100% of the Scale of Benefits for x-rays and pathology. Benefits will be paid only if a Medical Practitioner referred the Member or Dependant for such procedure. Additional Hospital Benefit Cover excluded.

3.3.1.7 PHYSIOTHERAPY

Subject to annual sub-Benefit limit in paragraph 3.3.1.

3.3.1.7.1 PHYSIOTHERAPY (IN-HOSPITAL)

Subject to annual sub-Benefit limit in paragraph 3.3.1.7. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

3.3.1.7.2 PHYSIOTHERAPY (POST REHABILITATION)

Subject to annual sub-Benefit limit in paragraph 3.3.1.7. Limited to N\$ 5 800 per family for post rehabilitation physiotherapy once the Member or Dependant is out of hospital. Benefits will be paid at 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded. Post rehabilitation benefit available within 3 months from hospital discharge. Subject to prior approval by the Fund.

3.3.2 SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT OF HOSPITAL, INCLUDING MATERIALS)

Subject to overall annual Benefit set out in paragraph 3.1. Subject to prior approval by the Fund. Benefits are subject to management by or on behalf of the Fund. Limited to 100% of the Scale of Benefits. Referral from a Specialist only. Referral from a General Practitioner acceptable in places where there is no Specialist. Additional Hospital Benefit Cover excluded.

3.3.2.1 MRI AND CT SCANS

Subject to annual sub-Benefit limit in paragraph 3.3.2 and further limited to N\$ 23 000 per family. Benefits will be paid at 100% of the Scale of Benefits.

3.3.2.2 NUCLEAR MEDICINE

Subject to annual sub-Benefit limit in paragraph 3.3.2. Benefits will be paid at 100% of the Scale of Benefits.

3.3.3 GENERAL PRACTITIONERS AND SPECIALISTS (IN HOSPITAL SERVICES, PROCEDURES AND OPERATIONS)

Subject to overall annual Benefit set out in paragraph 3.1. Benefits will be paid at 100% of the Scale of Benefits limited to a maximum of 215% of NAMA Tariff for surgical procedures, diagnostic examinations, operations, anaesthetics, visits, consultations, and non-surgical procedures.

3.3.4 INTERNAL APPLIANCES AND MATERIALS

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

Subject to overall annual Benefit set out in paragraph 3.1. Subject to pre-authorisation by the Fund and Internal Prosthesis Protocol.

3.3.4.1 ARTIFICIAL EYES

Subject to annual sub-Benefit limit in paragraph 3.3.4 and further limited to N\$ 6 250 per beneficiary every two years, the first of such two-year period commencing on 01 January 2019. Benefits will be paid at 100% of cost.

3.3.4.2 ARTIFICIAL LIMBS

Subject to annual sub-Benefit limit in paragraph 3.3.4 and further limited to N\$ 18 500 per beneficiary every two years, the first of such two-year period commencing on 01 January 2019. Benefits will be paid at 100% of cost.

3.3.4.3 OTHER INTERNAL APPLIANCES AND MATERIALS

Subject to annual sub-Benefit limit in paragraph 3.3.4. Benefits will be paid at 100% of cost.

3.3.5 DIALYSIS

Subject to overall annual Benefit set out in paragraph 3.1. Benefits will be paid at 100% of the Scale of Benefits. Subject to Case Management and Managed Health Care Guidelines.

3.3.6 ONCOLOGY – (ALL-INCLUSIVE IN AND OUT OF HOSPITAL)

Subject to overall annual Benefit set out in paragraph 3.1 and further limited to N\$ 600 000 per beneficiary per annum. Limited to 100% of the Scale of Benefits. Benefits include all cost relating to Oncology treatment and procedures in and out-of-hospital including consultations, surgery, hospitalisation, Radiation Oncology and Oncology Medication for chemotherapy, radiotherapy, and hormone replacement. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related specialised Radiology and Pathology tests and procedures.

3.3.7 ORGAN TRANSPLANTS

Subject to overall annual Benefit set out in paragraph 3.1. Limited to 100% of the Scale of Benefits. Benefits include all costs relating to the supply and transportation of the organ, and organ transplant 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:

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

3.3.7.2 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.

3.3.7.3 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 re-imburement not applicable to the organ donor. Subject to Case Management and Managed Health Care Guidelines.

3.3.8 PRIVATE NURSING

Subject to overall annual Benefit set out in paragraph 3.1 and further limited to N\$ 21 250 per family per annum. Limited to 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund.

3.3.9 FRAIL CARE/HOSPICE

Subject to overall annual Benefit set out in paragraph 3.1 and further limited to N\$ 21 250 per family per annum. Limited to 100% of the Scale of Benefits for accommodating permanent, chronically ill or geriatric patients in a registered nursing home or hospital. Subject to pre-authorisation by the Fund.

3.3.10 PSYCHIATRIC TREATMENT

Subject to overall annual benefit set out in paragraph 3.1. Benefits will be paid at 100% of the scale of benefits. Subject to prior approval and Managed Health Care Guidelines.

3.3.10.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 3.3.10. Limited to 100% of the scale of benefits. Benefits include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

3.3.10.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.3.10 for psychiatric treatment HOSPITALISATION and further limited to N\$ 20 000 per family per annum. Benefits include all cost relating to HOSPITALISATION.

3.3.11 ALCOHOLISM / DRUG ADDICTION

Subject to annual sub-benefit limit in paragraph 3.3.11, 3.3.11.1 and 3.3.11.2. Limited to 100% of the scale of benefits.

3.3.12 REFRACTIVE SURGERY

Subject to overall annual benefit set out in paragraph 3.1 and further limited N\$ 16 000 per beneficiary once off, all-inclusive benefits. Benefits will be paid at 100% of the Scale of Benefits. Subject to pre-authorization by the Fund.

3.3.13 PHAKIC IMPLANTS (LENS IMPLANT)

Subject to overall annual benefit set out in paragraph 3.1 and further limited to N\$ 22 750 per beneficiary once off, all-inclusive benefits. Benefits will be paid at 100% of the Scale of Benefits. Subject to pre-authorization by the Fund.

3.3.14 RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

Subject to overall annual benefit set out in paragraph 3.1 for reconstructive surgery due to medical necessity. Subject to pre-authorization by the Fund and strict Managed Health Care Guidelines.

3.3.14.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 3.3.14 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.

3.3.14.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.3.14. Limited to 100% of the Scale of Benefits. Benefits include all cost relating to hospitalisation.

3.3.15 DENTAL SURGERY

Subject to overall annual Benefit set out in paragraph 3.1. Additional Hospital Benefit Cover excluded. Subject to pre-authorization by the Fund.

3.3.15.1 DENTAL IMPLANT – HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 3.3.15. Limited N\$ 15 750 per family per annum and further limited N\$ 9 000 per beneficiary. Benefits will be paid at 100% of the Scale of Benefits.

3.3.15.2 MAXILLO FACIAL AND ORAL SURGERY (ELECTIVE AND NON-ELECTIVE) (ALL-INCLUSIVE)

Subject to annual sub-benefit limit in paragraph 3.3.15. Limited to N\$ 90 750 per family per annum. Benefits include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine, and hospitalisation. Benefits will be paid at 100% of the Scale of Benefits

3.3.16 MATERNITY

Subject to overall annual benefit set out in paragraph 3.1.

3.3.16.1 CONFINEMENTS

Subject to annual sub-benefit limit in paragraph 3.3.16 and further limited to one confinement per year in the case of a Dependant other than a Spouse. Limited to 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund. Benefits as set out in paragraphs 3.3.1.1, 3.3.1.2, 3.3.1.3, 3.3.1.4, 3.3.1.5, 2.3.1.6 and 3.3.3 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.

3.3.16.2 ANTE-NATAL CONSULTATION

Subject to annual sub-benefit limit in paragraph 3.3.16 and further limited to 12 consultations per beneficiary per annum. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

3.3.16.3 ANTE-NATAL / POST-NATAL CLASSES AND EDUCATION

Subject to annual sub-benefit limit in paragraph 3.3.16 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.

3.3.16.4 SONAR SCANS

Subject to annual sub-benefit limit in paragraph 3.3.16 and further limited to 3 scans per beneficiary per pregnancy. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

3.3.16.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to annual sub-benefit limit in paragraph 3.3.16. Limited to 100% of the Scale of Benefits.
Additional Hospital Benefit Cover excluded.

3.3.16.6 MID-WIFERY SERVICE

Subject to annual sub-benefit limit in paragraph 3.3.16. Limited to 100% of the Scale of Benefits.
Additional Hospital Benefit Cover excluded.

3.3.17 INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 3.1 and further limited to N\$ 6 000 per beneficiary.
Benefits will be paid at 100% of the Scale of Benefits. Subject to prior approval by the Fund.

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

3.3.18 STOMALTHERAPY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 3.1 and further limited to N\$ 22 800 per family per annum. BENEFITS include all cost relating stomaltherapy. Limited to 100% of the SCALE OF BENEFITS.
Subject to prior approval.

3.3.19 AMBULANCE AND EVACUATION SERVICES

Subject to overall annual benefit set out in paragraph 3.1. 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.

3.3.19.1 EMERGENCY AMBULANCE AND EMERGENCY FLIGHTS

Benefits are unlimited and will be paid at 100% of the Scale of Benefits in the case of emergency ambulance and according to tariffs as determined by the Fund for emergency flights. Non-emergency ambulance services and all flights are subject to pre-approval.

3.3.19.2 AMBULANCE AND INTER-HOSPITAL TRANSFER

Subject to annual sub-Benefit in paragraph 3.3.19. Limited to 100% of the Scale of Benefits. Non-emergency ambulance services are subject to pre-approval.

3.3.19.3 OTHER TRANSPORT

Subject to annual sub-Benefit in paragraph 3.3.19 and further limited to N\$ 9 800 per family per annum. Limited to 80% of cost. Subject to prior approval by the Fund and Travel Expenses Reimbursement Protocol.

3.3.20 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.

3.4. CATEGORY B: DAY-TO-DAY BENEFITS

Subject to overall annual benefit set in paragraph 3.1.

3.4.1 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to overall annual benefit set out in paragraph 3.4. Limited to N\$ 16 500 per family per annum and further limited to N\$ 8 500 per beneficiary. Benefits will be paid at 100% of the Scale of Benefits.

3.4.1.1 CONSULTATIONS AND VISITS (OUT OF HOSPITAL)

Subject to annual sub-Benefit limit in paragraph 3.4.1. Limited to 100% of the Scale of Benefits for consultations visits out of hospital, including casualties.

Medical Practitioners E-Consultation during State of Emergency relating to the COVID–19 Pandemic:

General Practitioners and Medical Specialists consultations that is delivered using electronic communication channels as oppose to face-to-face consultation from the start of the lockdown until such time that the State of Emergency in relation to the COVID-19 pandemic is lifted. The Claims related to the aforementioned are paid at 100% of NAMA Tariff Code 0130 up to the available General Practitioner and Medical Specialists benefit limit under the members' option.

3.4.1.2 PROCEDURES AND SERVICES (OUT OF HOSPITAL)

Subject to annual sub-Benefit limit in paragraph 3.4.1. Limited to 100% of the Scale of Benefits for surgical procedures, diagnostic examinations and operations performed outside of hospital.

3.4.1.3 MATERIALS AND DISPOSABLE ITEMS

Subject to annual sub-Benefit limit in paragraph 3.4.1. Limited to 100% of the Scale of Benefits for materials and disposable items.

