



Renaissance Health
Medical Aid Fund

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HEALTH BITE

from the Principal Officer's Desk

It's with great pleasure that we look back at an eventful year. Looking back we realize that Renaissance Health has been experiencing a Renaissance. Not only has the Principle Officer changed from Mr Callie Schaffer to Dr Elton Black but our chairman and vice-chairman has changed places, the result of a very successful AGM.

The fund hosted a very successful AGM. I want to make use of this opportunity to thank all our members for their interest and commitment to the funds operations. The AGM was attended by in excess of 200 members which is way above the industry average of 15 members.

We are pleased to announce to you that the fund membership has grown in excess of 20%; the Prosperity Marketing and Sales team did a great job by adding in excess of 2500 members to the fund. This is indeed a remarkable achieve-

ment, one that will be difficult to repeat in 2012. The consequence of this impressive growth is that the funds solvency ratio has decreased from 30% to 28%. We are however not alarmed by the slight decrease in solvency as we expected and planned for it. The solvency ratio is still well above the stipulated South African recommended solvency ratio of 25%. We are very pleased not only to have had high volume growth but also to have grown in the areas that are of strategic importance to the fund.

We have once again managed to achieve a single digit annual contribution rate increase of 9.6%. This rate is a function of very elaborate inflation calculations along with adjustments for changes in the funds demographic profile and medical service usage pattern. We trust that you will continue to use your medical aid prudently in so doing contributing to low annual increases and

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the long term financial sustainability of the fund- remember the fund belongs to you!

We have planned a strategic break away for early March 2012 during which we would like to address some of the funds weaknesses. The areas that will need to improve going forward are that of member education and preventative health programs. We would like to improve the frequency and content of the communication engagements we have with our esteemed members.

Finally, we would like to wish you a pleasant festive season. Enjoy your time with family and friends and look after yourself.

WE LOOK BACK AT 2011

2011 has been a very good year for Renaissance Health, here we will just touch on a few key highlights, and we will discuss this more in detail later in the newsletter.

We have seen the Fund grow with approximately 20% in members this year. At the beginning of this year we set ourselves a growth target of 13% however together with the target we also decided to grow in a healthy demographic segment. A Fund cannot grow if we have members resigning, as that can lead to negative growth. We have opened a Retention Department that only focuses on members who want to resign from the Fund. Another reason why this is

so important is that younger members are usually the ones that can afford to change from one fund to the next, and as explained before it is very important for us to grow and retain our younger, healthier members. We can announce to you that in 2011 we have only lost 1.56% of our members and the main reason for resignations was members resigning from their current employer and moving to a new company that uses a different fund. None of our members changed funds this year because of our benefits, indicating to us that our benefits are by far the best in the market.

Another area that we have focused on this year is electronic claims submissions with all our service providers e.g. GP's, Specialists, Pharmacies and hospitals. Our efficiencies increased dramatically with the introduction of new technology, 87% of our claims are now processed electronically. The claims are processed faster, more accurately at a lower cost of administration. This ensures that the maximum of your "healthcare dollar" can be used towards paying for claims.

Fund is proud to announce that for 2010 the non-healthcare costs were 14% and the latest figures indicate that we are on 12% as of end October. This again ensures that you, the member, have more money to pay for your claims.

Lastly the reserve ratio of the Fund is very important as that indicates the solvency of the Fund. NAMIFISA as the regulating body, indicates that a minimum of 10% is required in Namibia. Renaissance Health decided to follow the SA benchmark of a minimum of 25%. Considering the good growth we had in 2011 our reserve ratio is at 28% as of end October 2011.

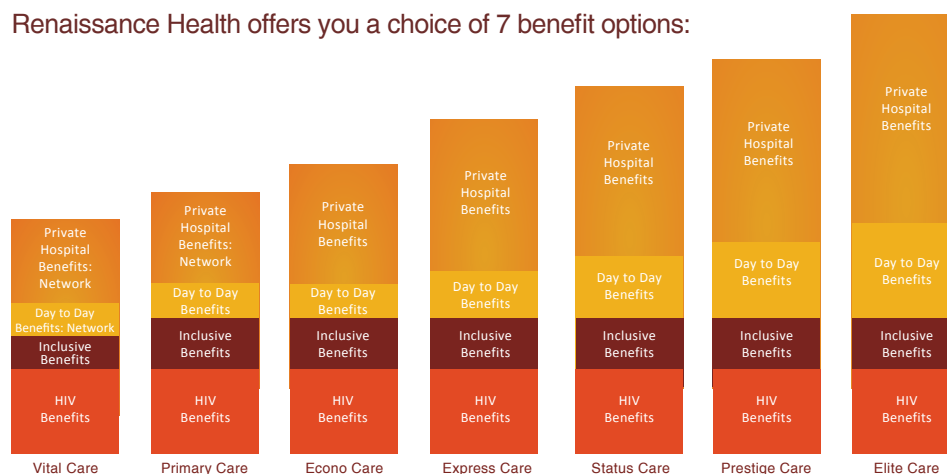
The Fund has also appointed , an independent research company, to help us measure the performance of the Fund and Administrator and ensuring that we keep on delivering to our members only the best products and services.

