







BENEFIT BOOKLET 2020

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1. WELCOME TO NAPOTEL MEDICAL AID FUND

The Board of Trustees welcomes you as a member of the Napotel Medical Aid Fund and thank you for your continued and loyal membership:

- The Board is proud to be your partner in good health and to be entrusted with the responsibility to care for you and your family's healthcare needs.
- The Napotel Medical Aid Fund belong to its members and is managed by a Board of Trustees of whom 50% are elected by the members through the union and 50% are appointed by all the participating employer groups.
- The Board of Trustees takes the responsibility of excellent service very seriously, and therefore appreciates any comments and feedback from members, and healthcare professionals. The aim is not only to meet, but to exceed your expectations and therefore your participation and interaction with us is crucial in promoting the affairs and business of the Fund.

BOOKLET

- This booklet is designed to answer most of the general questions you may have and provides an overview of the benefits of the Fund and the major rules governing the membership of the Fund.
- Details are also provided on member procedures, claims and pre-authorization. This booklet does not replace the rules, which are legally binding and always take precedence. Please read the booklet carefully and keep it for future reference.
- Please note a detailed set of rules of the Napotel Medical Aid Fund is available on request from the office of the Principal Officer or any Prosperity Health regional office.

2. ABOUT NAPOTEL MEDICAL AID FUND

Napotel Medical Aid Fund was established in terms of the Medical Aid Act No.23 of 1995 and operate in compliance with conditions for good corporate governance as set by the regulator of non-banking financial institutions NAMFISA. (Namibia Financial Institutions Supervisory Authority). In terms of these regulations, a Medical Aid Fund must be a non-profit-organization, which belongs to its members, and managed by a Board of Trustees .

The aim of the Board of Trustees is to provide high quality, cost effective medical aid benefits to all members. The Board of Trustees is a representative of all participating employers of the Fund. The Board of Trustees is the final decision-making authority of the Fund and ensures good corporate governance.

2.1 HOW IS THE FUND MANAGED

- The Napotel Medical Aid Fund is managed by a committed Board of Trustees of whom 50% are elected by the members through the union and 50% are appointed by the participating employer groups.
- The Board of Trustees appoints a Principal Officer to oversee the management of the business and governance of the Fund.
- The Board of Trustees appoint the Administrator and other non-healthcare service providers to manage the operational functions of the Fund. This includes claims, contributions, customer care, other managed healthcare services, actuarial, managed care, auditing and other services.
- The Principal Officer and the Administrator execute these functions according to the set of Rules of the Fund, Service Level Agreements and the directives and decisions of the Trustees.

2.2 THE BOARD OF TRUSTEES

Name	Company	Position	Office Number	Contact Number
Ms. D Nashandih-Endjambi	Telecom	Chairperson	061-2012228	0811284958
Ms. S Gawaseb	Telecom	Trustee	064-412008	0852288325
Ms. A Mbuende	NPTH	Trustee	061-2012784	0811222453
Mr. E Molatudi	Telecom	Vice -Chairperson	061-2012880	0851229913
Mr. H Witbooi	Nampost	Trustee	061-2013078	0812612753
Ms. Sonja Bergh	Nampost	Trustee	061-2013061	0811298696
Mr. L Mungunda	Nampost	Trustee	061-2013204	0811286437
Ms. C Karokohe	Telecom	Trustee	061-2012588	0851270141
Ms. B Hilzebecher	NPTH	Trustee	061-2012267	0852429552
Mr. Jerome Mouton	Nampost	Trustee	061-2013102	0811225339
Mr. G Capelao	Telecom	Trustee	067-255080	0811272319

- Finance Committee
 - Mr J. Mouton
 - Ms. C Karokohe
 - Mr. E Molatudi (Chairperson)
 - Ms. G Baisako (Principal Officer)
- o <u>Ex-Gratia Committee</u>
 - Ms. A V Mbuende
 - Ms. B Hilzebecher
 - Mr. H Witbooi
 - Mr. L Mungunda
 - Ms. Sonja Bergh (Chairperson)
 - Ms. G Baisako (Principal Officer)

2.3 PRINCIPAL OFFICER

The Principal Officer is appointed, in terms of the Medical Aid Act No.23 of 1995 Act as guardian and is independent from the Administrator of the Fund with the main objective of ensuring that the Fund is managed in the best interest of all its members. The Principal Officer of the Napotel Medical Aid Fund is: Ms Getrud Baisako Tel: 061 201-2079 Cell: 081 146 0844, 081 256 8519.

2.4 THE ADMINISTRATION

The Napotel Medical Aid Fund is administered by Prosperity Health Namibia, the only fully Namibian owned medical and healthcare administrator. Prosperity is well diversified and managed 4 funds in Namibia. Its responsibilities are, amongst other, to collect contributions, process member's claims, ensure that member's data is kept up to date, provide client service and health support to members.

2.5 GOVERNING BODIES

NAMFISA (Namibia Financial Institutions Supervisory Authority) regulates and supervise private Medical Aid Funds as the Registrar of Medical Aid Funds, and all Funds are affiliated with NAMAF (Namibian Association of Medical Aid Funds).

NAMAF ensures that all funds adhere to the Medical Aid Funds Act,1995. NAMAF also plays an important role in accreditation of registered healthcare professionals. In terms of the fund rules a health professional need to be registered with NAMAF for the fund to reimburse claims.

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2.6 RULES OF THE FUND

The Rules of the Fund are established in terms of regulations set by NAMFISA. Certain rules may be changed at the discretion of the Board of Trustees, acting on behalf of the members of the Fund. All changes to the Rules must be approved by NAMFISA before implementation.

2.7 HOW THE FUND WORKS

- A Medical Aid Fund is a mutual or solidarity Fund whereby all members share in the risk and cost through cross-subsidisation within the pool of members.
- Members and the companies pool their contributions into the Fund. The Fund uses all contributions to finance the health needs of all its members and pay for non-healthcare services.
- When you are healthy or not claiming your contributions pays for others healthcare bills, and vice versa when you are sick the other members pay for yours. In the in-hospital risks pool claims are spread across younger members, new-borns and older members.
- On average, the total value of your benefits is approximately 4 times more than your contribution and that risk is shared amongst all members and reduce your potential liability to pay for any medical expenses.
- The benefits are structured to keep your contributions as low as possible without compromising your health and reviewed annually after a due market evaluation and comparisons.

