HERITAGE HEALTH

We care about your health

MEDICAL AID FUND

User Guide

Welcome to Heritage Health

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Introduction

Welcome to Heritage Health – Healthcare that Cares

Heritage Health Medical Aid Fund welcomes you on board. Heritage Health provides benefit plans that are flexible, affordable and allows you to ensure that your specific needs will be covered. *All healthcare services are paid at 100% of the actual costs being charged, whether in- or out- of hospital.* No need to budget for the difference between the NAMAF, (Namibian Association of Medical Aid Funds), a tariff and what your healthcare provider charges.

The User Guide has been designed to assist you to get the most from your benefit option(s) and includes information which will assist you as a member of Heritage Health. This guide will also provide you with important information which will assist you with claiming procedures, registration of chronic medication, viewing of benefits and payments via the website and other relevant information. It is important to note that The User is subject to the Rules of the Fund and the applicable law. If you are uncertain do not hesitate to contact us and we will be happy to assist you. Heritage Health prides itself in being fully customer-focused in terms of what is being offered to our members and our service to our members and healthcare stakeholders

How Heritage Health is managed

In terms of the applicable legislation Heritage Health is managed by a Board of Trustees duly appointed to manage the business of the Fund. The Board of Trustees is represented by the members belonging to the Fund and certain healthcare provider disciplines. The Fund has a Principal Officer who in terms of the Law attends to the responsibilities bestowed in terms of the Act.

The Rules, Terms and Conditions of Heritage Health

Heritage Health has a set of Rules which states the terms and conditions of the Fund and which is subject to approval by NAMFISA, The Financial Institutions Supervisory Authority. The Rules of the Fund are derived from the applicable Act and pertaining Regulations to ensure that members are protected.

Who is Responsible for the Administration of Heritage Health

Medical aid funds are administered by an outside party being referred to as the Administrator. Heritage Health is being administered by Integrated Wellness Solutions (Pty) Ltd and who belongs to AVACARE Health who is an integrated healthcare group functioning in the African region through the distribution and supply of mainly pharmaceuticals, medical disposables and medical equipment. The group largely consists of doctors, pharmacists, nurses and other healthcare professionals and their ambition remains to make a difference in the lives of others.

Conclusion

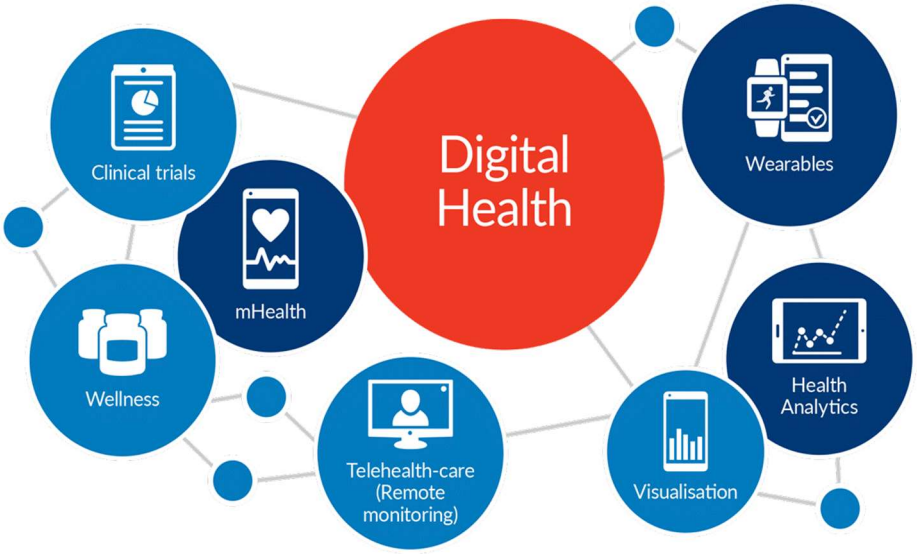
Our values of Excellence and Integrity determines our service to you, and we look forward to being of assistance to you. *Thank you* for making *Heritage Health* your preferred medical aid fund.

Being Innovative and How Members Will Benefit

The Board of Trustees are committed ensuring accessibility, affordability and sustainability to those persons who wish to acquire medical aid cover. The involvement of the Administrator of the Heritage Health is setting new levels of service delivery within highly competitive environment of technology, education, health service delivery and new exciting and rewarding platforms.

Introducing Digital Healthcare Platforms

Digital Health is the convergence of digital technologies with health, healthcare, living, and society to enhance the efficiency of healthcare delivery and make medicines more personalized and precise. digital health is empowering us to better track, manage, and improve our own and our family's health, live better, more productive lives, and improve society.



Doctor's on Call

Telemedicine implies "healing at a distance". It is the use of technology to overcome geographical barriers and increase access to health care services. This is particularly beneficial for extending medical services to communities that lack access to specialized health care services due to their geographic location including after hours. These communities frequently experience situations where the intervention time from disease detection to the beginning of care, affects the final result of the care itself. As a member of Heritage Health, you will have benefits under Doctor's on Call. You will have access to clinical services by making use of electronic telecommunications technology by contacting the Hotline. A doctor will be dispatched to your home to attend to the medical problem and either issue a prescription or refer you for further medical treatment. Heritage Health members will have access to 24- hours Telemedicine whereby they will have access to medical expertise quickly, efficiently and without travel. For more information, and once you become a member of Heritage Health, you may contact the office of the Administrator to provide you with more details and the terms and conditions.

