

# NAPOTEL MEDICAL AID FUND

NAMIBIA POST AND TELECOM HOLDINGS LTD



# NEWSLETTER

APRIL  
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Dear Valued member,

Welcome to the our very first member newsletter for 2022, in this issue we share important updates and notices, which include the 2022 benefit and premium changes, overaged dependents, Fund information and FIMA update.

## 1 BENEFIT CHANGES

As communicated in December 2021, all benefit categories received an overall inflationary increase for 2022, however, the listed benefits below also received a higher percentage increase.

Summary of benefit changes:

NO	BENEFIT	CURRENT BENEFIT	NEW BENEFIT EFFECTIVE 01 JANUARY 2022
1	MRI & CT Scan	N\$ 13,591 per beneficiary	N\$ 41,800 per family limited to N\$ 20,900 per beneficiary
2	Optical Services	N\$4 310 per beneficiary (benefit valid for 2 years)	N\$5 000 per beneficiary (benefit valid for 2 years)
	1. Frames	N\$1 405 per beneficiary	N\$1 470 per beneficiary
	2. Eye Test	2 eye tests per beneficiary	2 eye tests per beneficiary
	3. Lenses/Contact Lenses	Part of optical Sub-limit	Part of optical Sub-limit
	4. Bi & Multi Focals	N\$1 500 per beneficiary	N\$1 570 per beneficiary

All benefit increases were effective 01 January 2022, the complete new benefit structure as annexure A.

## 2 OVERAGE DEPENDANTS

In terms of the fund rules, a member's child older than 21 years but not over the age of 30 years, can remain as a dependent of the principal member on the Fund.

Members are hereby notified that in terms of the above rule, the membership of dependants who have reached the age of 31 in 2022 has been terminated effective 01 January 2022. The affected members were informed.

## 3 ADD-ON BENEFITS

### WHAT ARE ADD-ON BENEFITS

Add-On benefits are optional benefits offered by the Fund which provides members the flexibility to increase their medical aid benefits to cater for their individual or family needs in a particular benefit year.

The monthly contributions of the add-on benefits is not subsidized by the Employer, the member is responsible for the total cost. It is important to highlight that despite the fact that the member contributes the total monthly contribution of the add-on, the Fund subsidize a percentage of the benefit provided as illustrated in the table below:

ADD-ON BENEFIT	MONTHLY COST	ANNUAL COST * MONTHLY COST X12 MONTHS	ANNUAL BENEFIT	FUND SUBSIDY
Medication level 1	210	2520	3710	1190

## WHY IS IT IMPORTANT FOR MEMBERS TO CONSIDER THE ADD-ON BENEFIT

All members are allocated benefit limits to cater for a financial year, however, it is important to highlight that no two people have the same medical needs, and it sometimes happens that a member requires more benefits for a specific treatment e.g. orthodontic treatment than provided for in the benefit structure.

The add-on benefit provides members the flexibility to increase their benefit limits in order to cover and cater for personal medical needs, thereby allowing members top-up their benefits and not run out of benefits during the course of the year.

## WHAT ARE THE ADD-ON BENEFITS AVAILABLE FOR MEMBERS

The Fund offers two type of Add- Benefit Categories namely:

- **Medication Add-ON**  
Add-On Benefits for Medication offer 11 levels that members can choose from and offer benefits for Acute and Chronic Medication.
- **Day-to-Day Add-ON**  
The day-to-day add-on benefits offer ten levels from which members can choose, and offer benefits for all day-to-day benefits e.g. Dental, Optical, Professional Services and more.

## ARE THE ADD-ON BENEFITS ONLY APPLICABLE FOR THE MAIN MEMBER OR CAN IT ALSO BENEFIT THE DEPENDANTS?

The add on benefit is offered on a family basis, meaning that if a member opts for an add-on benefit, the benefit is available for the entire family.

## HOW DO I APPLY FOR AN ADD -ON BENEFIT?

Members who wish to apply for the add-on benefit should complete an application form and submit it to the Napotel office or HR. The add-on forms are available on the Fund website, at HR or at the Napotel office.

## IF I NEED TO INCREASE MORE THAN ONE BENEFIT, SHOULD I APPLY FOR AN ADD-ON FOR EACH BENEFIT CATEGORY?

The Day-Day Add-On provides cover for all day-to-day benefits, in other words the add on can be utilized to cover costs for e.g dental, optical, physiotherapy. The member just has to ensure that they select an add-on benefit level that provides sufficient limits to cover the required benefits.