2.8 FUND FINANCIAL PRINCIPLES

- The largest portion of the contributions received by the fund, are used for member healthcare funding. The fund total percentage for claims payment on total contributions for 2017 amounted to 95% and 97% for 2018, and the total percentage on non-healthcare costs amounted to 5% for 2017 & 2018.
- A portion of the Fund net surplus is kept in reserves to ensure that the Fund remains solvent in the long term as required by NAMFISA. The smaller the fund or lower membership numbers the higher the reserves that is required to protect the fund to cater for the higher volatility and risks of the fund and to protect the best interest of members against potential high claims resulting in high premium increases.
- Actuaries annually determine the contributions based on forecasted medical expenses, utilization and ageing of the Fund and the NAMAF published benchmark tariffs.
- The annual increases finance the rising medical costs and cater for increases in rates charged by health professionals for the following year. The increase in healthcare costs or healthcare inflation is substantially higher and at times double or more compared to the normal Namibian CPI.

2.10 SUMMARY OF BENEFITS

The Napotel Medical Aid Fund offers a comprehensive cover to cater for member's healthcare needs.

(i) HOSPITAL BENEFITS

The benefit is designed to provide you with the utmost peace of mind and security, and cover any private hospital of your choice in Namibia and South Africa.

(ii) DAY TO DAY BENEFITS

The benefit offers a cover for your routine day-to-day or out-of-hospital medical expenses, such as GPs, Specialist, Dentist & etc. for you and your family.

(iii) COMPLIMENTARY BENEFITS

Early detection and prevention of illnesses is crucial to your health, the inclusive benefits offer additional medical screening tests for you and your family.

(iv) CHRONIC BENEFITS

The cover offers additional chronic medicine benefit for chronic conditions

(v) TRAVEL ASSISTANCE BENEFIT

Benefit provides financial assistance for travel expenses incurred to obtain Specialist medical treatment which is not available in the members' town of residence or including referrals to South Africa for specialists' services.

Should your doctor refer you to a specialist or medical provider that is not available in your town of residence, you may lodge a claim for the transportation: Proof of expenses for petrol or bus fares must be submitted

(vi) ADD ON BENEFITS

We acknowledge that each individual person healthcare needs are unique, and the health status could also change any time of the year that may require having additional medical aid benefits. This may result if a new illness diagnosed during the year or when you run out of benefits during the year and you don't have to pay all the costs as an out-of-pocket expense. Members are advised to obtain a quote to determine the total additional benefits required and take out the add on benefits based on the quote.

It is important to note that any remaining add-on benefits balances are not rolled over to the following year at the end of the financial year.

3. 2020 BENEFIT & CONTRIBUTION STRUCTURE

J.	2020 BENEFIT & CONTRIBUTION ST		
			2020
B1	Hospital Benefits Group (Subject to clinical risk man- agement protocols and pre-authorisation)		Overall Annual Limit of 799 500 per family per annum
	Private Hospitals including medicines, materials, hospital apparatus and 7 days take out medication		
	Provincial Hospitals including medicines, materials, hospital apparatus and 7 days take out medication	100% tariff	Part of the Overall Annual limit
	Step-down Nursing Facilities in lieu of hospitalisation		
	GP Consultation, treatment & services	225% tariff	
	Specialist consultations, treatment and services		
	Blood Transfusion		
	Pathology	100% tariff	10 562 per beneficiary
	Radiology		10 562 per beneficiary
B2	Internal Medical Prosthesis		39 010 per beneficiary
	Internal Prosthesis - example: Knee/Hip/Pacemak- ers. Including intra occular lenses. Subject to pre-au- thorization and clinical risk management protocols.	100% cost	Part of the Sub-limit B2
B3	MRI/CT Scans (In/Out Hsp)		13 591 per beneficiary
	In and Out of Hospital Benefit. Subject to pre-approv- al and Clinical protocols.	100% tariff	Part of the Sub-limit B3
B4	Psychiatric Accomodation treatment and services		21 days
	including Psychiatric hospital Accommodation, treat- ment and services. Subject to clinical protocols and pre-authorisation	100% tariff	Subject to 21 days per beneficiary per annum
B5	Alcohol and Drug Rehabilitation		23 425 per beneficiary
	Alcohol & Drug Addiction, addiction Therapy, related Pathology and medication . (Part of treatment plan protocols) Annual benefit.	100% tariff	Part of the Sub-limit of B5
	Alcohol & Drug medication	100% NRP	Levy 15% minimum N\$30 maxi- mum N\$60
B6	Refractive Surgery		20 750 per beneficiary
	including Eximer Laser and Radial Keratotomy	100% tariff	Part of the Sub-limit B6
B7	Maternity		PART OF OAL
	Hospital Caesarean (Non-Emergency)	100% tariff	Part of the Overall Annual limit
	GP and specialist Caesarean(Non-Emergency)(Hsp)	225% tariff	10% co-payment
	Hospital Confinement/Caesarean (Emergency)	100% tariff	
	GP and Specialist Confinement/Caesarean(Emergen- cy)(Hospital)	225% tariff	Part of the Overall Annual limit
	GP/Specialists Confinement(In Rooms)	100% tariff	12 visits
	Maternity scans	100% tariff	3 scans
B8	Circumcission		PART OF OAL
	Hospital Circumcission subject to authorisation	100% tariff	Part of the Overall Annual limit
	GP and specialists Circumcission(In Hospital)	225% tariff	10% co-payment
	GP and specialist circumsission done in Rooms	225% tariff	Part of the Overall Annual limit