3.4.1.4 RADIOLOGY AND PATHOLOGY

Subject to annual sub-Benefit limit in paragraph 3.4.1. Limited to 100% of the Scale of Benefits for radiology and pathology out of hospital. Benefits include Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry. Referral from a Medical Practitioner required.

3.4.2 DENTISTRY

Subject to overall annual benefit set out in paragraph 3.4. Limited to N\$ 11 000 per family per annum and further limited to N\$ 8 750 per beneficiary.

3.4.2.1 CONSERVATIVE/BASIC DENTISTRY

Subject to annual sub-Benefit limit in paragraph 3.4.2. Limited to 100% of the Scale of Benefits for conservative/basic dentistry procedures including dental technician and dental therapy services.

3.4.2.2 SPECIALISED/ADVANCED DENTISTRY

Subject to annual sub-Benefit limit in paragraph 3.4.2. Limited to 100% of the Scale of Benefits for specialised/advanced dentistry procedures including dental technician services.

3.4.2.3 DENTAL IMPLANTS

Subject to annual sub-benefit limit in paragraph 3.4.2. The available Benefits are for either procedures done in-hospital or in-practice (out-of-hospital) but not for both.

3.4.2.3.1 In-hospital

Subject to annual sub-benefit limit in paragraph 3.4.2.3. Limited to maximum annual sub-benefit limits of N\$ 11 500 per family. Limited to 100% of the Scale of Benefits. Benefits include consultation and procedure. Dental implant component is limited to N\$ 5 250 per beneficiary and N\$ 11 500 per family. Subject to pre-authorisation.

3.4.2.3.2 In-Practice

Subject to annual sub-benefit limit in paragraph 3.4.2.3. Limited to maximum annual sub-benefit limits N\$ 15 000 per family. Limited to 150% of the SCALE OF BENEFITS. BENEFITS include consultation and procedure. Dental implant component is limited to N\$ 5 250 per beneficiary and N\$ 11 500 per family. Subject to pre-authorisation.

3.4.2.4 ORTHODONTICS

Subject to overall annual benefit set out in paragraph 3.1. Limited to 100% of the Scale of Benefits and further limited to N\$ 12 250 per beneficiary once off.

3.4.3 MEDICINE & INJECTIONS

Subject to overall annual benefit set out in paragraph 3.1. Limited to N\$ 29 750 per family per annum and further limited to N\$ 15 750 per beneficiary per annum.

Benefits in respect of prescribed medicines 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.

3.4.3.1 ACUTE MEDICINE & INJECTIONS

Subject to sub-Benefit limit in paragraph 3.4.3 and further limited to N\$ 12 250 per family and N\$ 15 750 per beneficiary.

Limited to 80% of the Scale of Benefits for medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person, including excess of 7 days' supply of hospital TTO medicine.

3.4.3.2 CHRONIC MEDICINE (NON-PENSIONERS)

Subject to sub-Benefit limit in paragraph 3.4.3 and further limited to N\$ 15 550 per family and N\$ 8 750 per beneficiary.

Limited to 80% of the Scale of Benefits for chronic (i.e. life sustaining, or repetitive) medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person. Benefits are subject to approval by the Fund.

3.4.3.3 CHRONIC MEDICINE (PENSIONERS)

Subject to sub-Benefit limit in paragraph 3.4.3 and further limited to N\$ 15 550 per family and N\$ 8 750 per beneficiary.

Limited to 100% of the Scale of Benefits for chronic (i.e. life sustaining, or repetitive) medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person.

Benefits are subject to approval by the Fund.

3.4.3.4 SELF MEDICATION

Subject to annual sub-Benefit limit in paragraph 3.4.3 and further limited to N\$ 1 950 per family and N\$ 1 250 per beneficiary.

Limited to N\$ 180 per claim per beneficiary per day. Benefits will be paid at 100% of the Scale of Benefits. Benefits will be paid only in respect of medicines scheduled as schedule 1 (Namibian medicine schedules) and lower.

3.4.3.5 ESSENTIAL VACCINATION/IMMUNIZATION

Subject to annual sub-Benefit limit in paragraph 3.4.3. Benefits will be paid at 100% of the Scale of Benefits and based on the World Health Organization's (WHO) list of essential immunization/vaccination.

3.4.4 SPECIFIED ILLNESS CONDITIONS

Subject to overall annual benefit set out in paragraph 3.1.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

Limited to N\$ 33 250 per beneficiary per annum. Subject to prior approval the Fund.

3.4.4.1 HIV/AIDS

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

3.4.4.1.1 Medicine

Subject to annual sub-benefit limit in paragraph 3.4.4. Limited to 100% of the Scale of Benefits. Benefits will be paid at Maximum Namibia Medicine Price List on generics.

3.4.4.1.2 First full HIV Consultation/Assessment

Subject to annual sub-benefit limit in paragraph 3.4.4. Limited to N\$ 440 per consultation per HIV/Aids beneficiary. Once off benefit.

3.4.4.1.3 Consultations (after the first full HIV consultation)

Subject to annual sub-benefit limit in paragraph 3.4.4 Limited to six consultations per HIV/Aids beneficiary per annum and further limited to N\$ 405 per consultation. (GP's only)

3.4.4.1.4 HIV Counselling

Subject to annual sub-benefit limit in paragraph 3.4.4 and further limited to N\$ 1 300 per HIV/Aids beneficiary per annum. Limited to 100% of the Scale of Benefits.

3.4.4.1.5 Pathology Tests

Subject to annual sub-benefit limit in paragraph 3.4.4. Limited to 100% of the Scale of Benefits.

3.4.4.1.6 HIV Resistance Test

Subject to annual sub-benefit limit in paragraph 3.4.4. Limited to 100% of the Scale of Benefits.

Subject to pre-authorisation by the Fund.

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

Subject to maximum annual sub-benefit limit in paragraph 3.4.4 and limited to 100% of the Scale of Benefits. Subject to prior approval by the Fund and as per National Guidelines.

3.4.4.3 POST-EXPOSURE PROPHYLAXIS (PEP)

Subject to maximum annual sub-benefit limit in paragraph 3.4.4 and limited to 100% of the Scale of Benefits. Subject to prior approval by the Fund and as per National Guidelines.

3.4.4.4 PRE-EXPOSURE PROPHYLAXIS (PrEP)

Subject to maximum annual sub-benefit limit in paragraph 3.4.4 and limited to 100% of the Scale of Benefits. Subject to prior approval by the Fund and as per National Guidelines.

3.4.5 PRIMARY HEALTH CARE SERVICES

Subject to overall annual benefit set out in paragraph 3.4.

3.4.5.1 CONSULTATIONS AND PROCEDURES

Subject to annual sub-Benefit limit in paragraph 3.4.5. Limited to 100% of the Scale of Benefits for visits, consultations, treatment, and non-surgical procedures. Limited to N\$ 1 200 per family per annum and further limited to N\$ 400 per beneficiary.

3.4.5.2 MEDICINES & INJECTIONS

Benefits in respect of prescribed medicines 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 on generics.

Subject to annual sub-Benefit limit in paragraph 3.4.3.1. Limited to 80% of the Scale of Benefits for medicines and injections prescribed by any legally authorised person.

3.4.6 AUXILIARY SERVICES (SUPPLEMENTARY SERVICES)

Subject to overall annual benefit set out in paragraph 3.4. Limited to N\$ 12 500 per family per annum and N\$ 10 000 per beneficiary per annum.

3.4.6.1 ART THERAPY

Subject to annual sub-Benefit limit in paragraph 3.4.6. Limited to 100% of the Scale of Benefits.

3.4.6.2 AUDIOLOGY/SPEECH THERAPY

Subject to annual sub-Benefit limit in paragraph 3.4.6. Limited to 100% of the Scale of Benefits.

3.4.6.3 BIODANCE

Subject to annual sub-Benefit limit in paragraph in 3.4.6. Limited to 100% of the Scale of Benefits. Further limited to N\$ 3 750 per beneficiary per annum.

3.4.6.4 CHINESE MEDICINE

NO BENEFITS shall be paid

3.4.6.5 CHIROPRACTOR

3.4.6.5.1 Consultations and Procedures

Subject to annual sub-benefit limit in paragraph 3.4.6. Limited to 100% of the scale of benefits for visits, consultations, treatment, and procedures.

3.4.6.5.2 Medicine and Injections

Subject to annual sub-benefit limit in paragraph 3.4.3.1. Benefits in respect of prescribed medicines will be granted only for one month's supply thereof at a time. Limited to 80% of the scale of benefits for medicines and injections prescribed by a chiropractor.

3.4.6.6 CLINICAL PSYCHOLOGIST/PSYCHOLOGICAL COUNSELLOR

Subject to annual sub-Benefit limit in paragraph 3.4.6. Limited to 100% of the Scale of Benefits. Further limited to N\$ 3 750 per beneficiary per annum.

E-Therapy claims (include all forms of electronic channels/mediums) will be paid from the start of the lockdown period until such time that the State of Emergency in relation to the COVID-19 pandemic is lifted. E-Therapy claims are paid at 100% of the NAMA Tariff for individual psychotherapy unto the available benefit limit under the members' option. The aforementioned excludes group therapy.

3.4.6.7 CLINICAL TECHNOLOGY

Subject to annual sub-Benefit limit in paragraph 3.4.6. Limited to 100% of the Scale of Benefits.

3.4.6.8 DIETICIAN

Subject to annual sub-Benefit limit in paragraph 3.4.6. Limited to 100% of the Scale of Benefits.

3.4.6.9 HEARING AID ACOUSTICIAN

Subject to annual sub-Benefit limit in paragraph 3.4.6. Limited to 100% of the Scale of Benefits.

3.4.6.10 HOMEOPATH/NATUROPATH/PHYTOTHERAPIST

3.4.6.10.1 Consultations and Procedures

Subject to annual sub-benefit limit in paragraph 3.4.6. Limited to 100% of the scale of benefits for visits, consultations, treatment, and procedures.

3.4.6.10.2 Medicine and Injections

Subject to annual sub-benefit limit in paragraph 3.4.3.1. Benefits in respect of prescribed medicines will be granted only for one month's supply thereof at a time. Limited to 80% of the scale of benefits for medicines and injections prescribed by a homeopath, naturopath and phytotherapist.

3.4.6.11 OCCUPATIONAL THERAPY

Subject to annual sub-Benefit limit in paragraph in 3.4.6. Limited to 100% of the Scale of Benefits.

3.4.6.12 ORTHOTIST/PROSTHETIST

Subject to annual sub-Benefit limit in paragraph in 3.4.6. Limited to 100% of the Scale of Benefits.

3.4.6.13 PHYSIOTHERAPY

Subject to annual sub-Benefit limit in paragraph in 3.4.6. Limited to 100% of the Scale of Benefits. Further limited to N\$ 3 750 per beneficiary per annum.

3.4.6.14 PODIATRIST/CHIROPDIST

Subject to annual sub-Benefit limit in paragraph 3.4.6. Limited to 100% of the Scale of Benefits.

3.4.6.15 SOCIAL WORKERS

Subject to annual sub-Benefit limit in paragraph in 3.4.6. Limited to 100% of the Scale of Benefits. Further limited to N\$ 3 750 per beneficiary per annum. Motivation required.

