



Renaissance Health
Medical Aid Fund

Contributions 2011

The Fund rules provide for the application of group claims experience rating contribution models through various and registered group premium structures. Groups may be allocated the appropriate group premium rate which could mean up to a 15% difference in your monthly contributions, based on size and low claims ratio's. The experience rating contribution tables of Renaissance Health support the objective of the Fund to retain and continue to attract a "healthier" group demographic and membership profile which not only guarantees original value when you join but also ensures lasting sustainability. Our track-record indicates that contribution increases are contained well below industry norms.

ELITE CARE MONTHLY CONTRIBUTION

Age	Individual Rates			Group Rate 1*			Group Rate 2*			Group Rate 3*		
	Main	Spouse	Child	For groups with 10 to 49 main members			For groups with 50 to 249 main members			For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0-25	1,860	1,670	780	1,770	1,590	745	1,675	1,505	705	1,585	1,420	665
26-30	1,910	1,735	780	1,815	1,650	745	1,720	1,565	705	1,625	1,475	665
31-35	2,160	1,920	780	2,055	1,825	745	1,945	1,730	705	1,840	1,635	665
36-40	2,215	1,990	780	2,105	1,895	745	1,995	1,795	705	1,885	1,695	665
41-45	2,465	2,170	780	2,345	2,065	745	2,220	1,955	705	2,100	1,845	665
46-50	2,595	2,285	780	2,470	2,175	745	2,340	2,060	705	2,210	1,945	665
51-55	2,910	2,575	780	2,765	2,450	745	2,620	2,320	705	2,475	2,190	665
56-60	3,060	2,660	780	2,910	2,530	745	2,755	2,395	705	2,605	2,265	665
61-65	3,350	3,090	780	3,185	2,940	745	3,015	2,785	705	2,850	2,630	665
66+	3,475	3,225	780	3,305	3,065	745	3,130	2,905	705	2,955	2,745	665

PRESTIGE CARE MONTHLY CONTRIBUTION

Age	Individual Rates			Group Rate 1			Group Rate 2			Group Rate 3		
	Main	Spouse	Child	For groups with 10 to 49 main members			For groups with 50 to 249 main members			For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0-25	1,590	1,255	760	1,515	1,195	725	1,435	1,130	685	1,355	1,070	650
26-30	1,700	1,320	760	1,615	1,255	725	1,530	1,190	685	1,445	1,125	650
31-35	1,890	1,470	760	1,800	1,400	725	1,705	1,325	685	1,610	1,250	650
36-40	1,970	1,655	760	1,875	1,575	725	1,775	1,490	685	1,675	1,410	650
41-45	2,110	1,805	760	2,005	1,715	725	1,900	1,625	685	1,795	1,535	650
46-50	2,265	1,910	760	2,155	1,815	725	2,040	1,720	685	1,930	1,625	650
51-55	2,425	2,010	760	2,305	1,910	725	2,185	1,810	685	2,065	1,710	650
56-60	2,480	2,120	760	2,360	2,015	725	2,235	1,910	685	2,110	1,805	650
61-65	2,855	2,395	765	2,715	2,280	730	2,570	2,160	690	2,430	2,040	655
66+	3,015	2,510	765	2,865	2,385	730	2,715	2,260	690	2,565	2,135	655

STATUS CARE MONTHLY CONTRIBUTION

Age	Individual Rates			Group Rate 1			Group Rate 2			Group Rate 3		
	Main	Spouse	Child	For groups with 10 to 49 main members			For groups with 50 to 249 main members			For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0-25	1,315	925	625	1,250	880	595	1,185	835	565	1,130	795	535
26-30	1,415	1,190	625	1,345	1,135	595	1,275	1,075	565	1,215	1,025	535
31-35	1,660	1,370	625	1,580	1,305	595	1,495	1,235	565	1,425	1,175	535
36-40	1,685	1,410	625	1,605	1,340	595	1,520	1,270	565	1,445	1,210	535
41-45	1,835	1,620	625	1,745	1,540	595	1,655	1,460	565	1,575	1,390	535
46-50	1,975	1,655	625	1,880	1,575	595	1,780	1,490	565	1,695	1,420	535
51-55	2,105	1,745	625	2,000	1,660	595	1,895	1,575	565	1,805	1,500	535
56-60	2,210	1,785	625	2,100	1,700	595	1,990	1,610	565	1,895	1,530	535
61-65	2,480	2,150	625	2,360	2,045	595	2,235	1,935	565	2,125	1,840	535
66+	2,630	2,265	625	2,500	2,155	595	2,370	2,040	565	2,255	1,940	535

EXPRESS CARE MONTHLY CONTRIBUTION

Age	Individual Rates			Group Rate 1			Group Rate 2			Group Rate 3		
	Main	Spouse	Child	For groups with 10 to 49 main members			For groups with 50 to 249 main members			For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0-25	1,175	870	495	1,120	830	475	1,060	785	450	1,010	750	425
26-30	1,180	885	495	1,125	845	475	1,065	800	450	1,015	760	425
31-35	1,270	970	495	1,210	925	475	1,145	875	450	1,090	835	425
36-40	1,310	1,060	495	1,245	1,010	475	1,180	955	450	1,125	910	425
41-45	1,430	1,165	495	1,360	1,110	475	1,290	1,050	450	1,230	1,000	425
46-50	1,530	1,295	495	1,455	1,235	475	1,380	1,170	450	1,315	1,115	425
51-55	1,605	1,395	495	1,525	1,330	475	1,445	1,260	450	1,375	1,200	425
56-60	1,635	1,445	495	1,555	1,375	475	1,475	1,305	450	1,405	1,240	425
61-65	1,970	1,750	495	1,875	1,665	475	1,775	1,575	450	1,690	1,500	425
66+	2,025	1,770	495	1,925	1,685	475	1,825	1,595	450	1,735	1,520	425