2011 has truly been a good year for Renaissance Health and we want to thank each and every one of our members for this. We believe that 2012 will deliver even more exciting initiatives and help us to give each and every member the products and services they expect from us.

SUMMARY OF RENAISSANCE HEALTH BENEFITS AND CONTRIBUTIONS FOR 2012

We offer a wide range of medical aid options to cater for the variety of all our members' healthcare needs – starting from the exclusive Elite Care option aimed at our high-income market to the Vital Care option which offers you affordable cover through a network of hospitals and doctors.

Renaissance Health offers you a choice of 7 benefit options:



You may choose any of the options according to your health needs and affordability.

Your benefits are uniquely structured to help you manage your own healthcare specifically according to your needs.

The Renaissance Health in hospital options have been designed with the philosophy to provide you with the utmost peace of mind and security and emphasis is placed on providing you with superior hospital benefits. Most of the options offer cover at any private hospital of your choice. The Primary and Vital Care options provide hospital cover within a network of contracted-in private hospitals.

The Fund has negotiated with the majority of specialists to ensure that when you use contracted-in specialists that we pay them directly at our agreed tariff. In other words, when consulting a specialist that has signed a contract with the Fund you will be covered in full for treatments and procedures in hospital.

We pay for Inclusive Benefits to make your day-to-day benefits last longer. Early detection and prevention of illnesses are crucial to your health. The Fund offers a range of medical services and financial assistance that protect you and help prevent and screen illnesses that would otherwise be overlooked:

- Health screening and preventative benefits provide additional cover for a range of medical services, incl. the following tests: baby immunisations, flu vaccines, tetanus diphtheria injections, pneumococcal vaccines, dental examinations, pap smears, mammograms, DEXA bone density scans, prostate screening, health assessments, body mass index, blood pressure, sugar, glaucoma and cholesterol tests.

- Travel assistance benefit provides up to N\$ 4,000 financial assistance per family for travel expenses incurred to obtain medical treatment which is not available in your town of residence in or outside Namibia.

- Trauma recovery extender plan covers day to day medical expenses for your recovery after certain specified traumatic events, upon your doctor's motivation and ap-

proval.

- You have an additional N\$ 100 000 per person cover for HIV/ AIDS treatment which provides an essential set of benefits that include cover for medication, HIV consultations, assessments and counseling etc.

- The maternity programme provides additional cover for antenatal visits, urine tests, scans, paediatricians and a Renaissance Health new baby welcome pack.

- Disease management programmes use a diagnostic evaluation of your claims to identify certain illnesses and provide relevant information to you to assist you to manage your condition(s) better.

- Lifestyle benefits reimburse members for participating at approved fitness and physical development facilities for example, Virgin Active, Curves, Nucleus, Will's Gym, Rosh Pinah Gym, Perfect Fit, Power Zone Gym, YAP Health and Live It! etc.

- A 24-hour emergency and health support line is available, phone us at +264 61 299 9363 to look after you in times of need.

- The SADC emergency benefit provides cover for emergency evacuation and repatriation in Namibia and from SADC countries back to Namibia or South Africa when it is medically appropriate.

We also provide a guaranteed direct admission at private hospitals in the event of a medical emergency when travelling or working outside Namibia. This includes assistance with the transportation of mortal remains from the place of death to the place of burial within Namibia.

- Cover for international medical emergencies when you travel outside Namibia and overseas, up to N\$ 10 000 000 per incident.

- The Contribution protector benefit is especially important if you, the principal member, have others who depend on your financial support. If you are unable to cover your monthly medical aid fund contributions upon your passing away, the benefit ensures a continuation of your contribution payments for 3 months.

The **chronic illness benefit** offers you comprehensive and flexible cover for chronic conditions. You also have the option of full cover as long as you have benefits available by using your preferred medicine list or the choice of using any medicine which may result in depleting your benefits sooner and attract levies.

In order to make your chronic illness benefits last longer the Fund also covers your approved treatments for cancer, cardiac and diabetes type 1 and 2 from your trauma benefits without any sub-limit constraints.

We pay for your routine medical expenses like GPs, specialists, dentists and optometrists etc. from your day-to-day benefits as long as you have benefits available. You may need to pay for your **day-to-day** medical expenses if you have run out of benefits. Most of the options offer cover at any medical service provider of your choice. Benefits amounts are clearly defined and you have a separate amount available for each person in your family. "Your family members are equally as important to us as they are to you and that is why all members of your family have access to equal benefit amounts".

