The Northern Medical Aid Society

Management Rules

2021 **April**

DIGEST OF RULES

This digest of rules only contains a summary of those Rules of the Society which the Committee of Management considers will be of significance and is designed as a guide to members of the Society. It in no way supersedes or over-rides the Constitution of the Society.

BOOK OF RULES

A Copy of the Constitution of the Society should be held by all Constituent Body representatives and will be supplied by the Society to any members upon request.

OBJECTS

The Society is a nonprofit making organization operating throughout Zimbabwe, formed with the object of raising funds from contributions to enable it to defray expenditure incurred by members and their registered dependents in connection with medical, dental and other treatment and the purchase of prescribed medicines and drugs.

MANAGEMENT

The general business of the Society is under the control and supervision of a Committee of Management consisting of not less than six, and no more than ten members elected by representatives at the Annual General Meeting from among their members.

MEMBERSHIP

Membership is open to individuals and families plus the employees and employers who are approved and admitted by the Society's Committee of Management as Constituent Bodies
All new applicants are required to complete an application form and divulge all material facts concerning their and/or their dependents' health status.

NEW MEMBERS

All new members or dependents come into benefit immediately on admission, subject only to the waiting periods detailed below.

All NMAS Schemes run from 1 January to 31 December each year. Any member joining during the course of a calendar year will have their benefits prorated accordingly.

Depending on declared pre-existing medical conditions, a new member's application for cover will either be rejected or accepted with pre-existing medical conditions excluded from cover.

All new members are required to pay three months subscriptions upfront.

CONTINUATION MEMBERSHIP

The rules of the Society provide for continued membership in the following three circumstances only: -

- As a Pensioner

Employees retiring either on pension or on account of age, ill health or other disability, who at the date of retirement or termination of employment are over 65 years old and who have had a continuous medical aid membership for a period of not less than 5years.

- As a Widow or Widower

- Employee Leaving Employment

An employee (and dependents) resigning from a Constituent Body shall have rights, to be exercised not less than thirty days prior to the date of terminating their employment, to apply for the continuation of their membership of the Society and if accepted they shall thereafter be admitted as a Continuation member.

UPGRADING OR DOWNGRADING BETWEEN SCHEMES

Members and constituent bodies may apply to upgrade or downgrade between Schemes during the course of a year however this will be at the sole discretion of the Management Committee. Under no circumstances can a member upgrade once he or she is aware of a potential medical condition which may result in a claim

LIVING OUTSIDE ZIMBABWE

Should a member decide to live outside Zimbabwe, he/she may retain membership if they so wish. Membership under such circumstances shall be subject to Zimbabwe legal requirements, in particular those relating to Exchange Control. Claims and benefits will accrue at Zimbabwe rates (ZRVS).

WAITING PERIODS FOR NEW MEMBER

1. The benefit for routine dental treatment has a 6 month waiting period after the start date of membership.
2. The orthodontic treatment benefit has a 24 month waiting period. Children under the age of 12 years are not eligible for the orthodontic treatment benefit except where special dispensation has been granted by the Management Committee
3. The benefit for optical appliances has a 6 month waiting period after the start date of membership. This benefit is only available once every 24 months from the anniversary date of the last purchase.
4. The maternity benefit has a 12 month waiting period from the start date of membership.
5. The benefit for wellness checks has a 12 month waiting period from the start date of membership.
6. The benefit for hearing aids has a 3 month waiting period after the start date of membership and is only available to members once every 5 years from the date of initial purchase.
7. Oncology has a 6 month waiting period from the start date of membership.
8. There is a 9 month waiting period for elective surgery

TERMINATION

1. A member/Constituent body will cease to be a member in the event of subscription payment default
2. A member/Constituent body may opt to resign from membership of the Society by giving three calendar months' notice and payment of the requisite subscriptions
3. Membership may be terminated of either a member or Constituent body if there is proven evidence of overuse, misuse abuse or fraud

No portion of subscriptions will be refunded in the event of termination but should there be any claims paid which are for the account of the terminated member, the Society reserves the right to seek recompense from the member

SOME USEFUL DEFINITIONS

"Child" shall mean a member's dependent child, step-child or legally adopted child under the age of 18 years, who is unmarried and who is not entitled to benefits from any other medical aid society.

"Constituent Body" shall mean an employer duly admitted to membership of the Society or any approved Affinity Group.

