

WELCOME to your HERITAGE HEALTH MEDICAL AID FUND Newsletter.

We will be publishing newsletters at regular intervals to keep our members informed, to motivate new readers to join Heritage Health Medical Aid Fund and to be of service. In the newsletters we will be addressing issues such as improving your health, how to manage your benefits and associated costs, how risk is managed, our service to you and how we may improve our services to you. You may also contact us on topics that you wish to be addressed.



Board of Trustees and Principal Officer

At the annual general meeting that was held in July 2016 the new members to the Board of Trustees was appointed.

The Board of Trustees is:

J Kleyhans: Chairman

A Uiseb

M Kruger

G Hikumwah

A Roostee: Principal Officer

The appointed auditors of Heritage Health is Pricewaterhouse Coopers and the Administrator is Janus Administrators.

BENEFITS



Annual Amendments: Benefits & Contributions

Heritage Health Medical Aid Fund is to take its first increase on the payable monthly contributions in January 2017. At the same time the relating benefits have been increased to ensure that Heritage Health remains competitive. Annually an actuary is appointed to review the benefits, the contributions, the rules and the risk of Heritage Health for the following benefit year. (a benefit year being from 1 January to 31 December) Prior to announcing and implementing the amendments the actuarial report and supporting documents is being provided to NAMFISA, (the statutory body controlling the business of medical aid funds), for approval. Once

approved the amendments are communicated to the members.



What YOU need to Consider?

Each member of Heritage Health will receive a detailed letter confirming your current benefit plan of cover and current contribution as well as the corresponding new contribution for 2017 on the same benefit plan of cover. You will be permitted to upgrade or downgrade your benefit plan of cover for 1 January 2017. Look out for your letter which will be emailed to those members who do have email addresses and to the other members who do not have email addresses it will be posted to you.

How to Decide on Your Plan of Cover?



Deciding on the most appropriate benefit plan of cover is an important decision as it will affect the manner in which your claims will be paid. It is important to evaluate your needs in terms of extent of hospital cover, day-to-day benefits, chronic medications and what monthly premium you can afford. The main objective of the benefit design and composition under Heritage Health is to ensure that members can take control in designing their own cover. The optional **Medi Wallet** plan allows members to manage their own "savings account" to assist members to pay for benefits when they run out of benefits during the year, may be used as a prefunding vehicle for your monthly contributions when you retire, when you are retrenched and you are not able to pay your monthly contribution AND it may also be used for procedures normally excluded under the Rules of

the Fund. By visiting the website of Heritage Health you will find all the relevant information or you may contact our office where a consultant may also assist you.

Heritage Health is the only medical aid fund where you may opt for more than one day-to-day plan (out of hospital benefits) under one of the four in-hospital plans thereby allowing you sufficient benefits. There are two standard plans to choose from and which makes provision for both in-hospital and day-to-day plans. For 2017 you may also opt for a "Step-down facility" benefit. You will receive more information on the benefit design for 2017 in your personal letter and the website once it has been upgraded at the end of November 2016.



Hospital Admissions

Hospital admissions are always subject to non-emergency/ planned admissions **and** emergency admissions. All hospital admissions are subject to obtaining pre-authorisations. For planned procedures it is important to obtain the pre authorisation number at least 48 hours prior to being admitted. For emergency admissions the hospital will contact the office of Heritage Health. All hospital admissions are always subject to "case management" and which is used to track the treatment and costs while in hospital. Members who have not included day-to-day benefits or where the out of hospital benefits are depleted will not be permitted to be admitted to a hospital to undergo tests and screening which normally can be undertaken as out patients. It is important to note that Heritage Health has a strong clinical team who review all the in-hospital cases in terms of the diagnosis, treatment plan, level of care and relevance of stay. While every effort is made to establish member eligibility and availability of

benefits, authorisations is not a guarantee of payments to hospitals.



Take Responsibility of Your Health

It remains crucial for you to take responsibility of your health and to encourage your family members to do the same. **Our health is our only asset** and the older we become the more we realise that we will face the consequences of an unhealthy lifestyle and which consequences may be costly. Attend to your diet, attend to your exercises and ensure a general healthy lifestyle.



Submissions of Valid Invoices

It always is important for you to ensure that we receive a detailed invoice and not a receipt to enable us to process your claims and to refund any payable amounts to you or to your healthcare provider. Claims must be **submitted within four months** from the **date of service** and not the date that you receive the invoice. We also encourage you to register via the website at: www.heritagehealth-namibia.com to gain access to your payments, benefits and all other relating information under your portfolio at Heritage Health. By registering through the website you will be in a position to manage your benefits under Heritage Health.



Wishing You Good Health

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