Biometric Wristbands

In addition to enhancing healthcare, digital-health technologies also have the potential to reduce healthcare costs especially when it comes to managing chronic diseases. Heritage Health members will be able to obtain a personalised Biometric Wristband, and which will bring virtual care to their doorstep by enabling non-evasive self-monitoring and disease management and helping them detect patterns and indicators of various health conditions and risks, vital signs parameters such as blood-pressure trending, blood oxygen, blood glucose, hydration and sleep quality is monitored and stored.

Medical monitoring no longer needs to take place in a hospital. Patients, in turn, are empowered with more control over their healthcare. The Heritage Health Biometric Wristband will assist members to take personal responsibility for their own health. Members who track their diet, physical activity and weight will achieve better results than those who don't, and the Heritage Health branded Biometric Wristbands will provide feedback that reinforces personal accountability for own health and promotes healthy lifestyle.

All members of Heritage Health can obtain a Biometric Wristband at a small fee from the offices of Administrator of Heritage Health and the Fund will provide the monitoring thereof for free.

We encourage young people who become members as well as the older members to take control of their health by exercising and applying a healthy diet. Physical activity or exercise can improve your health and reduce the risk of developing several diseases like type 2 diabetes, cancer and cardiovascular disease. Physical activity and exercise can have immediate and long-term health benefits. Most importantly, regular activity can improve your quality of life. A minimum of 30 minutes a day can allow you to enjoy these benefits.

Elderly members are encouraged to walk for thirty minutes a day as any form of exercise at any age is what every person requires.

For more information, and once you become a member of Heritage Health, you may contact the office of the Administrator to provide you with more details including the terms and conditions.

ACTIVATE.ME

Rewarding a Healthy Lifestyle

Activate.me is the newly launched Lifestyle Program that assist healthy living through Lifestyle incentives that provide real-life tangible rewards. People joining ACTIVATE.me will receive a membership card and which serves as proof to obtain the various rewards.

Heritage Health members as well as non-members will have the opportunity to join ACTIVATE.me. It is all about discovering, becoming knowledgeable, growing and experiencing the benefits of a healthy lifestyle and applying your mind to it.

Persons who join ACTIVATE.me will have the benefit of the following four pillars:

Education of medical aid members

The modules for the education of medical aid members aims to educate members on a healthy lifestyle and provide basic information on diseases and medication. The objective is to make the member feel welcome, answer his questions and provide education for most of his needs.

These modules will provide education to both adults and children and will endeavour to set Heritage Health apart from other medical aid funds in its educational offering to its members.

Course design:

- Modules will be combined in functional groupings and can be completed as such or as a group or as separate modules according to the interest or knowledge requirement of the member
- Some modules can be presented as information only (no assessment) e.g. lifestyle and wellness, while the modules on chronic diseases can be completed by members that are suffering from these diseases and earn awards for completing the questionnaires
- Modules will be short, concise and written in English
- Assessments will have 10 multiple choice questions
- Pass rate: 75%

Physical Exercise

The branded Biometric Wristband is a fitness tracker that will track your vital signs and active lifestyle. Members will be encouraged to use their Auxiliary benefits to attend the healthcare services provided by Biokineticists where personal attention is given to own physical exercise programs while being monitored to achieve results. Persons who are obese and require surgery, especially knee and hip replacements often are subjected to losing weight first and Activate.me will assist you.

Healthy Eating

Healthy eating commences at a young age. Good nutrition is an important part of leading a healthy lifestyle. Combined with physical activity, your diet can help you to reach and maintain a healthy weight, reduce your risk of chronic diseases (like heart disease and cancer), and promote your overall health. Eating a healthy, balanced diet plays an essential role in maintaining a healthy weight, which is an important part of overall good health. Being overweight or obese can lead to health conditions such as type 2 diabetes, certain cancers, heart disease and stroke. Being underweight could also affect your health.

Members will be encouraged to use their Auxiliary benefits to attend the healthcare services provided by registered Dieticians where personal attention is given to your diet shortfalls and which can be monitored to achieve results. It is not always about losing weight but to eat healthy and maintain a healthy body.

Healthy Eating guidelines developed by dieticians is available on our online education programs

Wellness

Heritage Health offers Wellness Benefits on all the plans, allowing members to have access to certain preventative screening tests and which is paid from the in-hospital cover thereby extending the day-to-day benefits. Preventive care is the care you receive to prevent illnesses or diseases. Providing these services, such as screenings and immunizations, can help you and your family stay healthy.

Wellness Benefits will also be available to employer groups who have joined Heritage Health. Today wellness programs are common among both medium and small-sized businesses. Wellness programs are now regularly part of a company benefits package. When done correctly, wellness programs give employees incentives, tools, social support, privacy, and strategies to adopt and maintain healthy behaviors.

Corporate companies who have implemented organized Wellness Benefits for their employees have experienced improvement in employee health behaviors, reduce health risks, reduce healthcare costs, increase productivity, decrease absenteeism and help sustain high employee morale.

Corporate companies who have joined Heritage Health are advised to contact the Administrator for more information.

Managing your Membership

Who can become a member of Heritage Health?