E-Therapy claims (include all forms of electronic channels/mediums) will be paid from the start of the lockdown period until such time that the State of Emergency in relation to the COVID-19 pandemic is lifted. E-Therapy claims are paid at 100% of the NAMA Tariff for individual social worker therapy up to the available benefit limit under the members' option. The aforementioned excludes group therapy.

3.4.7 WHEELCHAIR

Subject to overall annual benefit set out in paragraph 3.1 and further limited to N\$ 8 500 per beneficiary every four years, the first of such four-year period commencing on 01 January 2019. Benefits are payable at 100% of cost. The benefit is inclusive of wheelchair repair and maintenance. Subject to prior approval by the Fund.

3.4.8 APPLIANCES (EXTERNAL)

Subject to overall annual benefit set out in paragraph 3.1. Limited to 80% of the cost of any external medical and surgical appliance, other than hearing aid apparatus or wheelchairs. Further limited to N\$ 3 750 per family per annum.

3.4.9 HEARING AID APPARATUS

Subject to overall annual benefit set out in paragraph 3.1 and further limited to 100% of cost with a maximum of N\$ 20 000 per family every 2 years, the first such two-year period commencing on 01 January 2018. The Benefits include the supply, repair, and maintenance of hearing aid apparatus. Subject to prior approval by the Fund.

3.4.10 MEDICAL DEVICES FOR DIABETES MANAGEMENT

Subject to overall annual benefit set out in paragraph 3.1. Limited to 80% of the cost. Subject to prior approval and Managed Health Care guidelines.

3.4.10.1 Insulin Pumps / Glucose Monitoring System / Glucose Reader

Subject to annual sub-benefit limit in paragraph 3.4.10 and further limited to N\$ 35 000 per beneficiary every 4 years, the first such four-year period commencing on 01 January 2020.

3.4.10.2 Diabetes Related Consumables

Subject to annual sub-benefit limit in paragraph 3.4.10 and further limited to N\$ 2 000 per beneficiary per annum.

3.4.11 OPTICAL SERVICES

Subject to overall annual benefit set out in paragraph 3.4. Limited to N\$ 6 500 per family per annum and further limited to N\$ 3 250 per beneficiary every two years, including frames, the first such two-year period commencing on 01 January 2019.

3.4.11.1 OPTICAL TESTS

Subject to annual sub-Benefit limit in paragraph 3.4.11. Limited to 100% of the Scale of Benefits for optical tests and further limited to one optical test per beneficiary per annum.

3.4.11.2 SPECTACLE LENSES AND CONTACT LENSES

Subject to annual sub-Benefit limit in paragraph 3.4.11. Limited to 100% of the Scale of Benefits for spectacle lenses and contact lenses.

3.4.11.3 BI-FOCAL / MULTI-FOCAL LENSES

Subject to annual sub-Benefit limit in paragraph 3.4.11. Limited to 100% of the Scale of Benefits for bi-focal and multi-focal lenses and further limited to N\$ 700 per beneficiary every two years, the first such two-year period commencing on 01 January 2019.

3.4.11.4 FRAMES

Subject to annual sub-Benefit limit in paragraph 3.4.11. Limited to 100% of the cost and further limited to N\$ 1 000 per frame per beneficiary.

3.4.12 BENEFIT BOOSTER

Subject to annual overall benefit set out in paragraph 3.4.

Limited to N\$ 3 750 per family per annum and further limited to N\$ 2 350 per beneficiary per annum.

The Benefit Booster in respect of medicine and injections, dentistry, general practitioners and specialists out-of-hospital, including casualties primary health care and Auxiliary Services benefits is applicable only once the annual sub-benefit limit in paragraphs 3.4.1, 3.4.2 (excluding 3.4.2.4), 3.4.3 (excluding 3.4.3.4), 3.4.5 and 3.4.6 are depleted.

3.4.12.1 MEDICINE AND INJECTIONS

3.4.12.1.1 MEDICINE AND INJECTIONS ACUTE & CHRONIC (NON-PENSIONERS)

Subject to annual sub-benefit limit in paragraph 3.4.12.

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

Limited to 70% of the Scale of Benefits for medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person.

Benefit Booster excludes Self-Medication.

3.4.12.1.2 MEDICINE AND INJECTIONS CHRONIC (PENSIONER)

Subject to annual sub-benefit limit in paragraph 3.4.12.

Limited to 90% of the Scale of Benefits for chronic (i.e. life sustaining, or repetitive) medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person.

Benefit Booster excludes Self-Medication.

3.4.12.1.2 DENTISTRY (EXCLUDING ORTHODONTICS)

Subject to annual sub-benefit limit in paragraph 3.4.12. Limited to 70% of the Scale of Benefits for Benefits as set out in paragraphs 3.4.2.1, 3.4.2.2, and 3.4.2.3.

3.4.12.3 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to annual sub-benefit limit in paragraph 3.4.12. Limited to 80% of the Scale of Benefits for Benefits as set out in paragraphs 3.4.1.

3.4.12.4 PRIMARY HEALTH CARE

Subject to annual sub-benefit limit in paragraph 3.4.12. Limited to 80% of the Scale of Benefits for Benefits as set out in paragraph 3.4.5. A levy of 20% is applicable for medicine.

3.4.12.5 AUXILIARY SERVICES

Subject to annual sub-benefit limit in paragraph 3.4.12. Limited to 70% of the Scale of Benefits for Benefits as set out in paragraph 3.4.6.

BANKMED CARE BENEFITS

4.1 OVERALL ANNUAL BENEFIT

N\$ 500 000 per beneficiary

N\$ 750 000 per family

4.2 PRO RATA BENEFITS

If a Member joins the Fund after the first day of a financial year, the maximum Benefits for all Services set out in paragraph 3.3.16.2, 3.3.16.3 and 4.4, except for the Benefits in paragraph 4.4.8, are decreased for such financial year in the same ratio as the number of months already expired bears to twelve.

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 4.2 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.

4.3 CATEGORY A: HOSPITALISATION BENEFIT

Subject to overall annual Benefit set out in paragraph 4.1. Benefits will be paid at 100% of the Scale of Benefits if pre-authorized the Fund. If not pre-authorized by the Fund, no Benefit will be paid. Additional Hospital Benefit Cover for General Practitioners Medical Specialists and Anaesthetics services for in-hospital services are paid up to a maximum of 215% of NAMA Tariff.

4.3.1 HOSPITALISATION

Limited to overall annual benefit set out in paragraph 4.1.

Subject to pre-authorization by the Fund. Benefits are subject to management by or on behalf of the Fund.

4.3.1.1 ACCOMMODATION AND THEATRE

Subject to overall annual benefit set out in paragraph 4.3.1. 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.

4.3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL /MEDICAL INSTITUTION

Subject to overall annual Benefit set out in paragraph 4.3.1. Limited to N\$ 600 per day per family for up to maximum of 2 (two) days for accommodation other than a recognised hospital/medical institution and subject to Accommodation Expenses Re-imbursment Policy. Subject to pre-authorisation by the Fund.

4.3.1.3 BLOOD TRANSFUSIONS

Subject to overall annual Benefit set out in paragraph 4.3.1. Limited to 100% of the Scale of Benefits for the cost of the blood, the apparatus and the operator's fee.

4.3.1.4 INTENSIVE AND HIGH CARE

Subject to overall annual Benefit set out in paragraph 4.3.1. 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 (three) 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. Any claim for such accommodation in excess of 3 (three) days will be paid only if supported by a motivation from a medical practitioner.

4.3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TTO) MEDICINE)

Subject to overall annual Benefit set out in paragraph 4.3.1. 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.

4.3.1.6 RADIOLOGY AND PATHOLOGY (IN HOSPITAL)

Subject to overall annual Benefit set out in paragraph 4.3.1. Limited to 100% of the Scale of Benefits for x-rays and pathology. Benefits will be paid only if a medical practitioner referred the Member or Dependant for such procedure. Additional Hospital Benefit Cover excluded.

4.3.1.7 PHYSIOTHERAPY

Subject to overall annual Benefit set out in paragraph 4.3.1.

4.3.1.7.1 PHYSIOTHERAPY (IN-HOSPITAL)

Subject to overall annual Benefit set out in paragraph 4.3.1.7. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

4.3.1.7.2 PHYSIOTHERAPY (POST REHABILITATION)

No benefit shall be paid.

4.3.2 SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT OF HOSPITAL, INCLUDING MATERIALS)

Subject to overall annual Benefit set out in paragraph 4.1. Subject to pre-authorisation by the Fund. Benefits are subject to management by or on behalf of the Fund. Limited to 100% of the Scale of Benefits. Referral from a Specialist only. Referral from a General Practitioner acceptable in places where there is no Specialist. Additional Hospital Benefit Cover excluded.

4.3.2.1 MRI AND CT SCANS

Subject to annual sub-Benefit limit in paragraph 4.3.2 and further limited to N\$ 11 500 per family.

4.3.2.2 NUCLEAR MEDICINE

Subject to annual sub-Benefit limit in paragraph 4.3.2. Benefits will be paid at 100% of the Scale of Benefits.

4.3.3 GENERAL PRACTITIONERS AND SPECIALISTS (IN HOSPITAL SERVICES, PROCEDURES AND OPERATIONS)

Subject to overall annual Benefit set out in paragraph 4.1. Benefits will be paid at 100% of the Scale of Benefits limited to a maximum of 215% of NAMA Tariff for surgical procedures, diagnostic examinations, operations, anaesthetics, visits, consultations, and non-surgical procedures.

4.3.4 INTERNAL APPLIANCES AND MATERIALS

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

Subject to overall annual Benefit set out in paragraph 4.1. Subject to pre-authorisation by the Fund and Internal Prosthesis Protocol.

4.3.4.1 ARTIFICIAL EYES

No benefit shall be paid.

4.3.4.2 ARTIFICIAL LIMBS

No benefit shall be paid.

4.3.4.3 OTHER INTERNAL APPLIANCES AND MATERIALS

Subject to annual sub-Benefit limit in paragraph 4.3.4. Benefits will be paid at 100% of cost.

4.3.5 DIALYSIS

Subject to overall annual benefit set out in paragraph 4.1. Benefits will be paid at 100% of the Scale of Benefits. Subject to Case Management.

4.3.6 ONCOLOGY – (ALL-INCLUSIVE IN AND OUT OF HOSPITAL)

Subject to overall annual Benefit set out in paragraph 4.1 and further limited to N\$ 400 000 per Beneficiary per annum. Limited to 100% of the Scale of Benefits. Benefits include all cost relating to Oncology treatment and procedures in and out-of-hospital including consultations, surgery, hospitalisation, Radiation Oncology and Oncology Medication for chemotherapy, radiotherapy, and hormone therapy. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related specialised Radiology and Pathology tests and procedures.

4.3.7 ORGAN TRANSPLANT

Subject to overall annual benefit set out in paragraph 4.1. Benefits will be paid at 100% of the Scale of Benefits. Benefits include all costs relating to the supply and transportation of the organ, and organ transplant 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:

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

4.3.7.2 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.

4.3.7.3 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 re-imburement not applicable to the organ donor. Subject to Case Management and Managed Health Care Guidelines.

4.3.8 PRIVATE NURSING

Subject to overall annual Benefit set out in paragraph 4.1 and further limited N\$ 11 000 per family per annum. Limited to 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund.

4.3.9 FRAIL CARE/HOSPICE

Subject to overall annual Benefit set out in paragraph 4.1 and further limited to N\$ 11 000 per family per annum. Limited to 100% of the Scale of Benefits for accommodating permanent, chronically ill or geriatric patients in a registered nursing home or hospital. Subject to pre-authorisation by the Fund.