B9	Gastroscopy & Colonoscopy		PART OF OAL
	Hospital Gastroscopy/Colonoscopy	100% tariff	5% co-payment
	GP and specialist Gastroscopy/Colonoscopy(Hospital)	225% tariff	5% co-payment
B10	Renal (Kidney) Dialysis		PART OF OAL
	Hospital Admission Renal/Kidney Dialysis	100% tariff	
	GP and Specialists Kidney Dialysis (Hospital	225% tariff	
	GP and Specialists Kidney Dialysis (Rooms)	100% tariff	part of othe OAL
	Kidney/Organ Medication	100% NRP	
B11	Organ Transplant		PART OF OAL
	GP and Specialsits - Organ Transplants (Hospital)	225% tariff	
	GP and Specialists - Organ Transplants (Rooms)	100% tariff	Part of Overall annual limit
	Organ medication	100% NRP	
B12	Oncology Treatment		447 965 per beneficiary
	GP and Specialists - Oncology(Hospital)	225% tariff	
	GP and Specialists - Oncology(Rooms)	100% tariff	Part of Overall sublimit B12
	Chemo Medication	100% NRP	
B13	MVA/Third Party		362 237 per event
	MVA/Third Party(Hospital)	100% tariff	
	GP and specialist treatment and services	225% tariff	Part of the event limit B13
	MVA/Third Party(Rooms)	100% tariff	
	MVA Medication	100% NRP	
B14	Maxillo Facial		45 134 per beneficiary
	Non-Elective Maxillo Facial/Oral Surgery - Trauma. Including Dental extractions of more than 3 teeth or multiple fillings in children under the age of ten and disabled dependants/ Removal of impacted wisdom teeth. (All Inclusive Benefit - surgery, treatment and services). Part of Clinical protocols	225% tariff	Part of the sub-limit B14
B15	Auxilliary Services		PART OF OAL
	Including Physiotherapy, Biokenetics, Occupational therapy in Hospital	100% tariff	Part of the Overall Annual limit
B16	Alternatives to Hospitalisation		33 179 per family
	Frail Care, Private Nursing (home nursing and Hospice	100%	Part of the Sub-limit B16
B17	Ambulance Services		STIPULATED LIMITS
	Interhospital ambulance transfers		6 260 per beneficiary
	Travel assistance to South Africa	100% of cost	4 170 per beneficiary
	Travel assistance to Namibia on specialist referals		2 820 per beneficiary
	Accommodation (specialist referal Namibia		N\$465 per day
	Accommodation (specialist referal South Africa		N\$598 per day
B18	HIV/AIDS BENEFIT		153 918 PER BENEFICIARY
	Hospital treatment and services	100% tariff	74 952 per beneficiary per annum sublimit to B18
	HIV/Aid medication	100% NRP	62 056 per beneficiary per annum sublimit to B18

	Counseling		4 369 per beneficiary per annum sublimit to B18	
	Consultations	100% tariff	12 visits per beneficiary per an- num sublimit to B18	
	Radiology and Pathology		12 531 per beneficiary sublimit to B18	
	DAY TO DAY BENEFIT GROUP			
C1	Professional Services		(M) 13 625 (M1) 19 935 (M2) 23 650 (M3) 27 366 (M4) 31 082 (M5+) 34 799	
	GP/Specialist and Primary Health Consultations in- cluding Out patient Visits.	100% tariff	Part of the Sub-limit C1	
	GP and specialists and Primary Health care Proce- dures in Rms	100% tariff	Part of the Sub-limit C1	
	Radiology and Pathology	100% tariff		
C2	Acute Medication		(M) 5 988 (M1) 8 376 (M2) 10 764 (M3) 13 161 (M4) 14 674 (M5+) 16 205	
	Acute medication including Primary Healthcare Scripts			
	GP/Specialist and Primary Health Care Ijections and materials	100% NRP	15% levy minimum N\$30 maxi- mum N\$65	
	Homeopathic medication			
C3	Chronic Medication		10 375 per beneficiary	
	Chronic medication (preferred)	100% NRP	no levy	
	Chronic medication (non- preferred)	100% NRP	15% levy minimum N\$30 maxi- mum N\$65	
C4	OTC medication		(M) 967 (M1) 1 289 (M2) 1 611 (M3) 2 506 (M4) 2 577 (M5+) 2 864	
	OTC medication	100% NRP	part of sublimit C4	
C5	External Appliances		10 628 per beneficiary	
	General appliances including artificial limbs, eyes, wheelchairs, hearing aids and all approved appliances	100% cost	Part of the Sub-limit C5	
C6	Auxillary ServiceS		4 778 per beneficiary	
	Including Physiotherapy, Social Workers, Speech, Audiology, Acousticians, Dieticians, Occupational Therapy, Biokenetics, Hom/ Chiro/ Osteopathy, Podia- try, Acupuncture etc.	100% tariff	Part of the Sub-limit C6	

C7	Psychology & Psyciatry		5 629 per beneficiary
	Clinical Psychology	100% tariff	Part of the Sub-limit C7
C8	Psychiatry		5 629 per beneficiary
	Psychiatric treatment		Part of the Sub-limit C8
C9	Dentistry		(M) 6 968 (M1) 11 019 (M2) 11 397 (M3) 16 473 (M4) 17 927 (M5+) 19 718
	Including Conservative dentistry, specialisted den- tistry and selected maxilllo facial procedures in rooms (orthodontic treatment)	100% tariff	Part of the Sub-limit C9
C10	Optical Services		4 310 per beneficiary benefit valid for 2 years
	Frames	100% cost	1 405 per beneficiary part of sub- limit C10
	Eye Test	100% tariff	2 eye tests per beneficiary
	Lenses/Contact Lenses		Part of the Sub-limit 10
	Bi-Focal /Multi Focals & Tri Focals Lenses in addition to the Optical benefit limit - where a bi-focal lense is prescribes members will have an additional amount of N\$2000	100%	N\$1 500 per beneficiary
	Complimentary Benefits		
	Preventative		Part of the OAL
	Baby Immunisations	100% NRP	0 - 6 years
	Cholestrol/Test Blood Sugar(Finger Prick)		1 per beneficiary
	Mammogram		1 per female beneficiary (>40 years)
	DEXA Bone Density scan)	100% tariff	1 per beneficiary (> 50 years)
	Pap Smear		1 per female beneficiary (>15 years)
	Glaucoma Screening		1 per beneficiary (>40 years)
	Prostate Screening		1 per male beneficiary (>40 years)
	HPV Vaccine	100% NRP -	3 per beneficiary once in a life- time - Females 9 - 26 years
	Pneumoccocal Vaccine		1 per beneficiary adults (>65 years) Children \9<5 years)
	Flu Vaccines		1 Flu vaccination per beneiciary per year.