You can join Heritage Health as:

- An individual or single family
- An employee from an employer group
- A member not belonging to any other medical aid fund

Why is it important to manage your Heritage Health Membership?

To get the most out of your Heritage Health membership it is important for you to make sure that you know and follow the Rules, Terms and Conditions of the Fund and the applicable procedures.

Remember to ***update all your contact details***: email address, telephone number(s) etcetera. Failing to do so you may be missing out on important information including payment statements.

When ***changing your banking details,*** it is important to notify the Fund to ensure efficient refunding of claims and successful debit order deductions. No amendments to banking details will be undertaken unless it is in writing with the necessary proof from the bank

Membership Cards and Certificates

- Every main/principal member receives a membership card when they join the Fund, change their benefit option, or remove a dependant. A membership card is also provided to each adult dependant.
- Only you and the registered members on the back of your card may use the card to claim benefits from the Fund. It is fraud to give your card to someone who is not registered and, in the event, that you do this act your membership will be terminated with immediate effect.
- At all times you will be required to present your membership card to your doctor, dentist, pharmacist, specialists and hospital.
- Please use your membership number as a reference on all correspondence with Heritage Health including direct payments of your monthly contribution at the bank. Failing to do so it will not allow us to provide the service that we promise.
- If you cancel your membership under Heritage Health, you will receive a membership certificate and it is important for you to destroy your Heritage Health membership card.

When Travelling it is Important to do the following:

When *travelling to South Africa or SADC*, you must inform Heritage Health *before you leave* to ensure that you are covered. You will be required to submit a copy of your valid passport or permanent residence permit. You will receive a letter and contact details to be used when in need of cover. When *travelling abroad*, you must inform Heritage Health *before you leave* to ensure that you are covered. You will be required to submit a copy of your valid passport or permanent residence and air tickets. You will receive a letter and contact details to be used when in need of cover. *Failing to do so will result in no cover.*

About Your Dependants

Your family is important to you. The following people may qualify as your dependants:

- Husband, wife or partner involved with the main member. For a life partner an affidavit is required confirming join household and dependency.
- Ex-husband or ex-wife if required by a divorce settlement. A main member may only have one adult dependant and in such cases will be required to take out separate plan of cover under his/her banking details. Copy of court order will be required.
- Children (biological, adopted, step or foster). An affidavit is required where applicable.

  - Under the age of 18 and a fulltime scholar at a registered school.
  - Above the age of 18 until the age of 25 with proof of being a full-time student at a recognised tertiary institution.
  - A disabled child or a child who is neither a student but dependant on parent an affidavit confirming factual dependency is required and the payable monthly contribution will be for adult rates.

How do I become a member of Heritage Health?

Complete an Application form

By completing an application form, you can become a member and you will be entitled to the benefits under the plan(s) that you have opted for. It is important that you complete *the application form correctly and completely and provide the necessary information as stated in the application form to ensure that the application form is processed timeously.* If you belong to an employer group, it is important that you liaise with the human resources representative to ensure proper processing of the application form.

In the event where an application form is received after 1 January the Fund reserves the right to pro rata the benefits in terms of the number of months remaining for that year.

Registering an Adult Dependant

Should you be married, it is important for the principal member to ensure that the adult dependant is registered at the time that cover commences to prevent underwriting conditions, and which may entail waiting periods or exclusions for pre-existing conditions. At the same time, it is important that should the principal member get married or share a common household then the adult dependant is registered immediately as waiting periods will apply should registration of an adult dependant be requested after three months from date of marriage or sharing joint household.

Registering a Child as a Dependant

It is important to notify Heritage Health within thirty days of the birth of an infant to allow registration and access to cover. Monthly contributions are due as from the first day of the calendar month following the birth. In the event where either the mother or the father belong to Heritage Health and the other to another medical aid fund and the child is not born under Heritage Health and the parent under Heritage Health wishes to register the dependant as a dependant under Heritage Health it is important to note that a full health certificate will be required of the baby and that certain underwriting conditions may be affected.

Student Cover

In certain instances, students are not regarded as dependants under the medical aid cover of their parents and or guardian when studying outside the borders of Namibia and need to apply for their own medical aid cover. All students who require their own separate medical aid cover and who apply for their own cover under Heritage health will be required to pay the applicable monthly contributions for twelve months in advance prior to any certificate of cover being provided.

Aged Beneficiaries

Under Heritage Health aged beneficiaries, (normally referred to as special dependants), do not share benefits with their family. Under Heritage Health certain plans specifically makes provision for the aged as there is not a maximum age to enjoy cover under the plans of Heritage Health making it a leader in the medical aid fund industry. For the aged they also need to complete their own application form to enjoy full cover of the opted benefit plan.

Important to note: Copies of ID/Passport of main member and spouse, copy of marriage certificate where applicable, birth certificates of children, copy of valid chronic medication prescription where applicable and full medical report and eye reading for persons above the age of 55 must accompany the application form.

What is underwriting under the Heritage Health Medical Aid Fund

Underwriting is a process that is followed in terms of the Rules of the Fund and the pertaining regulations, to assess the legibility of risk of potential clients and to manage the risk associated with taking on new clients that may be considered a high risk. Underwriting refers to the application of waiting periods and or exclusions for healthcare services in a hospital. Medical or health information, age, and risk criteria is used to determine whether waiting periods and or exclusions are applied when a new member joins the Fund. The underwriting for employees under an employer group differs from that of individuals or single families as cross subsidisation applies within an employer group. This process is put in place in the interest of all the members.