4.3.10 PSYCHIATRIC TREATMENT

Subject to overall annual benefit set out in paragraph 4.1. Benefits will be paid at 100% of the scale of benefits. Subject to prior approval and Managed Health Care Guidelines.

4.3.10.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 4.3.10. Limited to 100% of the scale of benefits. Benefits include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

4.3.10.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 4.3.10 for psychiatric treatment HOSPITALISATION and further limited to N\$ 8 250 per family per annum. Benefits include all cost relating to HOSPITALISATION.

4.3.11 ALCOHOLISM / DRUG ADDICTION

Subject to annual sub-benefit limit in paragraph 4.3.10, 4.3.10.1 and 4.3.10.2. Limited to 100% of the scale of benefits.

4.3.12 REFRACTIVE SURGERY (ALL-INCLUSIVE)

No benefit shall be paid

4.3.13 PHAKIC IMPLANTS (LENS IMPLANT)

No benefit shall be paid

4.3.14 RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY) (ALL-INCLUSIVE)

No benefit shall be paid

4.3.15 DENTAL SURGERY

Subject to overall annual benefit set out in paragraph 4.1. Benefits will be paid at 100% of the SCALE OF BENEFITS. Subject to pre-authorisation by the Fund. Additional Hospital Benefit Cover is excluded.

4.3.15.1 DENTAL IMPLANT – HOSPITALISATION

No benefit shall be paid.

4.3.15.2 MAXILLO FACIAL AND ORAL SURGERY (NON-ELECTIVE) – FULL PROCEDURE

Subject to annual sub-Benefit limit in paragraph 4.3.15. Limited to N\$ 63 000 per family per annum for trauma cases only. Benefits include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine, and hospitalisation.

4.3.16 MATERNITY

Subject to overall annual benefit set out in paragraph 4.1.

4.3.16.1 CONFINEMENT

Subject to annual sub-benefit limit in paragraph 4.3.16 and further limited to one confinement per year in the case of a Dependant other than a Spouse. Limited to 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund. Benefits as set out in paragraphs 4.3.1.1, 4.3.1.2, 4.3.1.3, 4.3.1.4, 4.3.1.5, 4.3.1.6 and 4.3.3 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.

4.3.16.2 ANTE-NATAL CONSULTATION

Subject to overall annual sub-benefit limit in paragraph 4.3.16 and further limited to 12 consultations per beneficiary. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

4.3.16.3 ANTE-NATAL / POST-NATAL CLASSES AND EDUCATION

Subject to annual sub-benefit limit in paragraph 4.3.16 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.

4.3.16.4 SONAR SCANS

Subject to overall annual sub-benefit limit set out in paragraph 4.3.16 and further limited to 3 scans per beneficiary per pregnancy. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

4.3.16.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to overall annual sub-benefit limit in paragraph 4.3.16. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

4.3.16.6 MID-WIFERY SERVICE

Subject to annual sub-benefit limit in paragraph 4.3.16. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

4.3.17 INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 4.1 and further limited to N\$ 6 000 per beneficiary. Benefits will be paid at 100% of the Scale of Benefits. Subject to prior approval by the Fund.

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

4.3.18 STOMALTHERAPY (ALL-INCLUSIVE)

No Benefit shall be paid.

4.3.19 AMBULANCE AND EVACUATION SERVICES

Subject to overall annual benefit set out in paragraph 4.1. 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.

4.3.19.1 EMERGENCY AMBULANCE AND EMERGENCY FLIGHTS

Benefits are unlimited and will be paid at 100% of the Scale of Benefits in the case of emergency ambulance and according to tariffs as determined by the Fund for emergency flights. Non-emergency ambulance services and all flights are subject to pre-approval.

4.3.19.2 AMBULANCE AND INTER-HOSPITAL TRANSFER

Subject to overall annual sub-Benefit limit in paragraph 4.3.19. Limited to 100% of the Scale of Benefits. Non-emergency ambulance services are subject to pre-approval.

4.3.19.3 OTHER TRANSPORT

Subject to overall annual sub-Benefit limit in paragraph 4.3.19 and further limited to N\$ 9 800 per family per annum. Limited to 80% of cost. Subject to prior approval by the Fund and Travelling Expenses Re-imbursement Protocol.

4.3.20 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.

4.3.21 SPECIFIED ILLNESS CONDITIONS

Subject to overall annual benefit set out in paragraph 4.1.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

Limited to N\$ 33 250 per beneficiary per annum. Subject to prior approval by the Fund.

4.3.21.1 HIV/AIDS

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

4.3.21.1.1 Medicine

Subject to annual sub-benefit limit in paragraph 4.3.21. Limited to 100% of the Scale of Benefits. Benefits are paid at Maximum Namibia Medicine Price List on generics.

4.3.21.1.2 First full HIV Consultation/Assessment

Subject to annual sub-benefit limit in paragraph 4.3.21. Limited to N\$ 440 per consultation per HIV/Aids beneficiary. Once off benefit.

4.3.21.1.3 Consultations (after the first full HIV consultation)

Subject to annual sub-benefit limit in paragraph 4.3.21. Limited to six consultations per HIV/Aids beneficiary per annum and further limited to N\$ 405 per consultation. (GP's only)

4.3.21.1.4 HIV Counselling

Subject to annual sub-benefit limit in paragraph 4.3.21 and further limited to N\$ 1 100 per HIV/Aids beneficiary per annum. Limited to 100% of the Scale of Benefits.

4.3.21.1.5 Pathology Tests

Subject to annual sub-benefit limit in paragraph 4.3.21. Limited to 100% of the Scale of Benefits.

4.3.21.1.6 HIV Resistance Test

Subject to annual sub-benefit limit in paragraph 4.3.21. Limited to 100% of the Scale of Benefits. Subject to prior approval.

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

Subject to maximum annual sub-benefit limit in paragraph 4.3.21 and limited to 100% of the Scale of Benefits. Subject to prior approval by the Fund and as National Guidelines.

4.3.21.3 POST-EXPOSURE PROPHYLAXIS (PEP)

Subject to maximum annual sub-benefit limit in paragraph 4.3.21 and limited to 100% of the Scale of Benefits. Subject to prior approval by the Fund and as per National Guidelines.

4.2.21.4 PRE-EXPOSURE PROPHYLAXIS (PrEP)

Subject to maximum annual sub-benefit limit in paragraph 4.3.21 and limited to 100% of the Scale of Benefits. Subject to prior approval by the Fund and as per National Guidelines.

4.4. CATEGORY B: DAY-TO-DAY BENEFITS

Subject to overall annual benefit set out in paragraph 4.1 and a further maximum annual sub-benefit limits:

N\$ 13 000 per beneficiary

N\$ 26 000 per family

4.4.1 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to overall annual benefit set out in paragraph 4.4. Limited to N\$ 9 500 per family per annum and N\$ 4 750 per beneficiary per annum.

4.4.1.1 CONSULTATIONS AND VISITS (OUT OF HOSPITAL)

Subject to annual sub-Benefit limit in paragraph 4.4.1. Limited to 100% of the Scale of Benefits for consultations visits out of hospital, including casualties.

Medical Practitioners E-Consultation during State of Emergency relating to the COVID-19 Pandemic:

General Practitioners and Medical Specialists consultations that is delivered using electronic communication channels as oppose to face-to-face consultation from the start of the lockdown until such time that the State of Emergency in relation to the COVID-19 pandemic is lifted. The Claims are paid at 100% of NAMA F Tariff Code 0130 up to the available General Practitioner and Medical Specialists benefit limit under the members' option.

4.4.1.2 PROCEDURES AND SERVICES (OUT OF HOSPITAL)

Subject to annual sub-Benefit limit in paragraph 4.4.1. Limited to 100% of the Scale of Benefits for surgical procedures, diagnostic examinations and operations performed outside of hospital.

4.4.1.3 MATERIALS AND DISPOSABLE ITEMS

Subject to annual sub-Benefit limit in paragraph 4.4.1. Limited to 100% of the Scale of Benefits for materials and disposable items.

4.4.1.4 RADIOLOGY AND PATHOLOGY

Subject to annual sub-Benefit limit in paragraph 4.4.1. Limited to 100% of the Scale of Benefits for radiology and pathology out of hospital. Benefits include Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry services. Referral from a Medical Practitioner required.

4.4.2 DENTISTRY

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

Subject to overall annual benefit set out in paragraph 4.4. Limited to N\$ 3 700 per family per annum and further limited to N\$ 1 300 per beneficiary per annum.

4.4.2.1 BASIC DENTISTRY

Subject to annual sub-Benefit limit in paragraph 4.4.2. Limited to 100% of the Scale of Benefits for conservative/basic dentistry procedures. Benefits include Dental Technician and Dental Therapy services.

4.4.2.2 SPECIALISED/ADVANCED DENTISTRY

Subject to annual sub-Benefit limit in paragraph 4.4.2. Limited to 100% of the Scale of Benefits for specialised/advanced dentistry procedures. Benefits include Dental Technician services.

4.4.2.3 DENTAL IMPLANTS

4.4.2.3.1 Consultations and Procedures

No benefit shall be paid

4.4.2.3.2 Implant Component and Hospitalisation

No benefit shall be paid

4.4.2.4 ORTHODONTICS

No benefit shall be paid

4.4.3 MEDICINE AND INJECTIONS

Subject to annual sub-benefit limit set out in paragraph 4.4. Limited to N\$ 12 700 per family per annum and further limited to N\$ 6 300 per beneficiary per annum.

Benefits in respect of prescribed medicines will be paid according to the Namibia Maximum Namibia Medicine Price List on generics.

4.4.3.1 ACUTE MEDICINE

Subject to sub-Benefit limit in paragraph 4.4.3. Limited to 90% of the Scale of Benefits for medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person, including excess of 7 days' supply of hospital TTO.

4.4.3.2 CHRONIC MEDICINE (NON-PENSIONERS)

Subject to sub-Benefit limit in paragraph 4.4.3. Limited to 100% of the Scale of Benefits for chronic (i.e. life sustaining, or repetitive) medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person.

Benefits are subject to approval by the Fund.

4.4.3.3 CHRONIC MEDICINE (PENSIONERS)

Subject to sub-Benefit limit in paragraph 4.4.3. Limited to 100% of the Scale of Benefits for chronic (i.e. life sustaining, or repetitive) medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person.

Benefits are subject to approval by the Fund.

4.4.3.4 SELF MEDICATION

Subject to annual sub-Benefit limit in paragraph 4.4.3. Limited to N\$ 420 per family and further limited to N\$ 75 per prescription per day.

Benefits will be paid at 100% of the Scale of Benefits. Benefits will be paid only in respect of medicines scheduled as schedule 1 (Namibian medicine schedule) and lower.

The Member must first personally settle any self-medication account and submit a detailed certified account from a pharmacy to the Fund in order to qualify for a refund.

4.4.3.5 ESSENTIAL VACCINATION/IMMUNIZATION

Subject to annual sub-Benefit limit in paragraph 4.4.3. Benefits will be paid at 100% of the Scale of Benefits and based on the World Health Organization's (WHO) list of essential immunization/vaccination.

4.4.4 PRIMARY HEALTH CARE SERVICES

Subject to overall annual benefit set out in paragraph 4.4. Limited to N\$ 750 per family per annum and further limited to N\$ 150 per beneficiary per annum.