INCOME BRACKETS

	М	M1	M2	M3	M4+
N\$0 - N\$3 270	1,823	2,818	3,886	4,851	5,858
N\$3 271 - N\$5 880	2,963	4,322	5,729	7,073	8,500
N\$5 881 - N\$13 290	3,321	4,749	6,156	7,584	8,959
N\$13 291 - N\$18 660	3,351	4,793	6,212	7,655	9,042
N\$18661+	3,385	4,838	6,271	7,725	9,126

ADD-ON BENEFITS (Optional Benefits)

1. MEDICATION ADD-ON

LEVEL	Monthly Premium (N\$)	Benefit
Add On Meds Plan 3 600	N\$ 165	3 600 per family
Add On Meds Plan 5 400	N\$ 250	5 400 per family
Add On Meds Plan 7 800	N\$ 360	7 800 per family
Add On Meds Plan 9 600	N\$ 440	9 600 per family
Add On Meds Plan 12 000	N\$ 555	12 000 per family
Add On Meds Plan 15 000	N\$ 690	15 000 per family
Add On Meds Plan 19 200	N\$ 885	19200 per family
Add On Meds Plan 24 000	N\$ 1105	24 000 per family
Add On Meds Plan 26 400	N\$ 1215	26 400 per family
Add On Meds Plan 31 200	N\$ 1435	31 200 per family
Add On Meds Plan 38 000	N\$ 1770	38 000 per family

2. OPTICAL	Monthly Premiums (N\$)	Benefit
Standard	N\$ 165	2 260 per beneficiary
Executive	N\$ 253	3 390 per beneficiary
3. DENTAL	Monthly Premium(N\$)	Benefit
3. DENTAL Standard		Benefit 5 330 per beneficiary
	Premium(N\$)	

4. AUXILIARY BENEFITS Monthly Premium Bene		Benefit
Standard	N\$ 253	3 390 per beneficiary
Executive	N\$ 336	4 520 per beneficiary

4. RISK TRANSFER COVER ARRANGEMENTS BY THE NAPOTEL MEDICAL AID FUND ON BEHALF OF THE MEMBERS

4.1 EMERGENCY EVACUATION AND INTERNATIONAL COVER

Where the Trustees believe a specific risk may be too high for the fund to carry they can transfer such a risk to an external and registered insurer. The following cover is currently provided for under a Rescue Me policy, underwritten by Prosperity Life and Chartis as Insurers.

Emergency evacuation services are provided to members and any provider can be used in Namibia and in South Africa. We include the contact numbers of some ER companies for your noting and easy reference. E-Med Rescue 24, Provides cover for medical emergency transportation by way of road or air ambulance in the event of an accident, serious illness or life- threatening illness conditions. E-Med Rescue introduced an emergency panic facility that members can utilize in cases of emergencies, the steps on how to access and down the application as well as the steps to follow in cases of emergencies are indicated below:

4.2. Steps on how to download the E-Med Application on your phone:



4.3 How to launch a panic button in case of an emergency?

STEP: 1

The following will guide you to a successful launch of an emergency panic to the EMed Rescue 24hour Call Centre:

- Data Network is switched ON Your Location is Switched ON
- Has the required data as well as
- airtime available

Should you choose to panic with Data and/or Location switched off, the following guiding steps may help you.

By opening the EMed Panic page, with your data and /or location in the off mode, your phone will guide you through the following indicating:

"To continue, turn on device location services'



This will help us locate your position. If you choose not to make use of this option, then simply press the Red emergency button for the system to still send us your panic but this time without your location.

If the device Location is in the On mode, your device will immediately open the red panic button screen which you may click in case of an emergency.



Another screen may pop up - in case your device data network is in the off mode:



Ensure your device data network services is switched ON before launching a panic. Your device will, however, send an emergency panic to the Call Centre regardless of your data network connection status.

By clicking "OK" your device will make use of a sms to send your panic to the 24hour Call Centre.

Apple phone users will be asked to forward a self generated sms by simply clicking on the green arrow inicated in the right corner of the screen.



You will then receive a sms stating "your panic has been sucessfully received and EMed is attending to your emergency - with a reference number



After sucessfully sending the emergency panic you will be notified of the following: "We will contact you shortly, or call when the green button appears"



Thereafter a grey button will appear advising you that EMed will contact you shortly.



After 50 seconds the grey button will change to green which can be used to phone the EMed 24hour Call Centre directly. This option is in case of a poor or disrupted data signal to still enable the person in distress to try to make contact with the emergency Call



Please make sure you always close your application after use to enable your phone to restart the application properly when activated again.



Your panic may possibly take long to go through to the Call Centre due to the fact that your location is being pinpointed as accurately as possible.

Your panic may also not go through at all due to: • Insufficient data or airtime left on your device account • No network connection in a particular area No network connection in
Disruptive network signal

What to do in case of Panic failing to go through:

- Close the application on your device and restart the EMed app and panic again. Call our 24hour Hotline for assistance

Please advise us on +264 61 411 600, should you have any difficulty in launching your emergency



RESCUE How to panic

1. Repatriation Cover (Applicable in RSA & Namibia Only)

The repatriation cover will provide members who have been evacuated due to a life threatening situation from Namibia to South Africa or from with-in Namibia with a repatriation benefit. In other words, the cover will return the evacuated Member, who is not medically fit to travel by road to Namibia in an event of South Africa or town of residence in case of Namibia. The repatriation of any member evacuation can only be done when its medically appropriate and approved.

2. International Emergencies (risk insured by Prosperity Life/Chartis Int.) - N\$10 million cover

Emergency medical cover, assistance & repatriation when travelling internationally in the event of serious injury, accident or any life-threatening condition, while outside Namibia. Important to preregister and to obtain the international Call Centre number as well as the condition of the policy in advance and before you depart.

3. Transportation of Mortal Remains (Registered Provider Only)

The mortal remain benefit will offer members with a transport benefit from the mortuary of death to the mortuary closest to the place of burial of the deceased. The cover is only applicable within the Namibian Borders. Policy only pays services of registered service providers and must be arranged through the Prosperity Health.

4.2 FUNERAL BENEFIT

Funeral cover for individuals may be expensive and a group cover had been negotiated for members.

Financial assistance provided to members in case of death.

Claims processed within 24-hours from time of submission.

		NŞ
•	Main Member	15 000
•	Spouse	10 000
•	Beneficiary 14 Years - 21 Years	10 000
•	Stillborn - up to 13 Years	5 000

5. CLAIMS

1. HOW TO CLAIM

- Present your medical aid card when consulting a Health Professional Provider, this will ensure that your account is submitted with accurate details to the Administrator with the correct medical aid fund data and minimize the risk of your account to be forwarded to a wrong medical aid fund, or with incorrect details that may cause a delay in payment.
- In terms of the Medical Aid Act and the rules of the Fund, claims must be submitted within 4-months from date of treatment. Late submissions will be rejected.
- Submit your medical accounts received by mail, immediately after receipt, to avoid late payment charges on accounts because of long outstanding payments.
- Contracted in Healthcare Providers will claim directly from the Medical Aid. Please confirm with the Health Professional if he/she claims directly and if the Health Professional charges above the Fund Tariffs? The difference in the fee charged and the Fund tariff will result in a co-payment that you need to settle out-of-pocket. Healthcare Providers who are not contracted –in will not submit the claim directly to the Medical Aid, the member will be required to settle the account and claim for reimbursement. Such claims should be submitted as "fast claims" and will be paid out at the first payrun submission of claim.