"Dependent" shall, subject to the Rules, mean and include a person resident in Zimbabwe who is: -

a. In the case of a male married member:

   i. A wife of such member;
   ii. A child of such member, or

b. In the case of a married female member:

   i. A husband of such member if he is not entitled to benefits from another medical scheme.
   ii. A Child of such member; or

c. The child of a member who is a widow or widower; or

d. The child of a judicially separated or divorced member who has legal custody of such child; or

e. The child, step-child or adopted child of a member, between the ages of 18 and 25 who is unmarried and who is not entitled to benefits from another medical aid scheme, at the discretion of the Committee and provided that application of inclusion of such child is renewed at the beginning of each financial year.

f. A member's child over 18 years of age who, owing to mental or physical defects or similar cause is not in receipt of a regular remuneration, subject to the discretion of the Committee and on such conditions as it may specify; or

g. On the recommendation of a member's parents or a dependent's spouse's parents who are not more than 65 years old.

"Member(s)" shall mean a Constituent Body, Pensioner or Individual or Family or Continuation member.

"Overall Global Limit" is the maximum amount a member can claim per calendar year.

"ZRVS" shall mean the Zimbabwe Relative Value Schedule as obtained from the Association of Healthcare Funders of Zimbabwe.

PRIOR APPROVAL (PRE-AUTHORISATION)

Members must seek prior approval (pre-authorization) before being hospitalized for elective treatment as well as procedures such as CT and MRI scans, chemotherapy & radiotherapy.

SUBSCRIPTIONS

All subscriptions are payable monthly, in advance and any Member who fails to pay by the 1st of each month will be suspended and no claims will be processed. Should payment not be received by the 1st of the month, cover shall only be reinstated from the date of the receipt of subscriptions. Claims that fall within the period when subscriptions are in arrears will not be considered for payment even after subscriptions have been paid. All subscriptions received from the Members/Constituent bodies shall be supported with details of any changes, i.e. resignations, new additions, contact details, etc. In the case of any amendments, it is mandatory that a "Subscription Return Sheet" be completed with the payment.
The Management Committee reserves the right to review and amend the subscription rates from time to time to ensure the Society's viability

MEDICAL BENEFITS

Air Ambulance Services - not covered.

Dental Benefits - the benefit covers the cost of all normal dentistry performed on members or their registered dependents. This Society will refund up to ZRVS tariffs subject to the Annual Limit set out in the Benefit Table. The cost of orthodontic treatment will be treated the same as normal dentistry as set out above.

Family Planning - Consultations, minor procedures, pathology and commodities like contraceptives and drugs are paid in full up to ZRVS (providing all family planning clinics and doctors are registered with the Associate Health Care Funders of Zimbabwe - AHFoZ).

Fertility/HIV Drugs - Medication relating to HIV will be paid up to the members' medicines and drug maxima. Drugs or treatment relating to In-Vitro programs re fertility will NOT be met by the Society.

Glucometer and Nebulizer - will be adjudicated by the NMAS Committee.

Government/ Municipal Hospital - Charges will be paid in full up to ZRVS tariffs and benefit available

Ground Ambulance Services - subject to the Annual Limits set out in the Benefit Table, the services of any necessary Ground Ambulance Service within a municipal area are paid as charged up to US$150.00 for Primary Call, Procedure Call and Transfer Call. Long range calls will be paid up to US$2.50 per kilometer. Members are entitled to call any Road Ambulance, but all claims will be paid according to the above values. Furthermore, Ground Ambulance Services are only covered if the service is of an "emergency critical care" nature. Any members shown to have abused this service will be required to pay the full cost.

Hearing Aids - will be adjudicated by the NMAS Committee after prior referral from a Specialist Physician. This benefit is only available once every 5 years.

In-hospital drugs, dressings, blood transfusions - and any other medical requirements necessary in a hospital, private nursing home or administered by a medical practitioner will be paid according to ZRVS tariffs.

Medical Specialists - such as Pediatricians, General Surgeons, Gynecologists, Neurologists, Obstetricians, Radiotherapists and Orthopedic Surgeons are paid according to ZRVS tariffs.

Optical Appliances - Glasses, contact lenses will be paid in full subject to the Annual Limits set out in the Benefit Table, from the anniversary date of purchase, within a two-year period. The amount payable for eye tests will be according to ZRVS tariffs and subject to the Annual Limit set out in the Benefit Table. There is a 6 month waiting period for new members.