4.4.4.1 CONSULTATIONS AND PROCEDURES

Subject to annual sub-Benefit limit in paragraph 4.4.4. Limited to 100% of the Scale of Benefits for visits, consultations, treatment, and non-surgical procedures.

4.4.4.2 MEDICINES & INJECTIONS

Subject to annual sub-Benefit limit in paragraph 4.4.3. Limited to 100% of the Scale of Benefits for medicines and injections prescribed by any legally authorised person.

Benefits in respect of prescribed medicines 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.

4.4.5 AUXILIARY SERVICES (SUPPLEMENTARY SERVICES)

Subject to annual sub-benefit limit set out in paragraph 4.4. Limited to N\$ 4 000 per family per annum and further limited to N\$ 1 600 per beneficiary per annum.

4.4.5.1 APPLIANCES (EXTERNAL)

Subject to overall annual Benefit in paragraph 4.4.5. Limited to 100% of the cost of any external medical and surgical appliance, other than hearing aid apparatus or wheelchairs.

4.4.5.2 ART THERAPY

Subject to annual sub-Benefit limit in paragraph 4.4.5. Limited to 100% of the Scale of Benefits.

4.4.5.3 AUDIOLOGY/SPEECH THERAPY

Subject to annual sub-Benefit limit in paragraph 4.4.5. Limited to 100% of the Scale of Benefits.

4.4.5.4 BIODYNAMICS

Subject to annual sub-Benefit limit in paragraph in 4.4.5. Limited to 100% of the Scale of Benefits.

4.4.5.5 CHINESE MEDICINE

NO BENEFITS shall be paid.

4.4.5.6 CHIROPRACTOR

4.4.5.6.1 Consultations and Procedures

Subject to annual sub-benefit limit in paragraph 4.4.5. Limited to 100% of the scale of benefits for visits, consultations, treatment, and procedures.

4.4.5.6.2 Medicine and Injections

Subject to annual sub-benefit limit in paragraph 4.4.3. Benefits in respect of prescribed medicines will be granted only for one month's supply thereof at a time. Limited to 90% of the scale of benefits for medicines and injections prescribed by a chiropractor.

4.4.5.7 CLINICAL PSYCHOLOGIST/PSYCHOLOGICAL COUNSELLOR

Subject to annual sub-Benefit limit in paragraph 4.4.5. Limited to 100% of the Scale of Benefits.

E-Therapy claims (include all forms of electronic channels/mediums) will be paid from the start of the lockdown period until such time that the State of Emergency in relation to the COVID-19 pandemic is lifted. E-Therapy claims are paid at 100% of the NAMA Tariff for individual psychotherapy up to the available benefit limit under the members' option. The aforementioned excludes group therapy.

4.4.5.8 CLINICAL TECHNOLOGY

Subject to annual sub-Benefit limit in paragraph 4.4.5. Limited to 100% of the Scale of Benefits.

4.4.5.9 DIETICIAN

Subject to annual sub-Benefit limit in paragraph 4.4.5. Limited to 100% of the Scale of Benefits.

4.4.5.10 HEARING AID ACOUSTICIAN

Subject to annual sub-Benefit limit in paragraph 4.4.5. Limited to 100% of the Scale of Benefits.

4.4.5.11 HOMEOPATH/NATUROPATH/PHYTO THERAPIST

4.4.5.11.1 Consultations and Procedures

Subject to annual sub-benefit limit in paragraph 4.4.5. Limited to 100% of the scale of benefits for visits, consultations, treatment and procedures.

4.4.5.11.2 Medicine and Injections

Subject to annual sub-benefit limit in paragraph 4.4.3. Benefits in respect of prescribed medicines will be granted only for one month's supply thereof at a time. Limited to 90% of the scale of benefits for medicines and injections prescribed by a homeopath, naturopath and phyto therapist.

4.4.5.12 OCCUPATIONAL THERAPY

Subject to annual sub-Benefit limit in paragraph 4.4.5. Limited to 100% of the Scale of Benefits.

4.4.5.13 ORTHOTIST/PROSTHETIST

Subject to annual sub-Benefit limit in paragraph 4.4.5. Limited to 100% of the Scale of Benefits.

4.4.5.14 PHYSIOTHERAPY

Subject to annual sub-Benefit limit in paragraph 4.4.5. Limited to 100% of the Scale of Benefits.

4.4.5.15 PODIATRIST/CHIROPODIST

Subject to annual sub-Benefit limit in paragraph 4.4.5. Limited to 100% of the Scale of Benefits.

4.4.5.16 SOCIAL WORKERS

Subject to annual sub-Benefit limit in paragraph 4.4.5. Limited to 100% of the Scale of Benefits. Motivation required.

E-Therapy claims (include all forms of electronic channels/mediums) will be paid from the start of the lockdown period until such time that the State of Emergency in relation to the COVID-19 pandemic is lifted. E-Therapy claims are paid at 100% of the NAMA Tariff for individual social worker therapy up to the available benefit limit under the members' option. The aforementioned excludes group therapy.

4.4.6 WHEELCHAIR

Subject to overall annual benefit set out in paragraph 4.1. Limited to N\$ 2 650 per beneficiary every four years, the first for such four-year period commencing on 01 January 2019. Benefits are payable at 100% of cost. The benefit is inclusive of wheelchair repair and maintenance. Subject to prior approval by the Fund.

4.4.7 HEARING AID APPARATUS

Subject to overall annual benefit set out in paragraph 4.1 and further limited to 100% of cost with a maximum of N\$ 15 000 per family every two years, the first such two-year period commencing on 01 January 2018. The Benefits include the supply, repair, and maintenance of hearing aid apparatus. Subject to prior approval by the Fund.

4.4.8 OPTICAL SERVICES

Subject to annual sub-benefit limit set out in paragraph 4.4. Limited to N\$ 4 750 per family per annum and further limited to N\$ 2 400 per beneficiary every two years, including frames, the first such two-year period commencing on 01 January 2019.

4.4.5.1 OPTICAL TESTS

Subject to annual sub-Benefit limit in paragraph 4.4.8. Limited to 100% of the Scale of Benefits for optical tests and further limited to one optical test per beneficiary per annum.

4.4.8.2 SPECTACLE LENSES AND CONTACT LENSES

Subject to annual sub-Benefit limit in paragraph 4.4.8. Limited to 100% of the Scale of Benefits for spectacle lenses and contact lenses.

4.4.8.3 FRAMES

Subject to annual sub-Benefit limit in paragraph 4.4.8. Limited to 100% of the cost.

5. **BANKMED ESSENCE HOSPITAL BENEFITS**

5.1 **OVERALL ANNUAL BENEFIT**

Unlimited Benefits

5.2 **PRO RATA BENEFITS**

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 5.3.16.2, 5.3.16.3, 5.4 and 5.5 are decreased for such FINANCIAL YEAR in the same ratio as the number of months already expired bears to twelve.

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 5.2 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.

5.3 **CATEGORY A: HOSPITALIZATION BENEFIT**

Subject to overall annual benefit set out in paragraph 5.1

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 Benefits will be paid. Additional Hospital Benefit Cover for General Practitioners, Medical Specialists and Anaesthetics for in-hospital services are paid up to a maximum of 215% of NAMA Tariff.

5.3.1 **HOSPITALISATION**

Subject to overall annual benefit set out in paragraph 5.3. Subject to pre-authorisation by the Fund except in the event of an emergency where pre-authorisation can be made by the hospital soon after the admission. Benefits are subject to management by or on behalf of the Fund.

5.3.1.1 **ACCOMMODATION AND THEATRE**

Subject to annual sub-Benefit limit in paragraph 5.3.1. 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.

5.3.1.2 ACCOMMODATION OTHER THAN A RECOGNISED HOSPITAL /MEDICAL INSTITUTION

Subject to annual sub-Benefit limit in paragraph 5.3.1. Limited to N\$ 600 per day per family for up to maximum of 2 (two) days for accommodation other than a recognised hospital/medical institution and subject to Accommodation Expenses Re-imburement Policy. Subject to pre-authorization by the Fund.

5.3.1.3 BLOOD TRANSFUSIONS

Subject to annual sub-Benefit limit in paragraph 5.3.1. Limited to 100% of the Scale of Benefits for the cost of the blood, the apparatus and the operator's fee.

5.3.1.4 INTENSIVE AND HIGH CARE

Subject to annual sub-Benefit limit in paragraph 5.3.1. 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 (three) days. A separate pre-authorization is required for admission to intensive care unit or high care unit. Without pre-authorization, no benefit will be paid. Any claim for such accommodation in excess of 3 (three) days will be paid only if supported by a motivation from a medical practitioner.

5.3.1.5 MEDICINE, FIXED TARIFF PROCEDURES AND HOSPITAL APPARATUS (EXCLUDING TO TAKE OUT (TTO) MEDICINE)

Subject to annual sub-Benefit limit in paragraph 5.3.1. 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.

5.3.1.6 RADIOLOGY AND PATHOLOGY (IN HOSPITAL)

Subject to annual sub-Benefit limit in paragraph 5.3.1. Limited to 100% of the Scale of Benefits for x-rays and pathology. Benefits will be paid only if a Medical Practitioner referred the Member or Dependant for such procedure. Additional Hospital Benefit Cover excluded.

5.3.1.7 PHYSIOTHERAPY

Subject to annual sub-Benefit limit in paragraph 5.3.

5.3.1.7.1 PHYSIOTHERAPY (IN-HOSPITAL)

Subject to annual sub-Benefit limit in paragraph 5.3.1.7. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

5.3.1.7.2 PHYSIOTHERAPY (POST REHABILITATION)

Subject to annual sub-Benefit limit in paragraph 5.3.1.7. Limited to N\$ 5 800 per family per annum for post rehabilitation physiotherapy once the Member or Dependant is out of hospital. Benefits will be paid at 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded. Post rehabilitation benefit available within 3 months from hospital discharge. Subject to prior approval by the Fund.

5.3.2 SPECIALISED RADIOLOGY PROCEDURES (IN AND OUT OF HOSPITAL, INCLUDING MATERIALS)

Subject to overall annual Benefit set out in paragraph 5.1. Subject to prior approval by the Fund. Benefits are subject to management by or on behalf of the Fund. Limited to 100% of the Scale of Benefits. Referral from a Specialist only. Referral from a General Practitioner acceptable in places where there is no Specialist. Additional Hospital Benefit Cover excluded.

5.3.2.1 MRI AND CT SCANS

Subject to annual sub-Benefit limit in paragraph 5.3.2. Benefits will be paid at 100% of the Scale of Benefits.

5.3.2.2 NUCLEAR MEDICINE

Subject to annual sub-Benefit limit in paragraph 5.3.2. Benefits will be paid at 100% of the Scale of Benefits.

5.3.3 GENERAL PRACTITIONERS AND SPECIALISTS (IN HOSPITAL SERVICES, PROCEDURES AND OPERATIONS)

Subject to overall annual Benefit set out in paragraph 5.1. Benefits will be paid at 100% of the Scale of Benefits limited to a maximum of 215% of NAMA Tariff for surgical procedures, diagnostic examinations, operations, anaesthetics, visits, consultations, and non-surgical procedures.

5.3.4 INTERNAL APPLIANCES AND MATERIALS

Subject to overall annual Benefit set out in paragraph 5.1. Subject to pre-authorisation by the Fund and Internal Prosthesis Protocol.