- Please action the following on all claims paid by yourself and that you submit for refund:
 - i) Enter your name, medical option and membership number
 - ii) Attached proof of payment to the claim
 - iii) Write on the claim "paid and refund/pay to member".
- Follow up on your claims payment, within one month from the date of service or submission, should you not have received a Payment Advice or SMS, notifying you of the payment from the medical aid fund. Ensure that your email address and cell number is loaded on the administrator system.
- If you receive a SMS confirming payment to a health professional and it was not for a consultation or service for you, don't leave it, report it as the transaction was processed on your membership number. The Administrator will take the matter up with the Health Professional and correct the claim.

2. When to claim

All claims should be submitted as soon as possible, but not later than four (4) months from the date of service.

3. Claims Refund Electronic Fund Transfers(EFT)

Where any account has been paid by a member he/she shall in support of his/her claim submit the receipt and the account to the Fund. Only electronic fund transfers are done for claims reimbursements and please ensure your bank details are reflected correctly.

4. Notification of Claims Paid

Once a claim is processed, a statement showing full including amounts charged and paid will be forwarded via post or e-mail within 7-days from the claims payrun.

5. Verify your processed claim

When you receive your claim statement, please verify the following information:

- All claims reflected on the statement are for services rendered to you or your beneficiaries.
- The amount paid to you or the Healthcare Provider are correct.

2. CLAIMS PAYMENTS

1. HOW ARE CLAIMS PAID?

• All claims processed by the Napotel Medical Aid Fund are paid according to the scale of benefits and the medical aid tariff which is paid as follows:

2. TREATMENT AND PROCEDURES IN & OUT OF HOSPITAL

- 100% of the Fund tariffs for In & Out of Hospital treatments
- 225% of Fund tariffs In Hospital, GP & Specialist Treatment & Procedures

3. MEDICINE DISPENSED IN & OUT OF HOSPITAL

- 100% of NRP for medicine dispensed in-hospital
- Medicine dispensed out of hospital: 15% levy per prescription payable with a minimum of
- N\$ 30 and maximum of N\$65.00 (subject to NRP)

4. WHAT / WHO IS NAMAF?

 NAMAF stand for the Namibian Medical Aid Funds Association a Regulatory body that ensures that all funds operate as a legislated industry. NAMAF also plays an important role in accreditation of registered service providers before funds can reimburse them for their services.

5. TARIFF:

• Tariff is the recommend tariffs used by the Board of Trustees for the processing and reimbursement of members' claims. The tariffs are reviewed on an annual basis.

6. HEALTHCARE PROVIDERS

• A Healthcare Provider is any registered health profession or professional with a valid practice number issued by NAMAF to Medical Service Providers such as: Doctors, Pharmacists, Specialists, Opticians, Dentists, and Hospitals etc.

7 CONTRACTED IN-HEALTHCARE PROVIDERS

- These are Healthcare Providers who claim directly from the Medical Aid Fund for payment of claims. A copy of the claim will be sent to you for record purposes or indicating if you have a co-payment and for control purposes. Members however remain liable for all accounts and should ensure that the claim is submitted to the fund within 4 months. If a member receives an account two (2) months in a row without being settled, please submit it personally to ensure that the claim is not late for processing.
- Some contracted in health professionals may charge you a co-payment above the tariff that the Fund pays and is reflected on the account under member portion and this is defined as balance billing. If you expected to pay an amount and it's not reflected on the account, it is defined as split billing and it is not allowed. Report the matter with supportive documentation to the Principal Office or the administrators and that will take the matter further.

8. CONTRACTED OUT-HEALTHCARE PROVIDERS

• These are Healthcare Providers who do not claim directly from the Medical Aid Fund or charge above tariff may request you to pay the treatment upfront.

3. CO-PAYMENTS

1. WHAT ARE CO-PAYMENTS AND HOW CAN YOU PREVENT IT?

• Co-payments are the difference between the amount claimed by your Healthcare Provider (doctor, specialist, dentist etc) and what your Medical Aid Fund pays. The Medical aid pays 100% of the tariff for out-of-hospital services to service providers, for in-hospital treatment and procedures by Specialist and Medical Practitioners the medical aid pays 225% of the Fund or NAMAF benchmark tariff.

2. CO-PAYMENT (LEVY) ON MEDICATION

- Medicine is paid according to NMPL (Namibian Maximum Price List (NMPL) or National Reference Price (NRP) based on the available generic equivalent.
- To reduce your levy please ask your doctor or the pharmacy to substitute the medication for a generic as it will be cheaper, and you will reduce your levy/ co-payment. This is legally allowed, and your doctor will write on the script "no substitution". You will receive a SMS when you are in the pharmacy reflecting that generic may be available, should be considered and should not be disregarded by yourself. It is added benefit to save you money and ask your pharmacy for the generic if he/she did not offer it to you as the same message appear on the screen at the pharmacy.

4. TIPS TO MANAGE YOUR BENEFITS

- Ask whether your Healthcare Provider charge tariff or alternatively consider use a contracted in-Healthcare Provider that charge the Benchmark tariff. It remains your choice and not prescriptive in any way or reflecting negatively on the doctor charging a higher fee.
- Obtain a quotation on planned treatments in advance and ensure that all Hospital Procedures are pre-authorized. You may submit the quote to the Administrator to check it against your available benefits and the Fund Benchmark Tariff and that will point out, in advance whether your doctor charge a higher fee and that you will have to cover as a co-payment.
- Please note that although you may be required to submit a quote, pre-authorization only authorizes the procedure. Should the quote exceed the benefit or tariff offered by the Fund the balance will be your co-payment!
- Visit your pharmacist or clinic for minor ailments such as flu, cuts and burns before seeing a doctor and buy OTC (over-the-counter medication). You will save a doctor's consultation!

- Ask your doctor or pharmacist about the generic equivalent of your prescribed medication
- Register on the chronic program to prevent your chronic claims to be paid from the acute medication benefit. You will receive written confirmation of the registration and that will also reflect the medication registered. To save your benefits and reduce your co-payments it will also reflects the names generics alternatives. The letter is also send to your doctor and you may discuss it with him/her with your next consultation to consider changing to generics. Your doctor will know best!