It is important to note that as part of the underwriting process, Heritage Health reserves the right to request additional information relating to the clinical history of the principal member and his or her dependants.

What makes Heritage Health Different?

Benefit design is fresh and innovative

The biggest advantage is that all the healthcare services are *paid at 100% of the actual costs* being charged by your healthcare providers and the hospitals. You will not be burdened with co-payments because of shortfalls arising between the doctor's fee and what Heritage Health pays. Heritage Health brings a new benefit design to the medical aid fund industry. The Fund's benefit options are set up in such a way that a member can choose to ***Design their own benefit offering***. The benefit design distinguishes each option and ensures that members can upgrade their benefit option to more comprehensive cover as their medical needs increases with age. The benefit plans are flexible in terms of needs and affordability. Amendments are allowed at the beginning of each financial year and which commences annually on 1 January.

Please note:

The benefit options all include Emergency Evacuation/Ambulatory Services, Repatriation and Travel Insurance benefits.

Contribution structure – How much you pay monthly to be a member

The monthly contributions are payable upfront by no later than the 7th (seventh) day of each month. Benefits are suspended should the payable contribution not be received by the due date and the member will receive a letter confirming the suspension.

The contributions are calculated in terms of the hospital plan, day-to-day benefit(s) where elected, age of principal member, adult dependants and the number of child dependants.

Provision is made for additional age bands being 66 - 75 and 76+ on certain options making Heritage Health a leader. "Special dependants", the general accepted term for elderly persons who share the benefits of younger, healthier members, are required to have their own benefit option under Heritage Health as the age bands do make provision for such members. An added advantage is that "special dependants" have their own benefits and do not participate as a dependant on an option of a family thereby safeguarding the benefits of the family.

The monthly contributions for the *optional day-to-day plans* (out of hospital benefits) have been set according to a *fixed total monthly amount per family and not per beneficiary. You may choose more than one of these plans and each plan has its own fixed contribution.*

Contributions are always calculated on the eldest person's age bracket except in the case of employer groups' employees joining then the age of the employee is considered when the monthly contribution is calculated.

Chronic medication

To enable you to claim for chronic medication you will be required to register the chronic condition and provide a copy of a valid prescription. *It is important to note* that you have a choice between branded and generic medication items and by choosing a branded item you will be subjected to paying a co-payment of 15%. By choosing generic medication you will not be subjected to any co-payments and you will be extending your chronic medication. You need to register chronic medication to safeguard your acute medication benefits and your self-medication benefits from being depleted where you have included out of hospital benefits.

A chronic condition is a disease that persists for a long time, i.e. three months or more and generally cannot be prevented by vaccines or cured by once off medication. It is a condition for which you are required to take daily medication and not on an "as and when basis".

There are two lists of Chronic Medication, namely the Limited List and the Extended List. In practice the medication being prescribed for the conditions under the Extended List are costlier and hence the chronic benefits of the two lower plans under Heritage Health may not make enough provision for a year and you may run out of benefits. The two lists will assist you when considering your plan of cover or remembering that by using generic medication you will extend your benefits and you will not be subjected to any co-payments. The conditions on the Limited List is affordable on all the plans.

Please ensure that you are aware of your monthly costs for chronic medication and when you opt for a plan and please ensure that the available chronic medication will be enough for twelve months. Where you run out of benefits during the year you will be required to pay for the chronic medication out of your own pocket and which may become costly and unaffordable and result in complications. Alternatively request the pharmacist to provide you with the generic equivalent,

Members are however encouraged to manage their costs within the frame of available benefits that they have opted for and to ensure that they do not run out of benefits during the year.

What Information must be on Your Claims

- Your membership number
- Your surname and initials
- The date of birth of the patient
- The valid practice code of the healthcare provider
- The date of service
- The type and cost of treatment
- The tariff/ICD-10 code
- If you have paid - the proof of payment

Please note: if you only submit proof of payment you will not be refunded. It is important to always submit a detailed invoice to ensure reimbursement.

Complain Constructively

The Rules of Heritage Health Medical Aid Fund plays an important role in terms of your cover and it is important to familiarise yourself with the rules of the Fund, the terms and Conditions and which will assist you to understand the way you qualify for benefits and the relating payments.

A complaint may be lodged with the Fund via the following channels:

Post: Heritage Health, P O Box 23148, Windhoek, Republic of Namibia

Email: admin@heritagehealth-namibia.com

Fax: +264 61 271 287

You will always be informed of the status of your complaint and the Fund will make sure that the complaint is resolved quickly and efficiently. It is important to note that general enquiries will not be viewed as a complaint where the Rules, the Benefits and the Terms and Conditions have not been understood.

Heritage Health Wellness Benefit

Heritage Health offers a Wellness Benefit on all options, allowing you access to certain preventative screening tests and which is paid from your in-hospital cover thereby extending your day-to-day benefits including a Biometric Band.