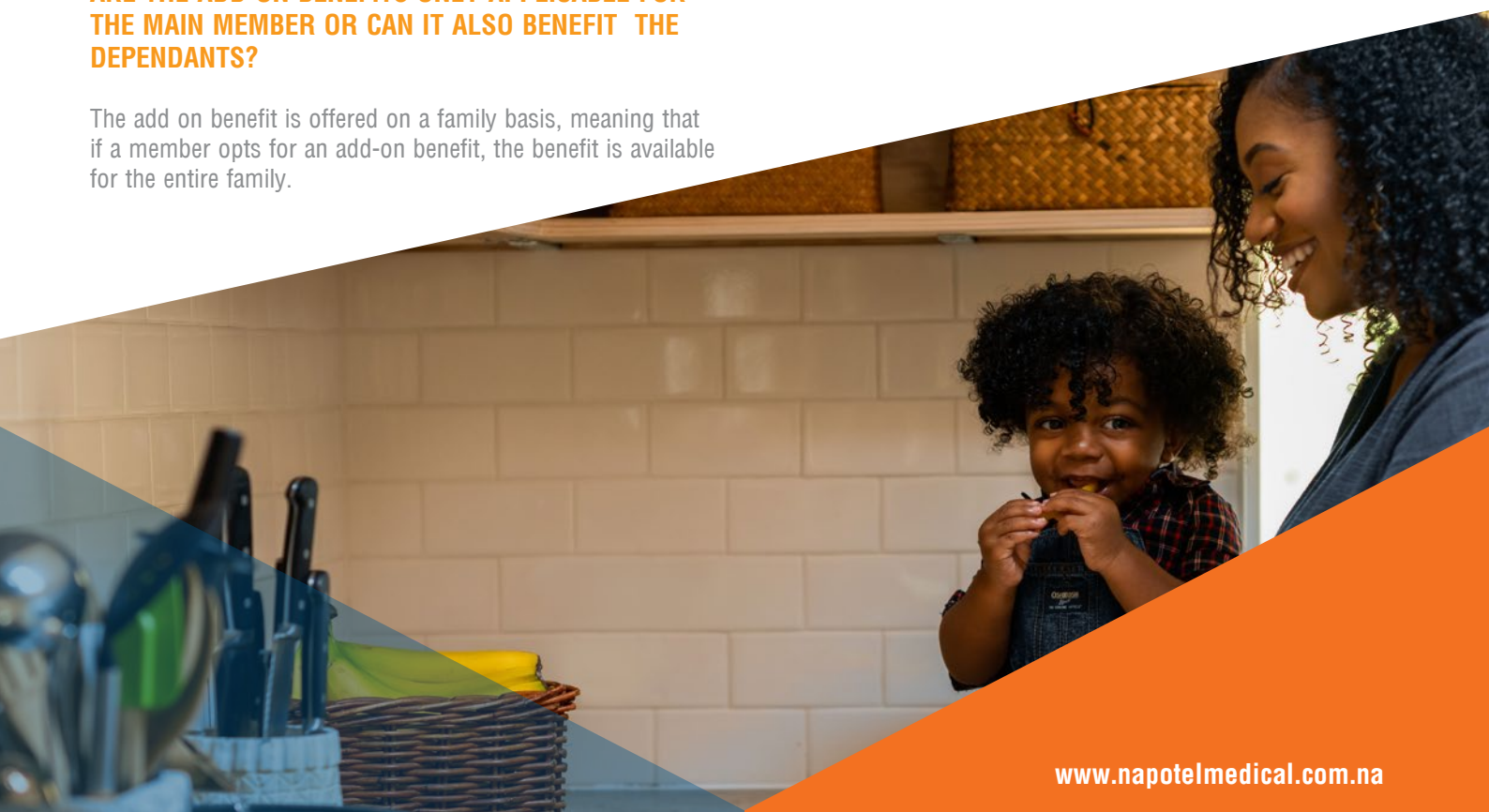
## CAN I CANCEL THE ADD-ON BENEFIT ONCE I USED IT?

The add-on benefits cannot be cancelled during the year. Once a member opts for the add-on benefit, they have to keep it until the end of the financial year, which is 31 December.

## NB: NO PREMIUMS REFUNDS ARE ALLOWED ON ADD-ON BENEFITS

## WHEN CAN I APPLY FOR ADD-ON?

The add-on benefit can be taken out any time of the year, but please take note that the benefits will be prorated from the date of joining





## 1. IF I DO NOT USE UP MY BALANCE AT THE END OF THE YEAR, WILL IT BE ROLLED OVER TO THE FOLLOWING YEAR?

The benefits for the add-on are not carried over to the following year. All add on benefits are terminated at the end of the year. Members who wish to continue with the add-on benefit in the new financial year are urged to re-apply for the benefit.