* We count a maximum of five dependants when we work out the monthly contribution

ECONO CARE MONTHLY CONTRIBUTION (INCOME)

Salary	Individual Rates			Group Rate 1*			Group Rate 2*			Group Rate 3*		
	Main	Spouse	Child	For groups with 10 to 49 main members			For groups with 50 to 249 main members			For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0 - 2,000	795	550	320	760	525	305	720	495	290	685	475	275
2,001 - 3,000	825	685	320	785	655	305	745	620	290	710	590	275
3,001 - 4,000	915	810	320	870	770	305	825	730	290	785	695	275
4,001 - 5,000	1,025	925	320	975	880	305	925	835	290	880	795	275
5,001 - 6,000	1,135	1,045	320	1,080	995	305	1,025	945	290	975	900	275
6,001+	1,255	1,110	355	1,195	1,055	340	1,130	1,000	320	1,075	950	305

PRIMARY CARE MONTHLY CONTRIBUTION

Salary	Individual Rates			Group Rate 1			Group Rate 2			Group Rate 3		
	Main	Spouse	Child	For groups with 10 to 49 main members			For groups with 50 to 249 main members			For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0 - 2,000	505	325	220	480	310	210	455	295	200	435	285	190
2,001 - 3,000	570	380	220	545	365	210	515	345	200	490	330	190
3,001 - 4,000	645	460	220	615	440	210	585	415	200	560	395	190
4,001 - 5,000	700	535	220	665	510	210	630	485	200	600	465	190
5,001 - 6,000	700	535	220	665	510	210	630	485	200	600	465	190
6,001+	700	535	220	665	510	210	630	485	200	600	465	190

VITAL CARE MONTHLY CONTRIBUTION

Salary	Individual Rates			Group Rate 1			Group Rate 2			Group Rate 3		
	Main	Spouse	Child	For groups with 10 to 49 main members			For groups with 50 to 249 main members			For groups with 250 and more main members		
	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child	Main	Spouse	Child
0 - 800	245	170	85	230	160	85	220	150	80	205	140	75
801 - 1,500	255	180	90	240	170	85	225	160	80	215	150	75
1,501 - 2,000	270	190	95	255	180	90	240	170	85	225	160	80
2,001 - 2,500	285	195	100	270	185	95	255	175	85	240	165	80
2,501 - 3,000	300	205	105	280	190	100	265	180	90	250	170	85
3,001 - 3,750	310	215	110	290	200	105	275	190	95	260	180	90
3,751 - 4,500	325	225	115	305	210	110	290	200	100	275	190	95
4,501 +	425	295	150	400	280	142	380	265	130	360	250	125

* We count a maximum of five dependants when we work out the monthly contribution



BENEFIT BUILDERS

Consultations

Cover	Benefit	Premium pm
Standard	12 Consultations	N\$ 155 per person
Executive	16 Consultations	N\$ 165 per person

Dental Services

Cover	Benefit	Premium pm
Standard	N\$ 8 000	N\$ 535 per person
Executive	N\$ 12 000	N\$ 805 per person

Medical Services

Cover	Benefit	Premium pm
Standard	N\$ 5 000	N\$ 290 per person
Executive	N\$ 10 000	N\$ 535 per person

Acute Medication

Cover	Benefit	Premium pm
Standard	N\$ 4 500	N\$ 300 per person
Executive	N\$ 6 500	N\$ 355 per person

Chronic Medication

Cover	Benefit	Premium pm
Basic	N\$ 6 000	N\$ 355 per person
Standard	N\$ 12 000	N\$ 525 per person
Executive	N\$ 24 000	N\$ 700 per person

* The Chronic Benefit Builders are also available to Econo Care members

Optical Services

Cover	Benefit	Premium pm
Standard	N\$2 000	N\$ 145 per person
Executive	N\$4 000	N\$ 390 per person

* Bi-focal and tri-focal lenses @ 1.5 times the standard benefit

* You may qualify for a laser eye surgery benefit of N\$ 8 000 per person

Subject to ophthalmic scales

Auxiliary & Essential Services

Cover	Benefit	Premium pm
Standard	N\$ 4 500	N\$ 275 per person
Executive	N\$ 6 500	N\$ 325 per person

General Rules applicable to Benefit Builders:

- * If you buy down to Prestige, Status or Express Care at the beginning of the year then you are only allowed to buy Benefit Builders until 31 March of that year.
- * If you buy down to Econo Care at the beginning of the year then you are not allowed to buy Benefit Builders for 2 years.
- * If you remained on the same product cover or bought up at the beginning of the year you are allowed to buy Benefit Builders at any time of that year.
- * We pro-rate Benefit Builders according to when you buy the options.