Category	Sub Category	Age Band	Cost Code	Frequency	Payable Rate
Immunisation program	Influenza Vaccination	All		Annually	100%
	Baby Immunisation	First 6 years of life		Ministry of Health Protocols	100%
	Tetanus	All		Annually	100%
	Pneumococcal	Age 60 years and older, only high-risk people		Annually	100%
Screening benefit	- BMI	Adults		Once every year	100%
	- Blood sugar test (finger prick)	Adults		Once every year	100%
	- Blood Pressure test	Adults		Once every year	100%
	- Cholesterol test (finger prick)	Adults		Once every year	100%
Early Detection tests	General physical exam (at a GP)	Adults 30-59 years	0190/0191/0192	1 medical exam every 3 years	100%
		Adults 60-69 years	0190/0191/0192	1 medical exam every 2 years	100%
		Adults 70 yrs. / older	0190/0191/0192	1 medical exam every year	100%
	Pap smear - consultation	Females 15 years +	0190/0191/0192	Once every year	100%
	- pathology test	Females 15 years +	4566/4559	Once every year	100%
	Prostate Specific Antigen (PSA) Test (Pathologist)	Males 40-49 years	4519	Every 5 years	100%
		Males 50-59 years	4519	Every 3 years	100%
		Males 60-69 years	4519	Every 2 years	100%
		Males 70 yrs. / older	4519	Every year	100%
	Free prostate Specific Antigen (Free PSA) Only if PSA is raised (Pathologist)	Males 40-49 years	4524	Every 5 years	100%
		Males 50-59 years	4524	Every 3 years	100%
		Males 60-69 years	4524	Every 2 years	100%
		Males 70 yrs. / older	4524	Every year	100%
	Only if finger prick is Raised above 6mmo/L - LDL	Adults	4026	Once every year	100%
	- basic total	Adults	4027	Once every year	100%
	- HDL	Adults	4028	Once every year	100%
	- Triglyceride	Adults	4147	Once every year	100%
	-Lipogram	Adults	4025	Once every year	100%
	Only if finger prick is Raised above 11mmo/L - Blood sugar- Quantative	Adults	4057	Once every year	100%
	Mammogram (Includes sonar)	Females 40 yrs. +	34100/34101	Once every 2 yrs.	100%
	Bone Densitometry	Adults 50 yrs. +	3604/50120/ 58531	Once every 3 yrs.	100%
	Glaucoma test	Adults 40-49 yrs.	3002/11202/ 11212/3014	Once every 2 yrs.	100%
		Adults 50 yrs. +		Once every year	

General Information for a member of Heritage Health?

When does Cover Commence

After the application form has been received and processed and the necessary monthly contributions have been received in advance you will receive a membership card detailing your membership number and your dependants. It is important that you notify all your providers of your medical aid cover under heritage Health and that you provide your membership number to them.

What about Benefit Option Amendments

Benefits are applicable from 1 January to 31 December annually. This being referred to as your benefit year. Members are not allowed to increase their level of cover during any benefit year. It is thus important to ensure that the appropriate level of cover is being opted for at the beginning of each benefit year.

Waiting Periods and Exclusions

It is important for you to familiarise yourself with the underwriting conditions of a new application form as well as the general exclusions under Heritage Health. Detailed information is provided in the Rules of Heritage Health. By contacting the Fund, you may receive a copy, or it may be viewed via the website of the Fund.

Termination of Cover

Membership under the Fund can only be terminated after having received written notification thirty days in advance. Members who have enjoyed cover under an employer group and who resign from cover under the employer group may continue their cover under Heritage Health by completing a new application form.

It is important to note that Heritage Health may also terminate your benefits under the following conditions:

- where contributions have been in arrears for three consecutive months;
- if the information provided in the application form at the time that you became a member is false and has a direct impact on your risk rating for cover;
- in the case of fraud and abuse and

Emergency Evacuation Cover

Inclusive of your medical aid cover and monthly contribution is E-Med Rescue 24 which has been sourced to provide the services for ambulatory services and emergency evacuation services. When in need of these services you will be required to contact Emed directly. You will receive a card with your Heritage Health membership card confirming your cover under E-Med Rescue and their contact details.

E-Med also applies clinical protocols with terms and conditions. Ultimately patients can only be transported when clinically justified.

Repatriation Benefit

Inclusive of your medical aid cover and monthly contribution is Repatriation benefits. It is important that you contact the Fund to assist you with the completion of the application form to initiate the stated benefits.

Ex-Gratia Considerations

Ex gratia applications are normally considered for financial assistance. Under the Heritage Health benefit plans, ex gratia applications will only be considered for in-hospital cases *and* all applications are always subject to the completion of the prescribed ex gratia application form and the supporting documents. It is not standard practice to award ex gratia assistance and therefore it is important to ensure that enough cover has been opted for when you select your benefit plan annually. Ex gratia application form may be obtained from the Heritage Health office. Completing and submitting an ex gratia form does not necessary imply that additional benefits will be granted.

Motor Vehicle Accident Claims

All costs incurred for treatment of injuries resulting from a motor vehicle accident and which qualify for an MVA, (Motor Vehicle Accident Fund) claim will initially be covered by the Fund and provided that the member will submit a valid claim to the MVA Fund *within 60 days* from the date of the incident and that the member will refund the Fund *within 7 days* after any payment has been made by the MVA Fund to the member in lieu of the MVA claim.