Orthopedic and Medical Appliances - will be adjudicated by the Management Committee after prior referral from a Specialist Physician.

Pathology - Blood and Laboratory tests are paid according to ZRVS tariffs subject to the Annual Limits set out in the Benefit Table.

Prescribed Medicine and Drugs - the cost of medicine and drugs prescribed by a medical practitioner or dentist provided that each member shall bear a

- 20% co-payment for Chronic
- 30% for Acute medication.
- 30% for Birth Control medicine even if prescribed for uses other than birth control

There is an overall limit on medicines and drugs as detailed on the Benefit Table.

There is no cover for over-the-counter medication.

Any member that suffers from a chronic ailment (for example diabetes, asthma, hypertension etc.) and requires a constant supply of medication must register their ailment and medication requirement with the Society. The Society will then issue a Guarantee of Payment letter to the member's pharmacy. The medication will then be issued and the account will be claimed direct from the Society, less the co-payments and subject to the Annual Limit set out in the Benefit Table.

Private Hospitalization - Hospitalization in a private hospital or private nursing home will be paid up to a 2 bedded ward. Private wards to be paid according to ZRVS tariffs on recommendation of the doctor, if essential, up to a maximum of 7 days. Benefit limits applicable (Rates may be altered by the Committee from time to time).

Private Nursing - is paid according to ZRVS tariffs, provided the member's private practitioner or a specialist has certified that the services of a private nurse are necessary.

Psychiatrist Care (including Psychiatrist and Psychologists) - paid in full up to ZRVS tariffs subject to the Annual Limits set out in the Benefit Table.

Radiology (including X-Rays, MRI and CT Scans) - are paid according to ZRVS tariffs subject to the Annual Limits set out in the Benefit Table. Members must seek prior approval and find out how much benefit they have available before going ahead with procedures such as CAT and MRI scans.

Rehabilitation (including Chiropractor) - paid according to ZRVS tariffs subject to the Annual Limits set out in the Benefit Table.

Theatre Fees - will be paid according to ZRVS tariffs.

Visits, Consultation, Procedures and Operations - undertaken by General Practitioners or by Specialists on members or their registered dependents will be paid according to ZRVS tariffs. However, where the GP or Specialist exceeds ZRVS tariffs or where a member or his/her dependents exceed annual limits, the member will be responsible for the resulting shortfall.

WHAT TO DO WHEN YOU NEED TREATMENT

Out-Patient Treatment

Please read your Benefit Table to determine your Global and Annual Limits. Plus contact us to confirm available limits before claiming.

Pay and Claim

Once treated, your service provider will provide you with a Medical Claim Form which must be completed in full. When completed, send the Medical Claim Form and original receipts to the Claims Department, Alliance Health for processing.

Once we receive your claim, your claim will be adjudicated for processing. Provided there are no outstanding issues regarding your claim and subscriptions are up-to-date, you will be refunded within 30 days of the Secretaries receiving all the required documentation.

All claims must be submitted through the Scheme Administrator in the case of Constituent bodies and recognized Affinity groups.

All claims should be submitted to the Society as soon as possible, but no later than 90 days following the date of treatment. Claims submitted later than the abovementioned cutoff date will be treated as out of date and will not be paid by the Society. If good reason for the late submission of a claim exists, the Committee on application and at its sole discretion will adjudicate and may agree to pay a late claim in whole or in part.

Direct Billing

In some cases, your medical service provider will prefer to bill the Society directly. You will then not be required to submit a Claim Form and original receipts. However, your medical service provider will require your signature on a Claim Form as proof that you have received medical treatment.

Do not hesitate to contact the Claims Department of the Secretaries should you require any further advice.

Important:

1) All therapist treatment, specialist treatment, Pathology, MRI, PET and CT scans, chemotherapy and radiotherapy must be on referral from either your medical practitioner or specialist. The Society reserves the right to decline your claim if you were not referred.
2) You must obtain pre-authorization before undergoing out-patient Psychiatric treatment, MRI, PET and CT scans or chemotherapy and radiotherapy. The Society reserves the right to decline your claim if you did not obtain pre-authorization.
3) All drugs and medicines must be prescribed.
4) All shortfalls are payable by you the member.

In-Patient and Day-Patient Treatment

Important: Members should obtain pre-authorization for all in-patient or day-patient treatment. This includes all elective treatment. The Society reserves the right to decline your claim if you did not obtain pre-authorization.