5.3.4.1 ARTIFICIAL EYES

Subject to annual sub-Benefit limit in paragraph 5.3.4. Benefits will be paid at 100% of cost.

5.3.4.2 ARTIFICIAL LIMBS

Subject to annual sub-Benefit limit in paragraph 5.3.4. Benefits will be paid at 100% of cost.

5.3.4.3 OTHER INTERNAL APPLIANCES AND MATERIALS

Subject to annual sub-Benefit limit in paragraph 5.3.4. Benefits will be paid at 100% of cost.

5.3.5 DIALYSIS

Subject to overall annual benefit set out in paragraph 5.1. Benefits will be paid at 100% of the Scale of Benefits. Subject to Case Management and Managed Health Care Guidelines.

5.3.6 ONCOLOGY – (ALL-INCLUSIVE IN AND OUT OF HOSPITAL)

Subject to overall annual Benefit set out in paragraph 5.1 and further limited to 750 000 per Beneficiary per annum. Limited to 100% of the Scale of Benefits. Benefits include all cost relating to Oncology treatment and procedures in and out-of-hospital including consultations, surgery, hospitalisations, Radiation Oncology and Oncology Medication for chemotherapy, radiotherapy, and hormone therapy. Subject to Case Management and Managed Health Care Guidelines. Referral from Medical Specialists required for Radiation Oncology and Oncology related specialised Radiology and Pathology tests and procedures.

5.3.7 ORGAN TRANSPLANTS

Subject to overall annual benefit set out in paragraph 5.1. Benefits will be paid at 100% of the Scale of Benefits. Benefits include all costs relating to the supply and transportation of the organ and organ transplant 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:

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

5.3.7.2 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.

5.3.7.3 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 re-imburement not applicable to the organ donor who is not a member of the fund. Subject to Case Management and Managed Health Care Guidelines.

5.3.8 PRIVATE NURSING

Subject to overall annual Benefit set out in paragraph 5.1 and further limited to N\$ 33 250 per family per annum. Limited to 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund.

5.3.9 FRAIL CARE / HOSPICE

Subject to overall annual Benefit set out in paragraph 5.1 and further limited to N\$ 33 250 per family per annum. Limited to 100% of the Scale of Benefits for accommodating permanent, chronically ill or geriatric patients in a registered nursing home or hospital. Subject to pre-authorisation by the Fund.

5.3.10 PSYCHIATRIC TREATMENT

Subject to overall annual benefit set out in paragraph 5.1. BENEFITS will be paid at 100% of the Scale of Benefits. Subject to prior approval and Managed Health Care Guidelines.

5.3.10.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 5.3.10. Limited to 100% of the Scale of Benefits. Benefits include medical practitioners' and allied health professionals' fees during HOSPITALISATION.

5.3.10.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 5.3.10 for psychiatric treatment HOSPITALISATION and further limited to N\$ 30 500 per family per annum. BENEFITS include all cost relating to HOSPITALISATION.

5.3.11 ALCOHOLISM / DRUG ADDICTION

Subject to annual sub-benefit limit in paragraph 5.3.10, 5.3.10.1 and 5.3.10.2. Limited to 100% of the SCALE OF BENEFITS.

5.3.12 REFRACTIVE SURGERY

Subject to overall annual benefit set out in paragraph 5.1 and further limited to N\$ 30 000 per beneficiary once off, all-inclusive benefits. Benefits will be paid at 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund and Managed Health Care Guidelines.

5.3.13 PHAKIC IMPLANTS (LENS IMPLANT)

Subject to overall annual benefit set out in paragraph 5.1 and further limited to N\$ 34 750 per beneficiary once off, all-inclusive benefits. Benefits will be paid at 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund and Managed Health Care Guidelines.

5.3.14 RECONSTRUCTIVE SURGERY (MEDICAL NECESSITY)

Subject to overall annual benefit set out in paragraph 5.1 for reconstructive surgery due to medical necessity. Subject to pre-authorisation by the Fund and strict Managed Health Care Guidelines.

5.3.14.1 CONSULTATION AND PROCEDURE

Subject to annual sub-benefit limit in paragraph 5.3.14 and further limited to N\$ 13 750 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.

5.3.14.2 HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 5.3.14. Limited to 100% of the Scale of Benefits. Benefits include all cost relating to hospitalisation.

5.3.15 DENTAL SURGERY

Subject to overall annual Benefit set out in paragraph 5.1. Additional Hospital Benefit Cover excluded. Subject to pre-authorisation by the Fund.

5.3.15.1 DENTAL IMPLANT – HOSPITALISATION

Subject to annual sub-benefit limit in paragraph 5.3.15. Limited to N\$ 16 750 per family per annum and further limited to N\$ 9 500 per beneficiary per annum. Benefits will be paid at 100% of the Scale of Benefits.

5.3.15.2 MAXILLO FACIAL AND ORAL SURGERY (ELECTIVE AND NON-ELECTIVE) (ALL-INCLUSIVE)

Subject to annual sub-benefit limit in paragraph 5.3.15. Limited to N\$ 133 250 per family per annum. Benefits include surgically related services, procedures, materials, dental practitioner's fees, anaesthetic service, medicine, and hospitalisation. Benefits will be paid at 100% of the Scale of Benefits

5.3.16 MATERNITY

Subject to overall annual benefit set out in paragraph 5.1.

5.3.16.1 CONFINEMENTS

Subject to annual sub-benefit limit in paragraph 5.3.16 and further limited to one confinement per year in the case of a Dependant other than a Spouse. Limited to 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund. Benefits as set out in paragraphs 5.3.1.1, 5.3.1.2, 5.3.1.3, 5.3.1.4, 5.3.1.5, 5.3.1.6 and 5.3.3 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.

5.3.16.2 ANTE-NATAL CONSULTATION

Subject to annual sub-benefit limit in paragraph 5.3.17 and further limited to 12 consultations per beneficiary per annum. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

5.3.16.3 ANTE-NATAL / POST-NATAL CLASSES AND EDUCATION

Subject to annual sub-benefit limit in paragraph 5.3.16 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.

5.3.16.4 SONAR SCANS

Subject to annual sub-benefit limit in paragraph 5.3.16 and further limited to 3 scans per beneficiary per pregnancy. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

5.3.16.5 TESTS FOR CHROMOSOMAL AND FOETAL ABNORMALITIES

Subject to annual sub-benefit limit in paragraph 5.3.16. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

5.3.16.6 MID-WIFERY SERVICE

Subject to annual sub-benefit limit in paragraph 5.3.16. Limited to 100% of the Scale of Benefits. Additional Hospital Benefit Cover excluded.

5.3.17 INSERTION OF INTRAUTERINE DEVICE WITH HORMONE (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 5.1 and further limited to N\$ 6 000 per beneficiary. Benefits will be paid at 100% of the Scale of Benefits. Subject to prior approval by the Fund.

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

5.3.18 STOMALTHERAPY (ALL-INCLUSIVE)

Subject to overall annual benefit set out in paragraph 5.1 and further limited to N\$ 28 750 per family per annum. BENEFITS include all cost relating stomalthrapy. Limited to 100% of the SCALE OF BENEFITS. Subject to prior approval.

5.3.19 AMBULANCE AND EVACUATION SERVICES

Subject to overall annual benefit set out in paragraph 5.1. 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.

5.3.19.1 EMERGENCY AMBULANCE AND EMERGENCY FLIGHTS

Benefits are unlimited and will be paid at 100% of the Scale of Benefits in the case of emergency ambulance and according to tariffs as determined by the Fund for emergency flights. Non-emergency ambulance services and all flights are subject to pre-approval.

5.3.19.2 AMBULANCE AND INTER-HOSPITAL TRANSFER

Subject to overall annual sub-Benefit limit in paragraph 5.3.19. Limited to 100% of the Scale of Benefits. Non-emergency ambulance services are subject to pre-approval.

5.3.19.3 OTHER TRANSPORT

Subject to overall annual Benefit set out in paragraph 5.3.19 and further limited to N\$ 9 800 per family per annum. Limited to 80% of cost. Subject to prior approval by the Fund and Travelling Expenses Re-imburement Protocol.

5.3.20 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.

5.3.21 SPECIFIED ILLNESS CONDITIONS

Subject to overall annual benefit set out in paragraph 5.1.

Limited to N\$ 33 250 per beneficiary per annum. Subject to prior approval the Fund.

5.3.21.1 HIV/AIDS

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

5.3.21.1.1 Medicine

Subject to annual sub-benefit limit in paragraph 5.3.21. Limited to 100% of the Scale of Benefits. Benefits will be paid at Maximum Namibia Medicine Price List on generics.

5.3.21.1.2 First full HIV Consultation/Assessment

Subject to annual sub-benefit limit in paragraph 5.3.21. Limited to N\$ 440 per consultation per HIV/Aids beneficiary. Once off benefit.

5.3.21.1.3 Consultations (after the first full HIV consultation)

Subject to annual sub-benefit limit in paragraph 5.3.21. Limited to six consultations per HIV/Aids beneficiary per annum and further limited to N\$ 405 per consultation. (GP's only)

5.3.21.1.4 HIV Counselling

Subject to annual sub-benefit limit in paragraph 5.3.21 and further limited to N\$ 1 300 per HIV/Aids beneficiary per annum. Limited to 100% of the Scale of Benefits.

5.3.21.1.5 Pathology Tests

Subject to annual sub-benefit limit in paragraph 5.3.21. Limited to 100% of the Scale of Benefits.

5.3.21.1.6 HIV Resistance Test

Subject to annual sub-benefit limit in paragraph 5.3.21. Limited to 100% of the Scale of Benefits. Subject to pre-authorisation by the Fund.

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

Subject to maximum annual sub-benefit limit in paragraph 5.3.21 and limited to 100% of the Scale of Benefits. Subject to prior approval by the Fund and as per National Guidelines.

5.3.21.3 POST-EXPOSURE PROPHYLAXIS (PEP)

Subject to maximum annual sub-benefit limit in paragraph 5.3.21 and limited to 100% of the Scale of Benefits. Subject to prior approval by the Fund and as per National Guidelines.

5.3.21.4 PRE-EXPOSURE PROPHYLAXIS (PrEP)

Subject to maximum annual sub-benefit limit in paragraph 5.3.21 and limited to 100% of the Scale of Benefits. Subject to prior approval by the Fund and as per National Guidelines.

5.3.22 WHEELCHAIR

Subject to overall annual benefit set out in paragraph 5.1 and further limited to N\$ 13 250 per beneficiary every four years, the first such four-year period commencing on 01 January 2019. Benefits are payable at 100% of cost. The benefit is inclusive of wheelchair repair and maintenance. Subject to prior approval by the Fund.

5.3.23 APPLIANCES (EXTERNAL)

Subject to overall annual benefit set out in paragraph 5.1. Limited to 80% of the cost of any external medical and surgical appliance, other than hearing aid apparatus or wheelchairs. Further limited to N\$ 4 500 per family per annum.

5.3.24 HEARING AID APPARATUS

Subject to overall annual benefit set out in paragraph 5.1 and further limited to 100% of cost with a maximum of N\$ 30 000 per family every two years, the first such two-year period commencing on 01 January 2018. The Benefits include the supply, repair and maintenance of hearing aid apparatus. Subject to prior approval by the Fund.

5.3.25 MEDICAL DEVICES FOR DIABETES

No Benefit shall be paid.