The Vital Care option provides day-to-day cover within a network of contracted-in GPs, specialists, dentists and optometrists all over Namibia.

Your day-to-day cover can be further extended through the Benefit Builder options which allow you to selectively increase specific benefits and tailor make a unique benefit package.

The Fund acknowledges that each individual person's healthcare needs are unique. Your health status may also change at any time through the year. That is why we offer you a menu of specific day-to-day benefits which you may buy to extend your day-to-day cover.

Benefit Builder options include:

- Professional Services
- Consultations
- Acute Medication
- Chronic Medication
- Dental Services
- Auxiliary & essential services
- Optical Services
- Appliances and Prosthesis
- Alternative Services

All the Benefit Builder options are available on Elite, Prestige, Status and Express Care. Econo Care members may only buy the chronic medication Benefit Builder. Primary and Vital Care members do

not have the option to buy Benefit Builders.

Ensuring your value for money the Fund rules provide for the application of claims experience rating contribution models through various group premium structures and groups may be allocated the appropriate group premium rate table which could mean up to a 15% difference in your monthly contributions, based on size and low claims ratio's. A credibility adjustment rating of 2.5% may be applied on your group contribution rates should your claims ratio exceed the agreed criteria.

The average increase across all options effective 1 January 2012 is 9.8%; however the expected effective increase after the application of the experience rating contribution models will be significantly lower.

We value the trust that you have placed within the Renaissance Health Medical Aid Fund and we look forward to giving you peace of mind in 2012. Please contact any-one of our Client Services consultants if you have any queries.

HERE ARE SOME TIPS ON HOW TO STRETCH YOUR BENEFITS TOWARDS YEAR-END

There are many ways in which you can make your day to day benefits go further, especially as we near year-end.

Here are eight tips for stretching your day to day benefits:

1. Ask your doctor to charge medical aid rates (NAMAF tariff) instead of private rates.
2. Ensure that all scheduled hospital procedures are preauthorised. Please note that although you may be required to submit a quote, pre-authorization only authorises the procedure. Should the quote exceed the benefit or tariff offered by the Fund, the balance will be for your account.
3. Consult your pharmacist or clinic for minor ailments such as colds, flu, cuts and burns before seeing a doctor. You could save the benefits and often the medication received from the pharmacist can treat these minor ailments. If the medicine received from the pharmacist does not help, a doctor should be consulted. Members are further encouraged to discuss the fees that will be charged up front with the pharmacist.
4. Consult your doctor about the generic equivalent of your prescribed medication. Using generic medication could save you up to 60% on the cost of medicine. Ask your GP or pharmacist about the benefits of generic equivalent medicines.
5. Apply to register on the Chronic Medication Programme for your chronic medication to prevent your chronic claims being rejected or paid from your acute medication benefit. Please phone us at +264 61 299 9736.
6. Check your claim statements regularly and query any incorrect payments from your benefits with the Client Service Department. Please phone us at +264 61 299 9736.
7. Keep fit, use vitamins payable from your OTC (Over-The-Counter medicine) benefit and follow a healthy diet to avoid spending funds on your day to day benefits unnecessarily.
8. Confirm that the Fund will pay for medical expenses before having the treatment done, to avoid unnecessary expenses being paid from your pocket.

HOW TO CHOOSE THE RIGHT PRODUCT OPTION

We are nearing the end of the year and the products for 2012 are available, so we decided to give you a few guidelines to help you make the correct choice when choosing your product for next year. It is important for us to help you have peace of mind with the product you selected and that it is the right product for you and your family.

Because your family's needs will probably change from year to year, it is advisable to review your product option every year. Renaissance Health Medical Aid Product Options have a wide choice in terms of benefits offered and monthly premiums, making it easy for anyone to choose an option perfect for

them - especially with our Benefit Builders allowing you to selectively customise a plan just for you.