In a case of a medical emergency, the Society should be contacted within 72 hours of admission.

Pay and Claim

Once treated, your service provider will provide you with a Medical Claim Form which you should complete. When completed, send the Medical Claim Form and original receipts to the Claims Department, Alliance Health for processing.

Direct Billing

In some cases your medical service provider will prefer to bill us directly. You will then not be required to submit a Claim Form and original receipts. However, your medical service provider will require your signature on a Claim Form as proof that you have received medical treatment.

Important:

1) You must obtain pre-authorization for in-patient or day-patient treatment, Psychiatric treatment, MRI, PET and CT scans, chemotherapy and radiotherapy. The Society reserves the right to decline your claim if you did not obtain pre-authorization.

2) In some cases, there may delays in issuing authorization because service provider(s) delay providing the relevant information we require in order to issue the authorization.

CLAIMS PAYMENT

The Society will settle all eligible claims in accordance with your annual Benefit and the ZRVS tariffs.

Payment Methods

All USD claims will be refunded in US dollars or the legally nominated currency used in Zimbabwe should they be local currency claims.
Eligible claim payments will be settled by bank transfer as per your instructions or USD cash (where available).

FOREIGN TREATMENT

All foreign treatment will be covered as per the above Terms and Conditions.

Any member contemplating foreign treatment must provide a specialist referral letter to the effect that treatment for the member's condition is not available in Zimbabwe or there is sufficient reason to use facilities outside Zimbabwe. Furthermore, the Society will require a full breakdown of all estimated costs including hospitalization, anesthetic costs, specialist fees, pathology, radiology etc. from the foreign service provider prior to treatment. In addition to the above, the Society will also require full contact details of the foreign service providers **prior to treatment.**

The Society will in turn only be able to refund these costs according to ZRVS tariffs and up to the member's yearly medical maxima as set out in the Benefit Table.

EXCLUSIONS

The Society will not pay for or meet the costs of: -

1. Pre-existing medical conditions or related medical conditions that the Management Committee in its discretion deem are not covered.
2. Pre-existing medical conditions or related medical conditions that are not declared on joining.
3. The testing of eyes except when undertaken by a registered Ophthalmologist or Optometrist.
4. Accommodation in a hospital or nursing home where free hospitalisation can be obtained.
5. The treatment of an injury sustained by a member or dependant for which any other party may be liable.
6. The treatment of an illness or injury sustained by a member or dependant where in the opinion of the Management Committee, such illness or injury is directly attributable to irregular or immoral habits such as but not limited to drug and substance abuse, alcoholism or the failure to carry out the instructions of a medical practitioner or specialist.
7. Claims which the Management Committee in its discretion consider to constitute overuse/abuse/misuse.
8. The treatment of an illness or injury which is the responsibility of any other medical benefit society, Workmen's Compensation, Commission or Insurance company.
9. The treatment of an illness or injury sustained by a member or dependant arising out of wilful self-injury, attempted suicide or breach of the law.
10. The purchase of medicine or drugs not included in a prescription from a medical practitioner or over the counter drugs
11. The purchase of:

- Bandages and aids
- Supplements, patent and baby foods (unless approved by the Committee)
- Holidays for recuperative purposes
- Travel and accommodation charges
- Treatment for infertility

12. No maternity claims will be processed during the first 12 months of a new member and his/her dependants joining
13. Cosmetic, reconstructive or remedial disorders whether or not for psychological reasons and or complications arising thereafter unless required as a direct result of a covered medical condition which occurs after the date of joining
14. Bariatric Surgery or Gastric Bypass Surgery.
15. Any claims involving Fraud or Dishonesty.
16. Claims occurring whilst subscriptions are in arrears.
17. Fertility drugs relating to In-Vitro programmes re fertility will NOT be met by the Society.
18. Dental treatment relating to pre-existing conditions.
19. Cosmetic dentistry.
20. Precious metal elements dentistry.
21. Orthodontic treatment for members under 12.
22. Malaria prophylaxis and vaccinations (except where stated in the Benefit Table), such as travel vaccinations, flu vaccinations, epidemics and pandemics, and any other vaccinations

Terms and conditions apply

- *Errors and omissions*
- *Management rules correct at the time of going to print as per the month indicated. Please request the latest version of this document from clientservices@healthzim.com*
- *Terms and conditions are subject to change with notice being given. Date of last revision: April 2021*