5.4 CATEGORY B: DAY TO DAY POOLED BENEFIT (BENEFITS FOR DAY-TO-DAY EXPENSES)

Subject to overall annual benefit set out in paragraph 5.1.

This option is a Hospital Plan with a pooled benefit of N\$ 5,000 per Beneficiary and N\$ 10,000 per Family per annum for out-of-hospital expenses. Full year benefits are pro-rated.

MAXIMUM ANNUAL SUB-BENEFIT LIMIT:

5.4.1 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to overall annual benefit set out in paragraph 5.4 and further limited to 100% of the Scale of Benefits.

5.4.1.1 VISITS AND CONSULTATIONS (OUT-OF-HOSPITAL, INCLUDING CASUALTIES)

Subject to paragraph 5.4 and limited to 100% of the scale of benefit.

5.4.1.2 PROCEDURES / SERVICES (OUT-OF-HOSPITAL)

Subject to paragraph 5.4 and limited to 100% of the scale of benefit.

Medical Practitioners E-Consultation during State of Emergency relating to the COVID-19 Pandemic:

General Practitioners and Medical Specialists consultations that is delivered using electronic communication channels as oppose to face-to-face consultation from the start of the lockdown until such time that the State of Emergency in relation to the COVID-19 pandemic is lifted. The

Claims related to the aforementioned are paid subject to paragraph 5.4 and limited to 100% of scale of benefit and limit under the members' option subject to paragraph 5.4.

5.4.1.3 MATERIALS AND DISPOSABLE ITEMS

Subject to paragraph 5.4 and limited to 100% of the scale of benefit.

5.4.1.4 RADIOLOGY AND PATHOLOGY

Subject to paragraph 5.4 and limited to 100% of the scale of benefit. Benefits include Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry. Referral from a Medical Practitioner required.

5.4.2 DENTISTRY

Subject to overall annual benefit set out in paragraph 5.4 and further limited to 100% of the Scale of Benefits.

5.4.2.1 BASIC / CONSERVATIVE DENTISTRY

Subject to annual sub-Benefit limit in paragraph 5.4.2 and limited to 100% of the scale of benefit. Benefits include Dental Technician and Dental Therapy services.

5.4.2.2 SPECIALISED / ADVANCED DENTISTRY

Subject to annual sub-Benefit limit in paragraph 5.4.2 and limited to 100% of the scale of benefit. Benefits include Dental Technician services.

5.4.2.3 DENTAL IMPLANTS (IN AND OUT OF HOSPITAL)

5.4.2.3.1 CONSULTATIONS AND PROCEDURES

No Benefits shall be paid.

5.4.2.3.2 DENTAL IMPLANT COMPONENT

No Benefits shall be paid.

5.4.2.4 ORTHODONTICS

No Benefits shall be paid.

5.4.3 MEDICINE AND INJECTIONS

Subject to overall annual benefit set out in paragraph 5.4.

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

5.4.3.1 ACUTE MEDICINE

Subject to annual sub-Benefit limit in paragraph 5.4.3 and limited to 80% of the scale of benefits for medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person.

5.4.3.2 CHRONIC MEDICINE (NON-PENSIONERS)

Subject to annual sub-Benefit limit in paragraph 5.4.3 and limited to 80% of the scale of benefits for medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person.

5.4.3.3 CHRONIC MEDICINE (PENSIONERS)

Subject to annual sub-Benefit limit in paragraph 5.4.3 and limited to 100% of the scale of benefits for medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person.

5.4.3.4 SELF MEDICATION

Subject to annual sub-Benefit limit in paragraph 5.4.3 and limited to 100% of the scale of benefit.

5.4.3.5 ESSENTIAL VACCINATION/IMMUNIZATION

Subject to annual sub-Benefit limit in paragraph 5.4.3. Benefits will be paid at 100% of the Scale of Benefits and based on the World Health Organization's (WHO) list of essential immunization/vaccination.

5.4.4 PRIMARY HEALTH CARE SERVICES

Subject to annual benefit set out in paragraph 5.4

5.4.4.1 CONSULTATIONS / PROCEDURE

Subject to annual sub-Benefit limit in paragraph 5.4.4. Limited to 100% of the scale of benefit visits, consultations, treatment, and non-surgical procedures.

5.4.4.2 MEDICINE AND INJECTIONS

Subject to paragraph 5.4.4 and limited to 80% of the scale of benefit.

5.4.5 AUXILIARY SERVICES

Subject to overall annual benefit set out in paragraph 5.4 and further limited to 100% of the Scale of Benefits.

5.4.5.1 ART THERAPY

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

5.4.5.2 AUDIOLOGY AND SPEECH THERAPY

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

5.4.5.3 BIODANCE

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

5.4.5.4 CHINESE MEDICINE

NO BENEFITS shall be paid.

5.4.5.5 CHIROPRACTITIONER

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

5.4.5.6 CLINICAL PSYCHOLOGY/PSYCHOLOGICAL COUNSELLOR

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

E-Therapy claims (include all forms of electronic channels/mediums) will be paid from the start of the lockdown period until such time that the State of Emergency in relation to the COVID-19 pandemic is lifted. E-Therapy claims are paid at 100% of the NAMA Tariff for individual psychotherapy up to the available benefit limit under the members' option. The aforementioned excludes group therapy.

5.4.5.7 CLINICAL TECHNOLOGY

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

5.4.5.8 DIETICIAN

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

5.4.5.9 HEARING AID ACOUSTICIAN

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

5.4.5.10 HOMEOPATHY/NATUROPATHY/PHYTOTHERAPY/

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

5.4.5.11 OCCUPATIONAL THERAPY

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

5.4.5.12 ORTHOTIST/PROSTHETIST

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

5.4.5.13 PHYSIOTHERAPY

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

5.4.5.14 PODIATRY/CHIROPODY

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

5.4.5.15 SOCIAL WORKERS

Subject to annual sub-Benefit limit in paragraph 5.4.5 and limited to 100% of the scale of benefit.

E-Therapy claims (include all forms of electronic channels/mediums) will be paid from the start of the lockdown period until such time that the State of Emergency in relation to the COVID-19 pandemic is lifted. E-Therapy claims are paid at 100% of the NAMA Tariff for individual social worker therapy up to the available benefit limit under the members' option and subject to annual sub-benefit limit in paragraph 5.4.5. The aforementioned excludes group therapy.

5.4.6 OPTICAL SERVICES

Subject to overall annual benefit set out in paragraph 5.4 and limited to 100% of the Scale of Benefits. Limited to N\$ 4 750 per family per annum and further limited to N\$ 2 400 per beneficiary every two years, including frames, the first such two-year period commencing on 01 January 2019.

5.4.6.1 OPTICAL TESTS

Subject to paragraph 5.4.6 and limited to 100% of the scale of benefit for optical tests and further limited to one optical test per beneficiary per annum.

5.4.6.2 CONTACT LENSES / SPECTACLES LENSES

Subject to paragraph 5.4.6 and limited to 100% of the scale of benefit.

5.4.6.3 FRAME

Subject to paragraph 5.4.6 and limited to 100% of the scale of benefit.

5.5 ADDITIONAL FUND BENEFITS (BENEFIT BOOSTER)

Subject to annual overall benefit set out in paragraph 5.1. Benefits are available once the Day-to-Day Pooled Benefit set out in paragraph 5.4 is depleted and further available only once the total claims paid from the Day-to-Day Pooled Benefit plus rejected day to day claims exceed 35% of the annual premium, the calculation of such is based on the NAMA Tariffs.

Limited to N\$ 6 000 family per annum and further limited to N\$ 3 250 per beneficiary per annum. Limited to 100% of the Scale of the Benefits.

5.5.1 MEDICINE AND INJECTIONS

Subject to overall annual benefit set out in paragraph 5.5.

5.5.1.1 MEDICINE AND INJECTIONS ACUTE & CHRONIC (NON-PENSIONERS)

Subject to annual sub-Benefit limit in paragraph 5.5.1.

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

Limited to 70% of the Scale of Benefits for medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person.

5.5.1.2 MEDICINE AND INJECTIONS CHRONIC (PENSIONER)

Subject to annual sub-Benefit limit in paragraph 5.5.1.

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

Limited to 90% of the Scale of Benefits for chronic (i.e. life sustaining, or repetitive) medicines and injections prescribed by a general practitioner, specialist, dentist, or any legally authorised person.

5.5.2 DENTISTRY (EXCLUDING DENTAL IMPLANTS AND ORTHODONTICS)

Subject to overall annual benefit set out in paragraph 5.5. Limited to 70% of the Scale of Benefits.

5.5.3 GENERAL PRACTITIONERS AND SPECIALISTS

Subject to overall annual benefit set out in paragraph 5.5. Limited to 80% of the Scale of Benefits.

5.5.4 PRIMARY HEALTH CARE

Subject to overall annual benefit set out in paragraph 5.5. Limited to 80% of the Scale of Benefits. A levy of 20% is applicable for medicine.

5.5.5 AUXILIARY SERVICES

Subject to overall annual benefit set out in paragraph 5.5. Limited to 70% of the Scale of Benefits.

ANNEXURE C: EXCLUSIONS

Unless Benefits are specifically provided for in the Annexures to the Rules, no Benefits shall, unless the Trustees decide otherwise, be payable in respect of:

Cost in respect of the following medicines:

- 1.1 Medicines, other than medicines on the written prescription of a person legally entitled to prescribe.
- 1.2 Sun-screening agents unless prescribed by a dermatologist for medical reasons (full motivation required) and tanning agents.
- 1.3 Non-scheduled 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.
- 1.4 Household remedies and preventative preparations as advertised to the public through the mass media including non-essential and essential fatty acids.
- 1.5 Slimming preparations, appetite suppressants, food supplements and patent foods, including baby foods and special formulas other than baby foods pre-authorized as prophylactic HIV treatment to prevent mother to child HIV transmission.
- 1.6 Any drug or device intended to induce, enhance, maintain, and promote penile erection or to address erectile dysfunction such as erectile appliances and auto injectors, including but not limited to, drugs such as Viagra.
- 1.8 Household type bandages and dressings, cotton wool, syringes, needles and diagnostic agents unless use 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.
- 1.9 Anti-smoking preparations: All preparations designed specifically to treat or stop the smoking habit
- 1.10 Anabolic steroids, unless prescribed for medical reasons (full motivation letter is required).
- 1.11 Cosmetic and toilet preparations medicated or otherwise.
- 1.12 Immunosuppressives, allergens, growth hormones, immune sera, immunoglobulins, erythropoietin unless prescribed by a medical specialist and with prior approval.
- 1.13 Medicines used specifically to treat Acquired Immune Deficiency Syndrome (AIDS), unless the patient is registered for Case Management.