5. REGISTER ON THE MEMBER PORTAL OR DOWNLOAD THE MOBILE APP

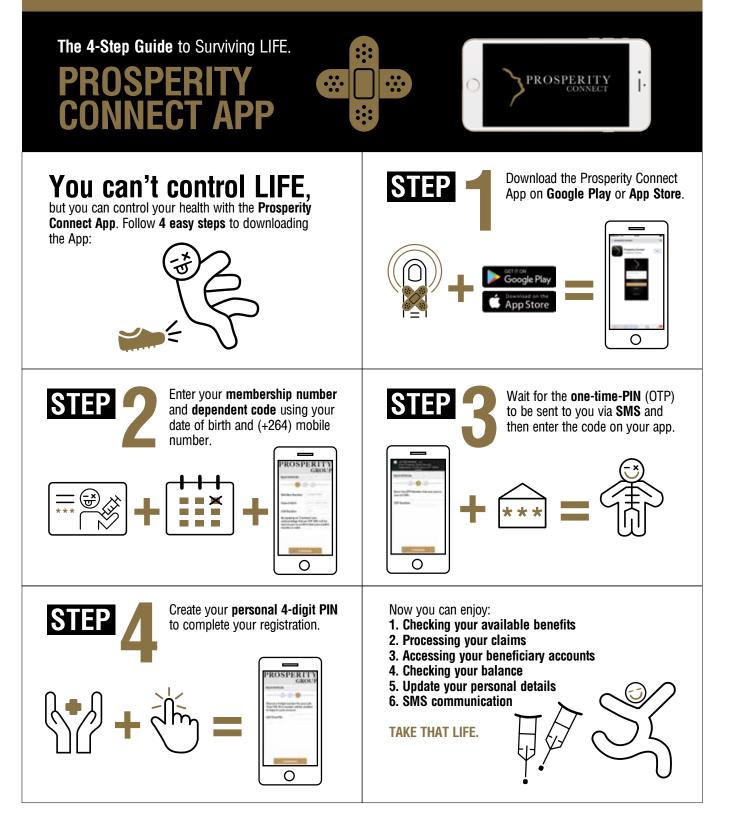
Members can register to access the member portal to verify the status of claims, manage benefits and print membership certificates. The service is password protected and only you can access your membership profile.

STEPS TO REGISTER ON THE PORTAL?

- ✓ Step: 1. Log on to website www.napotelmedical.com.na go to Prosperity Health Portal
- ✓ Step:2 Click on Portal login
- ✓ Step: 3. Click on register, right below "Forgot Password"
- ✓ Step: 4. Select Party Type, e.g. Member
- ✓ Step: 5: Complete application form, provide e-mail details
- ✓ Step: 6. Username & Password will be forwarded via e-mail within 24 hours
- ✓ Step: 7. Once you receive your password, Log on to website, enter your username and
- ✓ Password , and click on login and access your personal information
- ✓ Step: 8. Contact the nearest Prosperity Office

You can visit the iPhone app store or Samsung Playstore and download the "Prosperity Connect" app. It will give you access to all your functions and you can do it electronically. Please refer to the next page for a detailed illustration.

Health in your hands to the benefit of all Napotel Medical Aid Fund Members



6. GENERIC MEDICATION

Generic medication has the same active ingredients as the original medicine, but may have a different name, taste, colour and packaging.

- Generic medicine is produced once the patent for the original drug has expired.
- All generic medicines sold in Namibia are approved by the Medicine Control Council (MCC).
- You can save up to 60% of the cost of the ethical medicine by asking your doctor to prescribe the generic equivalent. If the member receives branded or ethical medicine, he/ she will pay the difference in the price of branded medication and the average price of the generic equivalent. Other than this a levy of 15% with a minimum of N\$30 and maximum of N\$65 is payable on medication. Over-the-counter (OTC) medication and medication used in hospital will be paid at 100% of NRP, thus no levy will be applicable.

7. FACTS THAT YOU NEED TO KNOW ON GENERIC MEDICATION

- Generic medication has the same active ingredients as the ethical medication, but it has a different name, taste, color and packaging
- Generic medicine has the same effect as ethical medicine it is not of inferior quality
- Generic medicine is produced once the patent for the ethical medication has expired
- All generic medicine sold in Namibia are approved by the Medicine Control Council (MCC).
- You can save up to 60% on the cost of the ethical medicine by asking your doctor to prescribe generic medicine. Ask your doctor.

8 PHARMACEUTICAL BENEFIT MANAGEMENT - MEDISCOR

Mediscor manages the pharmaceutical benefits for the Fund . Members can access the Napotel Medical Aid, Prosperity Health or Mediscor website and access more information on the medication brands and names of generic medication that is available.

Webpage medicine formulary "look-up"

- 1. Mediscor www.mediscor.net/namdeb_formulary2015.html
- 2. Prosperity Health webpage www.prospertyhealth.com and follow link
- 3. Napotel website www. napotelmedical.com.na

SELF MEDICATION (OTC)

- No prescription for minor ailments such as flu, headaches, colds, etc is needed for self medication.
- Consult your pharmacist when you wish to buy self medication.
- The benefit can be claimed directly by the pharmacy.
- In terms of rules, no refunds will be made for medication bought at retails shops such as clicks.
- Always remember to ask for generic medication.
- Provide your Pharmacist with your medical aid card to put details of the correct beneficiary.

6. HOSPITAL PRE-AUTHORIZATION

All in-hospital procedures must be pre-authorized prior to admittance.

The purpose of pre-authorizations is to ensure that costs are monitored, and that membership and benefits are confirmed. Upon applying for authorization, you will be issued with a reference number and you will also be assisted with any queries you may have with regard to your condition or the procedure for which you are being hospitalized.

Once your request has been authorized, your admitting doctor and hospital will be notified.

In the case of an actual emergency admission, or a trauma case, authorization must be obtained within 48hrs.

In which cases should I obtain Pre-Authorization?

Pre-Authorization should be obtained for the following cases:

- All in-hospital procedures and treatments.
- Out of Hospital Surgical Procedures
- MRI/CT Scan In & Out of Hospital

When should I obtain my Pre-Authorization number?

All pre-authorizations, except emergencies, should be obtained prior to admittance. In cases of emergencies pre-authorization can be obtained with-in 48 hours of admission.

If I obtain my pre-authorization number, does it mean that all my accounts will be paid in full?

All In-hospital treatment and procedures are paid as according to the scale of Benefits & Medical Aid Tariffs. The Fee charged by the Healthcare Providers and the available benefits of the member, determines at the end of the day, if the account will be paid in full or not. Benefits are authorized according to available benefits at the time of receiving the request and issuing the authorization. Claims may be in transit or process of submission and that the administrator is not aware of at that time. Thus, the authorization is not a benefit booking and the claim will only be access at the time of receipt against your available benefits.