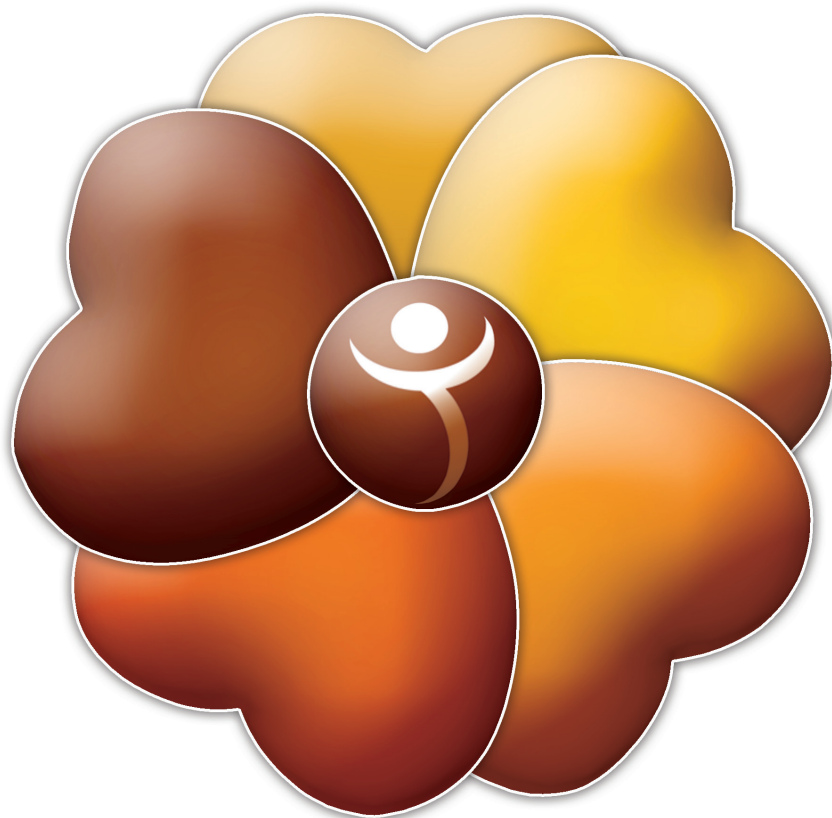
The two most important factors you need to consider when choosing a plan are **AFFORDABILITY** and **HEALTHCARE NEEDS**. Assess your family's healthcare needs (lifestyle, ages, range of medical services needed and medical history). You and/or your family's use of typical day to day benefits like acute and chronic medicine as well as factors such as hereditary diseases will influence your decision.

Calculate your ability to pay for unforeseen, high medical costs out

of your pocket or without having to borrow money.

Browse the Product pages (22 to 35) to match your needs to a plan. Also consider the Benefit Builders on page 36 if you know that you will need a higher benefit level on specific out of hospital services' sub-limits.

Then calculate what you can afford to pay per month. There is little point in putting yourself in financial difficulty just to pay your medical aid. Enquire with your employer if the medical aid subsidy they provide would cover the difference between the premiums of the plan you need and what you can afford.



WAYS TO HELP YOU LIMIT YOUR DRINKING THIS FESTIVE SEASON

The high accident rate related to drivers under the influence is a cause of concern for everyone during the festive season, dropping the legal blood-alcohol level even lower for drivers in Namibia is under discussion, and knowing how to socialise without going over the limit is the safest and healthiest option. On a practical level it is not always so easy, but these tricks could help you:

Don't do the rounds. Go out with your friends, by all means, possibly even pay for the first round, but don't drink round for round with them. That means that the amount you drink will depend on how much the others are drinking. Say something about an important early-morning meeting and don't let yourself be bullied.

Always have a drink handy. Get one drink and nurse it all evening. When someone offers you another, point at your half-full glass and say something like: "When I've finished this one". Point blank outright refusal and expressed intention to have only one will possibly result in others putting pressure on you to have another one.

If you can't join them, trick them. Drinks like lime and soda, or tonic without the gin, both look like alcoholic beverages, but aren't. Have several of these. Everyone will think you're drinking with them.

Drink low alcohol drinks. There are light beers on the market. You can also mix white wine with soda and have a spritzer. In this way you can have a drink in your hand all evening, without consuming more than the alcoholic equivalent of one glass of wine.

Ice is nice. Put lots of ice in your drink –essentially this waters it down and you can linger over it longer.

Pop the peanuts. Line your stomach with bar snacks, like pretzels or peanuts or chips. The emptier your stomach, the more immediate will be the effect of your alcoholic consumption. Alcohol and aspirin are the only two substances absorbed into the system directly through the stomach lining.

Water, water everywhere. Drink two glasses of water before you go, so that you don't find yourself downing two beers because you are thirsty. And anyway, as it is alcohol dehydrates you. Drinking a glass of water in between drinks is also a good idea and gives your liver a bit of a break.

Eat out rather than go to the pub. If you want to socialise with friends, it may be an idea to go out for a meal rather than going to a pub.

Singles not doubles. Order single drinks, not doubles. A double tot of anything already puts you over the legal limit for driving. Two doubles and most people will be fairly far gone.

Limit your spending money. Take a limited amount of money with you instead of a couple of hundred Namibian Dollars. If you have only N\$60 or N\$70 with you, it limits the amount you can drink quite effectively.

(Susan Erasmus, Health24, updated October 2010)



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CONTACT US

P: P.O. Box 22927, Windhoek, Namibia. T: +264 61 2999000 E: rhmaf@mweb.com.na
www.renaissance.com.na