Should the member fail to submit a claim to the MVA fund within the specified Period; or should the member fail to refund the Fund within 7 days after any payment had been made by the MVA Fund to the member in lieu of the MVA claim; or if the claim was rejected by the MVA Fund due to the fact that the member did not comply with the MVA Fund rules and regulations, the member will be held liable for all the costs incurred by the Fund and the Fund reserves its right to recuperate such costs directly from the member.

Claiming under Heritage Health – a simple process

The submission of valid claims is a simple process. Healthcare providers who claim directly will receive direct payments. This will include the healthcare providers who are in South Africa.

Your responsibility to ensure that claims are submitted

The patient always ultimately remains responsible for the payment of a healthcare service provided by a registered healthcare provider. It is always your responsibility to make sure that all your claims are submitted so that your respective healthcare providers are paid for the services that you or your dependants have received from them.

How do I claim?

When visiting a healthcare provider, you will need to present your membership card prior to the service being provided.
This enables the healthcare provider to validate your medical aid cover and your available benefits.

Direct payments for the costs of the treatment is made to the healthcare provider pending the available cover under the benefit limits.

If you visit a healthcare provider who does not claim directly then payments for the cost of treatment will be made to you to reimburse the healthcare provider. All payments are always undertaken in terms of the available benefits. If you have already paid your healthcare provider always remember to attach proof of payment to your claim which needs to be a specified invoice.

Claims can only be refunded to yourself or a medical healthcare provider if you have benefits available. You can keep track of your cover usage by registering on the website under the self-service portal.

Submission of Claims

Claims can be submitted in several ways:

1. If you have paid the provider, whether it is a pharmacy or any other provider, you need to submit a detailed invoice and proof of payment to enable reimbursement directly to you.

2. Invoices may be submitted to the office of Heritage Health in the following ways:

    - Hand delivery of a hard copy to the office of Heritage Health
    - Email submission to the following email address: admin@heritagehealth-namibia.com
    - Posted to the following postal address: P.O. Box 23091, Windhoek, Namibia
    - Faxed: +264 61 271287
    - Electronically via the website or via the switch for providers
    - We also make use of courier services for healthcare providers outside Windhoek

How long will it take for claims to be paid?

A maximum period for payment of claims is one month from date of submission – *not date of service*, where the claim is a valid claim meeting the necessary criteria to enable processing of the invoice. Under Heritage Health we have weekly claim run payments. All members and healthcare providers are encouraged to submit claims immediately after consultation or treatment to avoid any unnecessary delays or to have the disappoint that benefits have been depleted.

Submit claims on time

To qualify for the payment of benefits, a claim must be submitted *within four months* from the *date of service* and not the date of the invoice. A claim submitted beyond this timeframe will not be paid. This condition is stipulated in the Regulations pertaining to medical aid funds.

Make sure that you can afford the treatment

Heritage Health can determine if you are eligible for a particular treatment in terms of your benefits, as well as advise you as to whether you have funds available to pay for it (within benefit limits stated in the benefit table). However, it is up to you to confirm that you have funds available by checking with us or referring to the benefit table and asking the healthcare provider what the costs for treatment will be.

Kindly note: In the case of the internal prosthesis not being enough during a benefit year, by contacting the Administrator members will be assisted to obtain more affordable internal prosthesis and by doing so members will not be subjected to paying the costs not covered due to benefits being insufficient.

How do I obtain pre-authorisation?

To obtain a pre-authorisation number prior to admission, you, your attending healthcare provider or the hospital must contact Heritage Health and provide the necessary clinical details. Alternatively, there is a pre-authorisation form to be completed which is available via the website or can be obtained from the Fund. It is important to notify the Fund 48-hours in advance for the approval of a preauthorisation number.

An emergency is a medical condition which is of sudden and unexpected onset that requires immediate medical or surgical treatment where failure to provide this treatment would result in serious impairment of bodily functions, serious dysfunction of a bodily organ or part, or would place the Person's life in serious jeopardy. In such cases the hospital and the doctor will contact the Fund directly.

It is important to consider your underwriting conditions (waiting periods or exclusions) prior to being submitted to any hospital to ensure that you will be covered.

Case Management

Case management is used to track the treatment and costs while in hospital to ensure that the member is receiving the correct treatment and level of care.

Case management applies:

- When the case is outside of the allocated **length of stay** (LOS); **level of care** (LOC) or for **high-cost** cases. (E.g. Organ transplants, Neurological cases, Cardiac cases, Poly trauma).
- In cases where **special medication** is required. (E.g. Polygamy V-fend, Tractocile, Xigris)

Auditing

Once received, claims are clinically audited and paid in accordance with the relevant benefit rules and clinical policies. When charges on an account are deemed clinically inappropriate these may be rejected when the claim is processed for payment and the provider is notified.

Items such as telephone costs, TV/earphone hire fees or Personal toiletries such as aftershave cream or soap will not be paid by the Fund.

Please note:

Heritage Health will not pay for any extra stay in hospital besides the allocated LOS (Level of Stay) unless it is clinically motivated by the attending physician. Any extra stay which has not been approved will be paid by the member, out of own pocket.

There are benefit limits applicable under your plan of cover and it is important to verify the available cover prior to being submitted in the hospital to prevent you from having to pay out of pocket short payments when discharged. You can obtain this information from the Heritage Health website or by contacting the office of the Fund.