In an event where a member receives treatment and the fee charged by the Health Professional is in line with the tariffs, the full amount of the treatment cost will be paid by the Fund, however should the fee be more than the medical aid tariff, the Fund will only cover the tariff, the member will be required to cover the difference.

Health Professionals and providers, such as Hospitals, Pathologist, Radiologist and some General Practitioner charge within medical aid tariffs, meaning that the Fund will cover the costs in full. Members that receive internal prosthesis should be cautioned to determine the Fund benefit before the time as the cost of the item is more than the benefit allocated for Internal Prosthesis.

Fees charged by Specialists, including Anesthetists are more than the benchmark tariffs, therefore the balance will not be covered by the Fund, and will be the responsibility of the member.

Members are advised to obtain quotations from Service Providers, prior to their treatment and submit them to the Fund/Administrator, in order to be notified early of any excess payments that will not be covered by the Fund.

7. WHAT IS EX- GRATIA?

All Napotel Medical Aid Fund Members, including their beneficiaries are allocated a set of benefits to cover for treatment, procedures In-Hospital as well as Out-of-Hospital Services. The benefits allocated, are valid from 01 January to the 31st of December each year.

The medical claims submitted to the Fund by the various Healthcare Providers, are paid according to the allocated scale of benefits and benchmark tariffs in terms of the rules of the Fund. In an event where a member receives or requires medical treatment, that exceeds the annual benefit or is not covered by the Fund, members may apply in writing, to the Board of Trustees for Ex-Gratia assistance. Ex gratia benefits is for additional benefits and or a contribution to members towards the outstanding amount.

Ex-Gratia is a request that can be considered, awarded or declined, based on the merits, guidelines as well as the criteria applied on each application. Certain financial information of members may be requested and or motivation or doctors' reports.

1. EX GRATIA PROVISION AS PER FUND RULES

In terms of rule "20.7.2" of the Napotel Medical Aid Fund, the Trustees shall, subject to the provisions of the Act, have the follow powers:

"Subject to the availability of funds for this purpose, Trustees may grant Ex Gratia awards to Members to assist them in defraying medical expenses that they or their dependants 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. The implementation and administration of the Ex Gratia awards policy shall vest in the Ex Gratia sub-committee established for this purpose."

2. EX-GRATA CRITERIA EXPLANATION & GUIDELINES

- 1. Ex-Gratia Financial Assistance is the instrument whereby Napotel Medical Aid Fund financially assists members of the Fund with medical expenses incurred that would not be covered by the registered Rules of the Fund.
- 2. The assistance is not a benefit, Ex-Gratia benefits are allocated at the discretion of the Napotel Medical Aid Fund's Board of Trustees, who may choose to delegate such action to an additional ex-gratia committee based on certain guidelines, as approved by the Trustees.
- 3. Whilst clinical decisions and treatments are recognized as the prerogative of the treating doctor/practitioner, the funding of the treatment is a separate and distinct issue which falls within the mandate that may be given by Napotel Medical Aid Fund Board of Trustees, in their sole discretion to an Ex-Gratia committee as may be approved and setup by Napotel Medical Aid Fund Board of Trustees.
- 4. Ex Gratia Benefits will only be considered should the member or treating doctor complete an application form in full and submit it within the ex-gratia specified period with the required documentations:
- 5. Required documents to be submitted with an ex-gratia application:
 - Copy of Healthcare Provider Account
 - Copy of current payslip (Active Employees)
 - Copy of income receipt of an Insurer and three months banks statements (Pensioners)
 - Ex-gratia applications for chronic medication:
 - Monthly quotations from pharmacy
 - Application for excess of tariff on planned procedures:
 - Quotations from healthcare providers on the procedure
 - Application for approval of exclusions:
 - Medical Motivation from Healthcare provider Quotation of the procedure
- 6. All requests for ex-gratia assistance should be submitted within Eight (8) Months from the date of treatment.
- 7. Requests for ex-gratia requests submitted after the specified period of eight (8) months will not be considered or accepted for ex-gratia consideration.
- 8. Only fully completed forms, including all supporting documents will be tabled to the Ex-Gratia Committee. Incomplete forms will not be considered and it's the responsibility of the member to complete the form in full and to allow the Committee to make an informed decision. At no time will an incomplete form suggest a decline, it will be referred back to allow the member time to complete it. Incomplete ex-gratia applications referred to members, should be re-submitted within two (2) weeks from date of receipt with the complete required documents.
- 9. In cases of an emergency the ex-gratia request is considered in terms of guidelines set by the Board of Trustees and on a round robin basis.

- 10. The Ex-Gratia Committee may at any time request a second opinion from an independent source. In such cases the Fund will carry the costs Involved.
- 11. Assistance may include a co-payment by the member. The co-payments that will be applied are stipulated in the Napotel Medical Aid Fund rules.
- 12. No claim below N\$ 500 per Healthcare Provider per treatment date will be accepted for ex-gratia assistance.

8. MEMBERSHIP INFORMATION

- 1. Who can be registered on the Napotel Medical Aid Fund?
 - All permanent employees of the participating Employer Groups can be registered on the Fund.
- 2. Whom can a member register as a dependant on the medical aid?
 - Spouse :
 - Only one spouse permitted, married by law or according to custom
 - Required proof to be submitted with Application
 - Copy of marriage certificate
 - Children
 - Biological or legally adopted children (including any step children) to the maximum of 25 years.
 - Required proof to be submitted with the Application Copy of full birth certificate or legal adoption letter in case of an adoption.
- 3. What is the time-frame for a member to register dependants on the medical aid?

As per fund rules, a member who chooses to register a Dependent and/or Dependants must apply in writing to the Fund within the following time periods for the registration and inclusion of such Dependant(s) in his/her membership:

- within 30 (thirty) days of the date on which he/she applies to the Fund for the first time for membership of the Fund and on that date, if he/she has any Dependants; or
- 2. within 30 (thirty) days of the date of his/her marriage, if such marriage occurs after he/she has become a Member of the Fund; or
- 3. within 30 (thirty) days of the date of birth of a Child, provided that the mother of the Child is a Member of the Fund and qualifies for Benefits under the Fund; or
- 4. within 30 (thirty) days of the date of legal adoption or legal foster care of a Child, if such legal adoption or legal foster care occurs after he/she has become a Member of the Fund; or
- 5. within 48 (fourty-eight) hours after the birth of any new born Child, whose biological mother is a Member of another Medical Aid Fund and for which proof of paternity can be provided to the Fund in respect of the Child to be registered as a Dependant.
- 6. not less than 90 (ninety) days' written notice of intention to register such new born infant as a Dependant, be given prior to the expected date of the birth of a child to be born from a mother who is not a member of the Fund and/or any other medical aid fund that will cover the costs for the delivery and costs of the new born infant; and
- 7. Membership to the Fund shall commence on the first day of a month for all Members and Dependants, with the exception of a birth of an infant, whose biological mother is not covered under the Fund or any other medical aid fund's membership, whose membership will commence from the date of birth of such infant, provided that:8. an application for registration of the new born Dependent shall be submitted to the Fund within 48 (fourty-eight) hours from birth.