## 4. ORTHODONTIC BENEFIT

### 1. WHAT IS ORTHODONTIC TREATMENT

Orthodontics is a dentistry specialty that includes the diagnosis and correction of mal-positioned teeth, and misaligned bite patterns. An orthodontist or dentist may carry out treatment to achieve any of the following:

- Align the tips of the teeth;
- Straighten misaligned teeth;
- Improve speech or chewing ability;
- Enhance the long-term health of gums and teeth;
- Prevent long-term excessive wear or trauma of the teeth;
- Treat an improper bite;
- Close the gap between the top and bottom front teeth; or
- Eliminate crowding of teeth.

### 2. HOW IS ORTHODONTIC TREATMENT COVERED BY THE FUND

The Fund does not offer a separate benefit limit for orthodontic treatment; all claims are payable from the available dentistry limit and paid according to the Fund tariffs. Members are advised to submit a treatment plan for approval and confirmation of benefits.

### 3. WHAT YOU NEED TO KNOW ABOUT THE FUND PAYMENT

When the Fund approves the treatment plan, it does not guarantee that the Fund will pay for the treatment. Claims are only paid from the available dental limit for the beneficiary at the time of processing the claim. The confirmed amount cannot be held in reserve.

Approval of the orthodontic treatment plan is not a guarantee of payment. The claims submitted to the Fund will be paid according to available benefits at the time of claim processing.

The treatment plan submitted to the Fund for approval will indicate the cost and the length of treatment. It is important to highlight that even though the treatment is done over a period of time, the Fund will only confirm the benefit for the current financial year, in other words, if the treatment plan is submitted in 2022, the Fund will only confirm the benefits of 2022. Members are advised to confirm their dental benefits at the beginning of each year.

Once the Fund approves the treatment plan, you will receive a confirmation quotation from the Fund, which will indicate the total cost of the treatment, and available dental benefits at the time of issuing the quotation. Once they start with Orthodontic treatment, Members are advised to confirm benefits at the beginning of each year.

If the dental benefit is depleted, or if the Dentist/Orthodontist charges more than the Fund tariffs, the member will be responsible for paying the difference.

### PLAN AHEAD

Your Dentist/Orthodontist will plan regular appointments to monitor the movement and to ensure that everything is going according to plan. If you miss appointments, the treatment plan will be negatively affected leading to prolonged removal of retainers. Correction may occur, which means more time before the removal of the retainers.

Please ensure that you have enough personal funds available to continue orthodontic treatment and routine dental treatment when benefits become depleted.

Any possible available orthodontic benefit in the following year will only be used to pay for the remaining treatment in that benefit year.

For further information on the Orthodontic or dental benefit plan please contact the Napotel office at 0612012462

## 5 FIMA UPDATE

The Financial Institutions and Market Act (FIMA) will replace the existing legislation for non-banking institutions regulated by the Namibia Financial Institutions Supervisory Authority (NAMFISA). The institutions that FIMA will govern include medical aid funds, and their administrators, retirement funds, short- and long-term insurers, collective investment schemes and asset managers.

FIMA was promulgated on the 30th of September 2021, but is not yet operational it is expected to come into force on 1 October 2022, and it seek to establish some of the following objectives:

The introduction of FIMA will result in numerous changes for medical aid funds, which include some of the following:

- All existing medical aid funds will have to re-apply for registration under FIMA. To register, medical aid funds must amend their rules to ensure that they are FIMA-compliant.
- Medical aid fund administrators will also be required to register under FIMA.
- Every person or entity required to register under FIMA must do so within 12 months of FIMA coming into force (i.e. by 30 September 2023).
- Increased adherence to Corporate Governance principles for the Fund and BoT.
- Higher penalties for non-compliance to legislation
- Increased cost of Compliance
- Increased reporting responsibility to Regulator and oversight over fund performance
- Plain language requirements for fund disclosures to clients and increased management of treating customers fairly.

## 6 2022 FUND ANNUAL CALENDAR

### 6.1. EX-GRATIA MEETING DATES:

- 10 February
- 28 April
- 14 July
- 13 October
- 22 November

### 6.2 BOARD OF TRUSTEES MEETINGS

- 31 March
- 02 June
- 15 September
- 17 November

### 6.3 ANNUAL GENERAL MEETING (AGM)

- 21 June

### CONCLUSION

We trust that you will find the information informative, and urge all members to direct their enquiries to the Napotel office at 061-2012462. In our next edition later in the month we'll focus on the following topics:

- Recent concluded Fund strategy for 2022
- Development of the new Napotel Lite option