When your request is authorised, you will receive:

- An authorisation number
- The approved number of days in hospital (if a stay is required)
- The Cost and/or ICD-10 code(s)

If your hospital stay is extended, the hospital case manager will inform the case managers of the Fund.

Funding for additional days will be approved if:

- The request meets clinically appropriate criteria
- It is within the Heritage Health Rules
- Benefits are available

Please note:

While every effort is made to establish member eligibility and availability of funds, authorisation is not a guarantee of payment. Although benefits are not payable while a waiting Period is still in force, a member needing emergency trauma treatment within the general waiting may be covered subject to the terms and conditions under the Fund and the available benefits.

What is Casualty Benefit

A casualty incident is an *emergency incident which occurs after hours* and for which you need to go to the emergency division of a hospital. It is ***not*** something which may be obtained during normal working hours at a doctor's practice. Strict measures will apply to prevent abuse.

Medication under Heritage Health

As a member it is important to understand the importance of medication. We all know about the rising costs of health care, and how expensive prescription medicines can be. But do you know how much it can cost if you don't properly take your medications. There are lots of reasons why people neglect to take their drugs properly. The most common reason is that they just forget which seems innocent enough. However, the consequences can be deadly if forgetting leads to taking the same medication twice and overdosing. And skipping a dose by accident might not seem to be such a big deal, but in many cases, it is absolutely crucial that doses be kept on as regular a schedule as prescribed. Medicine is considered as one of the most important necessity to all of us as it is used to treat disease or injury. Some medicines may cause problems if you take them with other medicines. Therefore, it is important to tell your doctor and pharmacist about all the medicines you are taking as some medicines can cause problems, even if you take them correctly.

Medication covered under the benefits of Heritage Health depends on the benefit plan of cover being opted for. The chronic medication is covered under the in-hospital plan. Under the chronic medication cover there is a co-payment of 15% payable whereas the acute medication cover or self-medication has no applicable co-payment payable at the time of collecting the medication at the pharmacy unless. The acute and self-medication fall under your day-to-day benefits.

Acute Medicines

An acute condition is a disease process which has a sudden onset, and which requires immediate treatment and has a short and relatively severe course. Acute medication is normally accompanied by a prescription from your general practitioner or healthcare provider. You can obtain your acute medicine from the pharmacy or from a dispensing physician. An acute incident never has a repeat prescription but may require a follow-up visit with a new prescription. The acute medication cover resorts under the day-to-day or out of hospital benefits.

OTC (Over the Counter Medicines)

Over the counter medicines and referred to as self-medication, and for which a prescription is not needed can be obtained at a registered pharmacy within the set limit under the day-to-day benefit having been opted for.

Why are certain medicine items excluded?

Certain items such as tonics, shampoos, soaps and cosmetics are excluded, and the cost will not be covered by the Fund. The principle of a health financing product is that the product should assist you to pay for medical needs, that if not treated will lead to a health risk. It is thus wise to save your benefits for times when treatment is needed the most and when, if the incident is not treated, will impact your future health. The system that is being used to administer the benefits under Heritage Health is a rule-based live system and items that should not be paid for, will be rejected by the system at your pharmacy or prescribing doctor if it falls under the list of items generally excluded or not covered. In such instances, should you wish to obtain the item(s), you will be required to pay for it out of your own pocket.

What is Branded Medicine?

Brand name medications are developed under patent protection. A drug company may spend years on research and testing before bringing a new drug to market. A manufacturer's initial price for a new medication includes all the development costs it incurred for the drug and it is therefore normally very expensive.

What is Generic Medicine

As the expiration date of the patent approaches, any drug manufacturer (including the one that produced the brand name version) may apply for Permission to produce a generic version of the medication.

Companies making generic versions do not have to:

- Do the research that was needed to create the drug in the first place
- Put the drug through clinical trials; or
- Set up marketing campaigns for the generic drug

Eliminating these three factors from the cost of manufacturing means a generic can be sold at a far lower price than the brand name version.

A Generic Drug must:

- Contain the same active ingredients as the innovator drug (inactive ingredients may vary)
- Be identical in strength, dosage form and route of administration
- Have the same use indications
- Meet the same batch requirements for identity, strength, purity and quality

Medicine exclusions

Certain medicines are excluded for payment from the acute or chronic medication benefit for various reasons. These include:

- Medication not proven to have relevant clinical value
- Medication that is more expensive than equally effective and safe alternatives
- Medication prone to abuse
- Some combination products, where it is more appropriate to use single ingredient products
- Newly registered products under review
- Some expensive chronic medication is subject to strict clinical protocols and guidelines and requires additional authorisation.

Managing Your Benefits under Heritage Health

- *Your Benefits*

As a member of the Fund it remains your responsibility to ensure that you know and understand the benefits that you have opted for and the relating terms and conditions. Terms and conditions are set to ensure that you can manage your cover effectively without having to fund medical expenses from your own pocket. It is thus important to make every attempt to become knowledgeable of the information that is applicable for that which you are paying and that you are entitled to.