- 1.14 Contact lens preparations specifically used for the care and cleaning process of contact lenses, including wetting agents.
- 1.15 Contraceptive Devices: Foam preparations, jellies, and condoms.
- 1.16 Stimulants for the purpose of increasing alertness and wakefulness during studying or examination period.
- 1.17 New indication for existing medicines, new medicines and specialised drugs defined as exclusions by the relevant Managed Healthcare Programme unless reviewed and pre-authorised.
- 1.18 Stomalthery products unless the patient is registered for Case Management.
- 1.19. Preparations not easily classified.
- 2. Direct or indirect costs in respect of the following treatment:
 - 2.1 Examinations, consultations and treatment related to obesity including all costs relating to gastric bypass, reversal of gastric bypass and any procedures performed in combination with gastric bypass.
 - 2.2 Operations, treatment, and procedures for cosmetic purposes. However, a Member may apply for Benefits relating to operations, treatments, or procedures for cosmetic purposes on medical grounds. Prior approval must be obtained for any such expenses in respect of treatment and operations of a cosmetic or reconstructive nature. An application for Benefits in respect of said treatment and/or operation shall be accompanied by a medical report stating the reasons there for and the estimated costs thereof. The Member may be required to consult a medical practitioner nominated by the Fund for a second opinion, and the Fund, in its discretion, may pay the whole or any part of such expenditure.
 - 2.3 Suicide, attempted suicide, wilfully self-inflicted injuries or sickness conditions or costs incurred in respect of treatment associated with substance abuse or over-dosing.
 - 2.4 Consultations, investigations, examinations and the treatment of infertility and the artificial insemination of a person or hormone treatment for infertility including all cost relating to surrogacy.
 - 2.5 Services for which Benefits are in excess of the maximum Benefits to which the Member is entitled in terms of these rules.
 - 2.6 Sickness conditions specifically excluded from Benefits when the Member joined the Fund.
 - 2.7 The purchases or hire of External Appliances other than those specified in Annexure E.

- 2.8 The cost of services by persons not registered with the appropriate authority in Namibia or with any professional body where any provider of a service is required to register and/or enlist under any law, except when specifically provided for as a Benefit in the Annexures to the Rules.
- 2.9 Dental exclusions:
- 2.9.1 Gold in dentures and fillings;
 - 2.9.2 Dental devices and materials such as dental floss, toothbrush and tooth paste;
 - 2.9.3 Bleaching of teeth or any dental procedures that are recommended for cosmetic purposes;
 - 2.9.4 Bleaching of teeth that have not been root canal treated and metal inlays in dentures and front teeth;
 - 2.9.5 Oral hygiene instructions;
 - 2.9.6 Nutritional counselling;
 - 2.9.7 Tobacco counselling;
 - 2.9.8 Laboratory cost where the associated dental procedure is not covered.
- 2.10 Travelling costs incurred by Members or their Dependents unless with prior authorisation.
- 2.11 Accommodation in old age homes or similar institutions catering for the aged.
- 2.12 Accommodation and treatment in headache and stress-relief clinics, spas and resorts for health, slimming, chiropractic, homeopathic or other similar purposes.
- 2.13 The cost of holidays for recuperative purposes, whether deemed medically necessary or not.
- 2.14 Charges for appointments not kept.
- 2.15 Telephone and virtual consultations and telephone and virtual prescriptions unless approved by the Board of Trustees during state of emergency pandemic.
- 2.16 Ante- and post-natal exercise classes, mother craft and breastfeeding instructions (Unless such services are pre-authorised under the Fund's maternity programme).
- 2.17 Any sunglasses, tinting of prescription lenses by 35% or more and spectacle cases.
- 2.18 Replacement batteries for hearing aids.
- 2.19 The fee associated with fittings and adjustments to contact lenses.

- 2.20 Costs of whatsoever nature incurred for treatment arising out of an injury or disablement resulting from war, invasion, or civil war.
- 2.21 Hypno-therapy.
- 2.22 Cost incurred in respect of injuries sustained by a Member or a Dependant participating in a sport as a professional.
- 2.23 Any expense incurred by a Member or a Dependant of a Member who has been duly certified as permanently mentally unsound.
- 2.24 Group Counselling / Group Therapy / Group Rehabilitation / Group Assessment / Group Screening / Group Immunization including services provided to individual member in a group setting such as in schools and companies.
- 2.25 Cost incurred in respect of medical services provided by disciplines other than those set out in Annexure B.
- 2.26 Any procedure intended to induce, enhance, maintain, and promote penile erection or to address erectile dysfunction.
- 2.27 Appointments with supplier of services not kept by the patient and charged for such supplier of services.
- 2.28 Breathing exercises.
- 2.29 Traditional healing.
- 2.30 Forensics.
- 2.31 Acupressure, Reflexology and Masseurs.
- 2.32 Ophthalmic examinations by anyone other than an eye specialist or registered optician.
- 2.33 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 should the patient be referred as per the Fund Accommodation and Travelling Expenses Re-imbusement Policies..
- 2.34 Subsistence, travel and accommodation expenses incurred during unexpected medical treatment while in foreign countries resulting in prolonged stay.
- 2.35 Accommodation and travelling costs of organ donor if such donor is not a member of the fund.
- 2.36 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.

2.37 Dreaded diseases or critical illnesses, which are not listed on the Bankmed Namibia Chronic Disease Management Programme.

2.38 Cryo-Save Stem Cell harvesting, preparation, and storage.

Notwithstanding the provisions of Annexure C hereof, the BOARD may, upon application by a MEMBER to have a BENEFIT paid in respect of an 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: ADDITIONAL BENEFITS

CHRONIC CONDITIONS IN RESPECT WHEREOF CHRONIC MEDICATION BENEFITS MAY BE CLAIMED

Acne	Hypoparathyroidism
Addison's Disease	Hypothyroidism
Allergic Rhinitis	Ischaemic Heart Disease
Alzheimer's Disease	Major Depression
Anaemia	Menopause (Hormone Replacement Therapy)
Angina	Migraine (Prophylactics)
Ankylosing Spondylitis	Motor Neuron Disease
Anorexia Nervosa	Multiple Sclerosis
Antibacterial, antiviral, and antifungal infections treatment for 6 months or longer	Muscular Dystrophy
Asthma	Myasthenia Gravis
Attention Deficit Disorder (ADD)	Narcolepsy
Barret's Oesophagus	Obsessive Compulsive Disorder
Benign Prostatic Hyperplasia	Osteoporosis (A bone density test is required)
Bipolar Mood Disorder	Paget's Disease of Bone
Bronchiectasis	Pancreatic Disease
Bulimia Nervosa	Panic Disorder
Cancer	Paraplegia and Quadriplegia (Associated Medicine)
Cardiac Arrhythmias	Parkinson's Disease
Cardiomyopathy	Peripheral Vascular Disorders
Chronic Bronchitis	Pituitary Adenoma
Chronic Obstructive Pulmonary Disease (COPD)	Polyarteritis Nodosa

Chronic Renal Disease	Post-Traumatic Stress Syndrome
Congestive Cardiac Failure	Psoriasis
Conn's Syndrome	Pulmonary Interstitial Fibrosis
Coronary Artery Disease	Rheumatoid Arthritis
Crohn's Disease	Schizophrenia (If managed by a Psychiatrist)
Cushing's Syndrome	Scleroderma
Cystic Fibrosis	Stroke
Deep Vein Thrombosis	Systemic Lupus Erythematosus
Dermatomyositis	Thromboangitis Obliterans
Diabetes Mellitus/Insipidus	Thrombocytopenic Purpura
Eczema	Tourette's Syndrome
Emphysema	Tuberculosis
Endocarditis	Ulcerative Colitis
Epilepsy	Unipolar Mood Disorder
Glaucoma Gout/Hyperuricaemia	Upper Gastro-Intestinal Tract Disorders (a gastroscopy and an HP test result are required)
Haemophilia and other blood clot disorders	Valvular Heart Disease
Hypercholesterolaemia (a full lipogram result is required)	

ANNEXURE E: EXTERNAL MEDICAL APPLIANCES

EXTERNAL MEDICAL APPLIANCES COVERED BY BANKMED

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 (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,
 - 1.16 Blood pressure apparatus,
 - 1.17 Urinal / Bedpan,
 - 1.18 Medic alert registration,
 - 1.19 Traction apparatus,

- 1.20 Mastectomy brassiere and prosthesis,
- 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,
- 1.24 CPAP apparatus for sleep apnea (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,
- 1.26 Mouth Guard (up to a maximum of N\$ 400 per beneficiary per annum),
- 1.28 Wig for cancer.
- 1.29 Oximeter

ANNEXURE F: ACCOMMODATION POLICY

Pre-authorization for Accommodation Other Than a Hospital or Recognized Medical Institution

Other than travelling cost, the fund also re-imburses members for accommodation expenses if treatment can only be done outside Namibia but within SADC. The following checks are done before pre-authorising accommodation:

- 1.1 Life sustaining operation or treatment not available in Namibia:
 - 1.1.1 Consultation or examination without hospitalisation –accommodation will be covered one (1) day before and one (1) day after the day of consultation or examination.
 - 1.1.2 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.
 - 1.1.3 Referral from a medical practitioner in Namibia is required for any life sustaining operation or treatment in SADC.

No pre-authorization for accommodation for consultation and treatment within the borders of Namibia. For example: if member has to travel to Windhoek to see a specialist or be admitted at a hospital in Windhoek.

Member will not be paid for staying with a family member or friend.

Accommodation will not be paid for accompanying spouse or any person accompanying the member.

Should the member be hospitalised during his/her stay in RSA the fund will not pay for any account for private accommodation as the fund will already pay for the member's hospitalisation.

Bankmed will pay N\$ 600 per day per family.

No ex gratia is given for accommodation.

Once pre-authorized member may claim back the accommodation expenses only if valid receipt (proof of payment) is submitted from any recognized accommodation institution.

ANNEXURE G: THIRD PARTY CLAIMS

Direct or indirect costs in respect of third-party claims will be dealt with as follows:

The third-party claims of member's or beneficiary's will be paid in accordance to the relevant benefits structures of the fund, recoverable from the responsible third party.

Members will be held liable by the Fund for any co-payments in terms of the relevant benefits structure of the Fund available to the member where applicable.

The Fund will recover the actual medical expenses incurred by the member or his/her beneficiary from the third party but will accept any refund from the third party in accordance with the third party's benefit structures.

The member's or beneficiary's benefits will immediately be reinstated to the value as recovered from the responsible third party.

The Fund will defray an amount equal to the co-payment that the member or beneficiary has made towards his/her medical expenses in the event that a surplus has arisen as a result of a reimbursement made by the relevant third party to the Fund.

ANNEXURE H: TRUSTEE REMUNERATION STRUCTURE

The Trustee remuneration structure for 1 January to 31 December 2021 as approved at the Annual General Meeting of 29 July 2020:

Trustees will only be remunerated for each meeting attended. Sitting fees will be pro-rated based on number of hours attended vs duration of meeting. The sitting fees indicated below will be for the full duration of the meetings/sessions.

Trustee Meetings

The Board will be compensated sitting fees (taxable) per Trustee meeting attended as follows:

The Chairperson - N\$ 4,560

The Vice Chairperson - N\$ 3,450

The Trustees - N\$ 3,080

The Acting Chairperson will receive the sitting fees of the Chairperson when standing in for the Chairperson.

Sub Committee Meetings

The Board will be compensated sitting fees (taxable) per Trustee meeting attended as follows:

The Chairperson - N\$ 4,313

The Vice Chairperson - N\$ 2,834

The Trustees - N\$ 2,834

Ad-hoc Meetings

The Board will be compensated for ad-hoc meetings (taxable) attended as follows:

The Trustees – N\$ 2,834

EXCO Meetings

The Board will be compensated for EXCO meetings (taxable) attended as follows:

The Chairperson – N\$ 4,313

The Vice Chairperson – N\$ 2,834

The Trustees – N\$ 2,834

Strategic Sessions

The Board will be compensated for strategic sessions (taxable) attended as follows:

Trustees – N\$ 3,275

Retainer for EXCO

The EXCO will be compensated with a retainer as follows:

EXCO – N\$ 1,538