- 8. an application for registration of the new born Dependent shall be submitted to the Fund within 48 (fourty-eight) hours from birth.
- 9. failure to comply with the provisions as provided under Rule 6.2.2 may disqualify such Dependant from membership.
- 10. Members shall notify the Fund within 30 (thirty) days of the birth of an infant in order to permit registration as a Dependant. Increased Premiums (and Contributions) occasioned by the inclusion of infants shall be due as from the first day of the month following the birth: provided that no such infant shall qualify for Benefits until such time as the parent Member qualifies for Benefits.
- 11. If application to include a Dependant and/or Dependants is made later than the time periods provided for in this Rules, such application shall be subject to proof of insurability of the Dependant and/or Dependants, and exclusion of any Pre-existing Conditions may be imposed, provided that the applicant was not a member of any other registered medical aid fund at the time of application.

4. Continuation Members

- A member may in the event of retiring from the service of his employer or his services being terminated by his employer on account of age, ill-health or other disability, retain his membership of the Fund as a continuation member provided that such member had been, at the date of his retirement or termination of employment, a member of the Fund for a continuous period of not less than one month.
- A continuation member shall be entitled, in respect of him-/herself or of his/her dependants, if any, registered as such, to all the benefits provided for in terms of these Rules.

5. Dependants of Deceased Members:

- If the membership of a member ceases as a result of his death, the employer must inform the Fund accordingly. Benefits in respect of such member's registered dependants shall be continued under the Fund on condition that:
- The eldest of such dependants is registered as the new member, and the premiums are adjusted according to the number of surviving dependants and in accordance with the eldest surviving dependant's income or monthly pension income, depending on the greater income.
- Such a dependant will remain a member until he or she becomes entitled to membership, or is accepted as a dependant of a member, of another registered fund. Notice of intention to continue such benefits is should be received by the Fund within three months after the death of a member.
- 6. Will I receive full benefits even if I join the fund or register my dependants in the middle of the year?
 - The Fund's benefit year is from 1 January to 31 December, any member who joins the fund after 01 January will receive prorated benefits.





HEALTHY LIVING TIPS

These healthy living tips are essential to your ultimate health and happiness. After all, if you don't care of your body, where are you going to live?

You can buy a new house, a new car or a new wardrobe, but the body you've got is the only one you get to work with. So it's important to make these ten healthy living tips part of your daily lifestyle. You'll look younger, live longer and feel a whole lot better for all the days of your life. In order to be super healthy, have more natural energy, stay well and live a long fruitful life, you have to develop healthy habits. These healthy eating and healthy living tips can guide your way.



1. Eat more nutritious high fiber foods.

Healthy eating requires including plenty of colorful vegetables, fresh fruit, whole grains, beans, raw nuts and seeds and other high fiber foods.

2. Reduce and balance your intake.

Research shows that it's best to keep fat calories around 25 to 30% of total calories (the national average is 42%). And the vast majority of the fats you eat should be good healthy essential fatty acid and omega 3 with EPA and DHA.



3. Drink plenty of clean water.

8 glasses of pure drinking water a day supplies you with this essential nutrient hat helps you digest your food, transport nutrition and get rid of toxins.



4. Exercise regularly and sensibly.

Physical activity builds health and keeps bones strong. But daily walking and light weight training is better than strenuous high-impact exercises.

5. Cut out refined carbohydrates.

High glycemic index foods are a nutritional nightmare, causing bursts of energy followed by bouts of fatigue. They take your emotions on a roller coaster ride to end up at depression and irritability. Choose a low glycemic diet instead.



6. Limit your salt intake.

Consuming too much sodium throws your minerals off balance, causes excess water retention and possibly high blood pressure. You can get used to less.

7. Eliminate negative habits.



Give up excess caffeine and other stimulants, reduce your alcohol intake and, if you smoke, quit. You can replace bad habits with healthy new habits.

8. Maintain a healthy weight.

Both overweight and yo-yo weight loss puts extra stress on your body. Rather than relying on diet pills and crash fad diets, it's best to finally get it right once and for all with healthy eating habits, moderate exercise and a good healthy lifestyle.

9. Take quality supplements.

Numerous studies show that optimum nutrition levels, higher than the RDA's, can help you to feel better, lose weight, prevent disease and slow down aging – naturally. So add high quality nutritional health supplements to your daily menu.



10. Get enough sleep.

Sleep is vital to good health and to mental and emotional well-being. People who don't get enough slumber are more likely than others to develop psychiatric problems and to use health care services. Plus, sleep deprivation can negatively affect memory, learning, and logical reasoning.

11. Make Social Connections.

Volunteer. Go to church. Join a club. Whatever you do, do it with people. Communal activities are good for your physical and mental health, according to a study published in the March/ April 2004 issue of the American Journal of Health Behavior.

12.Reduce the stress in your life.

Good stress management and stress nutrition can improve both health and happiness. And, as Abraham Lincoln said, "Most people are just about as happy as they make up their minds to be." So make up your mind to relax, enjoy life and be happy.

MOSS GREENE - BELLA ONLINE AND DULCE ZAMORA - WEBMD

World Health days commemorated in Namibia

No	Event	Day
1	World Cancer Day	04 Feb
2	Flue Injection Month	March/April
3	World TB Day	24 March
5	World Health Day (Papsmear)	07 April
6	Africa Malaria Day	25 April
7	International Day of Families	15 May
8	World Tobacco Day	31 May
9	Disability Prevention (Rehabilitation National Awareness Week	4-8 June
10	National Disability Day	11 June
11	International Day Against Drug Abuse and Illicit Trafficking	26 June
12	National Oral Health Day	17 August
13	Condom Awareness Day	22 August
14	International Day of Older People	01 October
15	TB Awareness Week and Eradication of Poverty	1-5 October
16	World Mental Health Day	09 October
17	World Food Day	16 October
18	International Day of Combating Domestic Violence	25 November
19	National Health Week	26-30 November
20	World Aids Day	01 December

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