- *Why you need to manage your cover*

Certain limits have been put in place to ensure affordability and feasibility. You will note that the limits include restrictions on the number of consultations and maximum amounts covered per category of cover. To ensure that your medical costs are fully covered you need to manage your cover within the set of annual limits of the key cover limits provided to you. Should you exceed these limits, the additional expenses will be for your Personal account. It is therefore important that you only utilise medical services when clinically necessitated and do not claim for unnecessary treatment. To ensure that you are within your limits you should pay special attention to the following cover limits and how much cover you have used in relation to the limit:

- Consultations – Per annum (GP/Specialists/Dental)
- Procedures – (Includes Pathology, Radiology and Dental)
- Chronic Medicines
- Acute Medicines
- Self-medication
- Optical
- Physiotherapy
- External Prosthesis
- Appliances
- Auxiliary cover

- *Viewing and checking your cover usage*

There are various means of checking your cover usage:

1 The administration system being used to administer your benefits is sophisticated and reflects utilisation patterns accurately at the time of viewing it. The system is a live system which allows pharmacies to have an accurate and correct version of available cover, limits, items covered, items excluded at the very time of dispensing through a reliable internet connection to the Heritage Health system. The system allows you to manage your membership by registering on the website where you can view an up-to-date record of your cover limits and how much you have used to date. Please visit the website or the office for assistance with registration to your portfolio, if you are not already registered. We strongly recommend that you check your cover availability prior to visiting healthcare providers.

2 In order to check cover availability you are also able to contact the Administrator.

3 To manage your cover usage it is important to ensure that your cover limits are being correctly charged for. After visiting a provider, you should always ensure that you are aware of, and authorise the amount that the provider claims for your treatment/procedure to ensure that the correct amount is being charged.

4 To ensure optimal use of your limited cover, it is important to understand your cover on all the plans being offered by Heritage Health. For example, should you be diagnosed with a chronic condition and follow the correct procedure of registering for the chronic condition, you are entitled to chronic medication cover. It is important that you register to ensure that you have access to these additional benefits.

5 Seeking second and third opinions, extra consultations are needed and diagnostic tests, x-rays etc. Preventing repeating these tests/procedures with each new provider, ask your GP for a referral letter along with any pathology results, x-rays etc. that may be relevant for a second opinion. This will avoid accruing unnecessary costs to your cover limits.

What happens when you reach your cover limits?

The various benefit plans are designed in such a way that it ensures effective and appropriate cover for all members. If you effectively manage the available benefits, there is no reason for you to run out of benefits. However, benefits may be exceeded if you do not manage their utilisation, or if you abuse the limits and once exceeded you will personally be responsible for the payment of medical costs incurred. It is in the interests of all policy holders to manage utilisation to ensure the sustainability of the cover provided as well as to contribute to the management of the monthly payable premium costs to obtain cover under Heritage Health.

What is a pre-existing condition?

A pre-existing condition means an injury, illness, condition or symptom for which treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable by the insured person prior to cover start date, or which originated, or was known to exist by the insured person prior to cover commencing whether or not treatment, or medication, or advice, or diagnosis was sought or received.

What is a co-payment

Co-payments are portions of the cost of procedures or services provided by doctors that members will be responsible. This is for example the 15% co-payment on the chronic medication benefit.

Are any exceptions made for the underwriting?

Underwriting concessions are available for larger employer groups and/or takeover groups.
Please contact our office to acquire more detail on these concessions.

YOU are now in control of your benefits

Managing your benefits wisely under the benefit plans of Heritage Health Medical Aid Fund will be to your advantage. All medical services whether in- or out- of hospital are being paid at 100% of the actual costs being charged by your healthcare provider.

Chronic Conditions

Limited List Conditions

Addison's disease
Asthma
Attention Deficit Hyperactivity Disorder
Bronchiectasis
Cardiac failure
Cardiomyopathy
Chronic Obstructive Pulmonary Disease
Chronic renal disease
Coronary artery disease
Crohn's disease
Diabetes insipidus
Diabetes mellitus types 1 and 2
Dysrhythmias
Epilepsy
Glaucoma
Haemophilia
Hyperlipidaemia
Hypertension
Hypothyroidism
Multiple sclerosis
Parkinson's disease
Rheumatoid arthritis
Systemic lupus Erythematosus
Ulcerative colitis

Extended List Conditions

Ankylosing spondylitis
Behest's disease
Benign Prostatic hypertrophy
Bipolar mood disorder
Connective tissue disorder (mixed)
Cushing's disease
Cystic fibrosis
Delusional disorder
Dermatomyositis
Gastro oesophageal/reflux
Generalised anxiety disorder
Huntington's disease
Hyperparathyroidism
Major depression
Motor neurone disease
Muscular dystrophy and other inherited myopathies
Myasthenia gravis
Obsessive compulsive disorder
Osteoporosis
Paget's disease
Panic disorder
Paraplegia
Pemphigus
Pituitary micro adenomas
Polyarthritis Noosa
Post-traumatic stress disorder
Psoriasis/dermatitis/eczema
Psoriatic arthritis
Pulmonary interstitial fibrosis
Quadriplegia
Schizophrenia
Sjogren's syndrome
Stroke
Systemic sclerosis
Thrombocytopenia purpura
Trigeminal Neuralgia
Valvar heart disease
Wegener's granulomatosis

Please Note:

This Benefit and User Guide is merely a summary of the most important information that you may need when considering joining Heritage Health. It is important to refer to the Rules of the Fund for detailed information including the terms and conditions for cover under the Fund.

Your Own Notes: