MAISHA HEALTH FUND MEDICAL SCHEME POLICY

2023

Preamble

1. This policy may be referred to as the Maisha Health Fund Medical Scheme Policy. It provides the coverage parameters applicable in respect of the plans offered by Maisha Health Fund risk products.

Application

2. This policy is applicable to all beneficiaries of the Maisha Health Fund Medical Scheme. This policy supercedes all previous coverage parameters. Maisha Health Fund reserves the right to offer special arrangements to selected clientele.

Definitions

3. In this policy and in the annexure, the following definitions shall apply, unless the context indicates otherwise:

"AHFOZ"	Association of Healthcare Funders of Zimbabwe which is a voluntary membership association that represents and furthers the common interest of medical aid societies of which Maisha Health Fund is a member.
"Beneficiary"	Persons who are members of the Scheme together with their dependents registered with the Fund
"Claim"	A bill or an invoice that healthcare providers or member submits to the medical scheme in respect of settlement for healthcare products or services received by the member or dependant.
"Continuous claim"	A claim relating to hospitalisation where treatment occurs over successive days between admission and discharge of a beneficiary

“Dependant”	A person who is the Member’s Spouse/Partner, child, relative or is financially dependent on the Member.
“Epidemic”	Any disease outbreak declared to be an epidemic by the government of Zimbabwe care or the World Health Organization.
“Mobile Money Wallet”	means an electronic wallet held with held with a Mobile Network Operator in the name of the Insured, Sponsor, and/ or Beneficiary.
“Health institution”	A facility or premise registered under the Health Professions Act that seeks to among other things diagnose, treat and mitigate illness, injury or disability in humans.
“Health Practitioner”	A person who is registered as such under the Health Professions Act
“Maisha Health Fund Products”	The various options available for a member in terms of award of benefits or payment of claims
“Member”	The person contributing to the Scheme.
“Membership”	Membership of the Scheme through the payment of Premiums in accordance with the Rules
“Medical Benefits”	An amount of money payable by the Scheme to or on behalf of a Member in respect of approved expenses incurred by a Beneficiary in accordance with the terms of the Scheme Rules
“Medical Services”	These are treatment protocols provided by Health institutions or practitioners and include, but are not limited to, consultation, pathology, radiology, inpatient, observation, transfers and pharmaceutical services
“Package “	means Maisha Health Fund medical products or services available to members.
“Pre-existing condition”	Any health condition, complaint, illness or disease that was in evidence before or at the time of the member’s join date which the member, his/her Dependents or Doctors knew, or can reasonably have been assumed to have known.

“Premiums”	Premium, means an amount of money a Member is required to pay to the Scheme in respect of a specified period of Cover.
“Reasonabilty”	Refers to a price for Healthcare Products and Services claimed being usual or standard, customary and reasonable to that which is prevailing in the market.
“Scheme”	Maisha Health Fund Medical Scheme.
“Shortfall”	A portion of costs of medical treatment, product or services which will be on account of the member as a result of the costs charged by Healthcare provider being higher than what Maisha Health will award or pay as per the overall Producct and Policy guidelines.
Underwriting	This is a process of determining whether Maisha Health Fund will accept an application for membership and the terms thereof or reject it.

Any provisions of a substantive nature, which are incorporated in the above Definitions, shall form part of these rules notwithstanding that they are not incorporated thereafter in these rules.

The Scope of the Scheme

4. The Scheme has been set up to provide its Members with a Medical cover arrangement. In return for payment of monthly premiums by Members, the Scheme will pay for Members’ medical costs incurred at health institutions or practitioners.

Admission to Membership

5.1 Membership is open to all persons who are at least eighteen (18)years old and any other person that may be registered as their dependant. Persons under eighteen (18) years of age can only join as a dependant of a person who is at least eighteen (18) years of age. The upper age limit for joining is an age of below sixty five (65) years

5.2 A dependant who is below eighteen, (18) years of age will be accepted and billed as a child dependant.

5.3 A dependant who is eighteen (18) years of age and above will be accepted and billed as a student member upon furnishing of proof that they are a bona fide student with a reputable learning institution up to a maximum of twenty three (23) years. In the absence of the proof of being such, any dependant above eighteen (18) years will be accepted and billed as an adult.

5.4 Admission to membership shall be made after the acceptance of an application by Maisha Health Fund and payment of the initial premium toMaisha Health Fund. The prospective member will make an application by completing and submitting the Membership Application Form together with copies of identification documents, and payment, to Maisha Health Fund or registration via the Maisha Health Fund Online Platforms.

5.5 All new applications for membership will be subjected to an underwriting process. Within this process Maisha Health Fund reserves the right to accept the application with terms or outrightly decline it without giving reasons for such. Where payment had been made on application and an application is subsequently rejected, Maisha Health Fund will reimburse the paid amount to the applicant.

5.6 The date of joining will either be the first day of each month based on receipt of the application, payment and acceptance by Maisha Health fund as per the following delimitations:

i) **First day of the current month** : *Where an application, payment and acceptance of the application occur before the tenth (10th) of the month*

ii) **First day of the subsequent month** : *Where an application, payment and acceptance of the application occur after the tenth (10th)of the month.*

iii) ***The exception to clauses 5.6i and 5.6ii*** is for and on new born children where the joining date defaults to the first day of the month in which the child was born.

5.7 The application processing respect of joining may be amended by Maisha Health Fund from time to time whenever it is considered necessary.

5.8 A reprinting fee shall be charged for any card replacements where the cause for the reprint originates from the Member.

5.9 Members will be encouraged to register at the nearest Health Provider for biometric services in order to access services with a copy of their Identification Card and Maisha Health Fund Membership Number.

Premiums

6.1 Premiums for the subsequent month should be paid by the first (1st) day of the month of cover. (Premiums are paid in advance).

6.2 Failure to pay premiums for the subsequent month by first (1st) day of the month of cover, will result in membership being suspended effective the first day of the month of cover. Where treatment is received when membership is suspended such claims will not be honoured by Maisha Health Fund. Cover will only resume from date on which payment has been made if the claim is not a continuous claim.

6.3 A member in premium arrears will be suspended for a maximum of three (3)calendar months, after which their membership will be terminated

effective the first day of the fourth month with notification to the member. Where Membership has been suspended, the continuity of benefits is subject to the payment of all outstanding premiums plus one month's subscriptions.

6.4 Following termination, a **new** application can be submitted to Maisha Health Fund and the acceptance of the application shall be at the discretion of Maisha Health Fund and shall be subject to the prevailing waiting periods and conditions that apply to new applications at that time.

6.5 Premiums can be paid either by cash or directly into Maisha Health Fund bank account or by any other electronic means as advised by Maisha Health Fund from time to time. The Member or member representative **must** communicate payment of premiums to Maisha Health Fund.

6.6 Where application was done using the mobile phone, premiums will automatically be deducted from the customer's Mobile Wallet unless this functionality is disabled.

6.7 When applying for membership the prospective member must choose the currency in which their benefits will be denominated and premium paid. A member can only be on one package at a time.

6.8 Members are entitled to a full refund of their premium only if they seek the refund within seven days of payment. Refunds will be paid either into a bank account or Mobile Wallet.

6.9 For subsequent premium payments, members are entitled to refund of premium as per clause 6.8 provided that the period for which that premium relates has not commenced.

Benefit Provision

7.1 With the exception of those benefits where it is stated to the contrary, all benefits accrue and renew yearly.

7.2 The applicable benefit year is equivalent to three hundred and sixty five (365) days days or three hundred and sixty six (366)days days in a leap

year. This runs between 1 March to 28 February or 29 Februarery in a leap year.

7.3 For those joining in the course of the benefit year, yearly benefits will be pro-rated and claims be processed likewise.

7.4 The exceptions on yearly benefits are on the following.

- **Maternity**: For unsuccessful pregnancies (ectopic, miscarriage, stillbirth and non-criminal abortion) the member can access the balance of their two year benefit within two years for maternity.
- **Optical Appliances:** Member can access the balance of their benefit over a three year period.
- **Glucometer and BP machine :** Member can access either device once per three years up to the relevant sub-limit.
- The applicable orthodontic treatment limit shall be spread over a four year period.

7.5 Members become entitled to access medical benefits as soon as their premiums have been paid and they have been issued with appropriate membership confirmation documents such as a card or a certificate.

7.6 New joiners to Maisha Health Fund will be subject to the following waiting period categories

GP Consultation	3 months
Specialist Consultation	6 months
Physiotherapy	6 months
Dental services	6 months
Optical services	6 months

Hospitalisation	6 months
Surgical operations	6 months
MRI and CT scan	6 months
Maternity	9 months
Antiretroviral Medication	18 months
Cancer Treatment	24 months
Dialysis	24 months
Orthodontic treatment	48 months

7.11 Maisha Health Fund may waive or alter any of the waiting periods at its discretion for those who are joining as organisations or any other members for whom Maisha Health Funds deems this fit.

Waiting periods on specialist services

Specialist services such as Hearing aids, Prosthesis and appliances, hip and knee braces: **24 months**.
Dentures, Crowns, Bridges : **12 months**
Glucometers : **6 months**
Orthodontics (correction of teeth structure): **4 years**

Lifetime benefits

The fertility benefit will be for the Vitality and Active packages only. Fertility will be covered once until a successful birth.

7.12 In cases where a Member is in violation of the waiting periods and a claim is submitted to Maisha Health Fund by a service provider, Maisha Health Fund will not honour such a claim.

7.13 Benefits are not transferrable between members. In addition, an exhausted benefit category cannot be subsidised by another benefit category.

7.14 Requests for cover on compassionate grounds for chronic patients shall be made in writing to Maisha Health Fund. The acceptance or rejection of the request shall solely be at the discretion of Maisha Health Fund and no reasons will be given for such.

7.15 Benefits shall be pro-rated to the joining date.

7.16 Waivering of waiting periods for foreign currency denoted packages will only be considered when the prospective member is coming from a foreign currency denoted package.

Authorisation of Treatment / Procedures

8.1 With the exception of life or limb threatening treatments, medical treatment , products or services accessed under the auspices of or membership of Maisha Health Fund will require pre or prior authorisation by Maisha Health Fund. This will be to determine the extent of cover or awards to be provided by Maisha Health Fund and shortfalls arising if any.

8.2 In most cases the Healthcare Provider will advise the member to seek pre-authorisation before treatment . However, either the member or healthcare Provider can contact Maisha Health Fund on the details provided in Section 27 of this Policy.

8.3 Medical treatment, products or services requiring pre / prior authorisation include but are not limited to the following:

Cancer Treatment (chronic conditions treatment)
Dental procedures
Hospitalisation
Laparoscopy
Elective caesarean section
Thyroidectomy
Appendectomy
Hernia repair
Circumcision

Eye surgery

Purchase of Optical appliances i.e. Spectacles

Haemodialysis

8.4 Where a member accesses medical treatment, products or services without pre/ prior authorisation, Maisha Health Fund will still award the claims as per the claim and benefit provisions. However, member and Healthcare Provider will only know of the shortfall after such a claim has been fully processed.

Benefit Exclusions

8.11 Although most medical conditions are covered, the Scheme shall not cover claims arising from or connected to the following:

- War, invasion by a foreign country, acts of foreign enemies, hostilities (whether war is declared or not), civil war, terrorism, labour disturbances, riots, active participation in strikes or the activities of locked-out workers, rebellion, revolution insurrection or military or usurped power, or the Member engaging in military duty or military exercises with any armed force of any country or international authority.
- Intentionally self-inflicted injury/medical conditions or attempted suicide, while sane or insane.
- Engaging in (or practicing for or taking part in training peculiar to) underwater activities necessitating the use of artificial breathing apparatus, climbing or mountaineering necessitating the use of ropes or guides, potholing, parachuting, hang-gliding, winter sports involving snow and ice, professional sports or racing other than on foot.
- Engaging in aviation, other than as a fare-paying passenger in a fixed-wing aircraft provided and operated by an airline or air charter company which is duly licensed for the regular transportation of fare-paying passengers, or in a helicopter provided and operated by an

airline which is duly licensed for the regular transportation of fare-paying passengers provided such helicopter is operating only between established commercial airports and/or licensed commercial heliports.

- The actions of any Member or the Member personal representatives contrary to the law.
- Driving a motor vehicle while the blood alcohol level of the Member is higher than that permitted by law, irrespective of whether such action causes an accident or not.
- Pre existing conditions and epidemics unless Maisha Health Fund at its sole discretion chooses to cover the member or condition.
- Medical Services where there are no objective indications or impairment in normal health.
- The Member having taken a drug, unless it is proved that the drug was taken in accordance with proper medical prescription and not for the treatment of a drug addiction.
- Operations, treatments and examinations for cosmetic purposes or of the Member's own choosing which has no connection with any illness.
- Services as a consequence of removal of fat from any part of the body, sex change, breast/penis reduction or enlargement operations.
- Any treatment not recommended or administered by a qualified medical professional.
- Treatment due to cosmetic or plastic surgery except in the case of bodily reconstruction after Injury.
- Alcohol or drug dependence syndrome including treatment of any medical condition which, in the opinion of the Company, is considered to be either an underlying cause of, or directly attributable to, alcohol or drug dependence syndrome.
- Cosmetic, reconstructive, or remedial disorders, developmental disorders, whether or not for psychological reasons, and or any

complications arising thereafter, unless required as a direct result of a covered medical condition

- Over the counter drugs
- Obesity, weight control medication and any other products that are purchased without a doctor's prescription
- Recreational devices and drugs such as condoms and Viagra, Contraceptives
- Lodgers' fees
- Vaccinations-yellow fever etc.
- Treatment by a medical practitioner who is in any way related to the member
- Illegal termination of pregnancy
- In vitro fertilisation

8.12 Should a medical claim be submitted to Maisha Health Fund in respect of excluded benefits such as those listed above, Maisha Health Fund will not honour such a claim.

Claim Provision

10.1 Claim payment to either the member or the Healthcare Service Provider will be guided by the provisions of the this Policy in general.

10.2 Maisha Health fund commits to settle claims as per the terms outlined for the various Maisha Health fund products.

10.3 For the various Maisha Health Products, in conjunction with earlier referenced benefit and premium provisions, claim payment will reference to two (2) main limits; namely **per treatment** and **per benefit limit**. The per treatment limit will generally refer to the applicable AHFOZ tariff code and limit for that treatment, or in its absence, to the benchmark amount which is determined by Maisha Health Fund from time to time. The per

benefit limit, refers to the cap on the benefit category to which the treatment is defined by Maisha Health Fund. For consistency and fairness, it is agreed that this classification provided by Maisha Health Fund is final and members or beneficiaries will not contest this.

10.4 The per treatment limit takes precedence in the processing of each claim, up-to the point where the per benefit limit has been exhausted. When the per benefit limt has been exhausted, the reverse will occur.

10.5 Members will incur a shortfall in instances where the Healthcare Providers rates or charges for medical services are higher than Maisha Health Fund's per treatment and or per benefit limit.

10.6 It is acknowledged that the limits as referred in section 10.3 will change from time to time. Primarily, Maisha Health Fund will communicate directly with Service Providers as regards these limits in general.

Change of Package

11.1 Changes in packages must be submitted before the beginning of the required month and cannot be made in retrospect.

11.2 Downgrade is only permisable where a member has not claimed on the higher package in that financial year.At least a calendar months' notice must be given.

11.3 When upgrading packages, the additional benefit limits for the rest of the year shall be provided on a pro rata basis from the date of change on the new package. Further, the benefit limits per category will only be increased after a period equivalent to the general waiting period of that category.

11.4 For upgrading packages, the premium rate for the higher package shall be payable for three (3) months before the benefits are upgraded.

11.5 When an existing member is migrating from ZWL packages to USD, the member will continue to be on the ZWL benefits they were enjoying before migration for 3 months before they can access the USD benefits. However,

if the USD package is a lower package than the package being migrated from, the equivalent ZWL benefits for the lower package will apply.

Change of Membership details

12.1 Where Membership details change, a Member shall inform Maisha Health Fund immediately and at most within one (1) month of such change.

12.2 The Member may, where appropriate, arrange for another Member to contact Maisha Health Fund on their behalf.

12.3 Changes of membership details may include, but shall not be limited to:

- Change in address of any Member;
- Change in contact details (such as phone, e-mail, or fax numbers);
- Change in Zimbabwean residency status;
- Change in name;
- Change in marital status or de facto status of a Dependent; or
- A Dependent no longer eligible to be a Dependent.
- Death of a member

Medical Coverage for additional Dependants

13.1 A Member may freely add anyone as their dependant under the Scheme.

13.2 Each dependant shall be subject to the waiting period stipulated in section 7, except for new born children.

13.3 A new-born child, may be added as a dependant from its date of birth, without a waiting period provided that:

i) The application for the child’s membership is lodged no later than one (1) month from the child's date of birth and that the full subscriptions for that month in which the child is born is paid.

ii) The mother has completed the nine months maternity waiting period.

iii) 1st premium will be collected at point of addition of the child to activate cover

13.4 In the absence of the mother's membership from Maisha Health Fund, the nine months maternity waiting period shall be referenced to the principal member. Where there is non-compliance to points 13.3, i) and ii) both inclusive, the **general waiting periods** in respect of membership will apply for the new born child.

Cancellation of Membership by a member

14.1 Subject to a minimum of one (1) month notification period:

- A Member can terminate their Membership entirely;
- A Member may remove any Dependents from the Membership;
- A Member's Spouse/Partner or Dependent aged at least 18 years may leave the Membership; and
- A Dependent aged below 18 years may leave the Membership with the agreement of the Member.

14.2 Unless otherwise permitted by Maisha Health Fund, the actions referred to in clause 14.1 must be authorised in writing, may not have retrospective effect and must be in accordance with any other arrangements specified by Maisha Health Fund.

14.3 There will be no recourse to premiums by a terminated member whether they have claimed before or not.

Suspension

15.1 The grounds for suspension are as follows:

a) Failure to pay premiums by the 1st of each month as provided in section 6.2

b) When a member obtains improper advantage for the purposes of this Rule, “improper advantage” means any advantage, monetary or otherwise, to which a Member or person is not entitled under the Scheme Rules.

15.2 Membership shall be suspended up to a maximum of three (3) months. In this case, membership shall be reinstated subject to a request by the Member, settlement of outstanding dues and any other requirements stipulated by Maisha Health Fund at that time.

15.3 When membership is suspended, the entitlement to benefits from the Scheme is also suspended, meaning that a claim incurred by the member in such instances will not be honoured or paid.

15.4 The totality of a continuous claim: where admission falls within the dates when membership was suspended will not be honoured outrightly.

15.5 Failure to reinstate membership within three (3) months will result in membership being terminated.

Termination of Membership

16.1 Maisha Health Fund has the right to terminate Membership, on its own authority. This authority shall be exercised under the following circumstances:

16.2 Membership shall be terminated with notice where a Member has been suspended for three (3) consecutive months and has failed to reinstate their Membership.

16.3 Membership shall be terminated where in Maisha Health Fund’s opinion, the member has obtained an improper advantage, acted dishonestly or has prejudiced Maisha Health Fund.

16.4 A Member or person who has acted improperly shall also be liable to prosecution

16.5 Following termination, a **new** application can be submitted to Maisha Health Fund and the applicant shall be subject to all the waiting periods and conditions that apply to new applications at that time.

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Procedure on Termination of Membership by Maisha Health Fund

17.1 Maisha Health Fund has the authority and right to suspend and ultimately cancel a Membership and benefits entitlements, if to the best of Maisha Health Fund's knowledge the Member has given false information or misleading information or has attempted to claim a benefit with false or misleading information

17.2 In the event that Maisha Health Fund invokes this rule; they shall provide the Member with at least one (1) months' notice in writing including the reasons for the termination

17.3 Members are obliged to co-operate in any investigations on any matters that are prejudicial to the interests of the Scheme and upon request, must provide authorization for Maisha Health Fund to investigate any claim. Failure to do so shall result in Membership and benefits entitlements being cancelled.

17.4 Should a medical claim be submitted to Maisha Health Fund in respect of terminated members, the member shall be liable to settle all such claims.

Medical Benefits

18.1 The levels of medical benefits arising from being a member of the Scheme are classified according to the category in which a specific member falls.

18.2 The rates and benefits are specified in the rates and benefits schedule. These are subject to interpretation and change at the discretion of Maisha Health Fund.

18.3 When a Member has been suspended pending an investigation, the Members' benefits shall also be suspended.

18.4 Foreign holiday travel shall not be covered until a comprehensive list of service providers is available from Maisha Health Fund. This rule shall be revised at that point. Members travelling on holiday are to get alternative cover.

Settlement of Claims

19.1 Claims made against the Scheme by a service provider for medical services rendered shall be settled within and up to sixty (60) days from the date of receipt of the claim by Maisha Health Fund.

19.2 A claim that is submitted after 90 days from the last day of treatment will be considered stale and will be rejected for processing and payment.

19.3 The following information shall be provided when claims are being submitted to the Scheme for settlement:

- The service provider's name, registration number and address;
- The patient's full name and address;
- The date of service;
- The description of the service;
- The amount(s) charged; and
- Any other information that Maisha Health Fund may reasonably request.

19.4 Service providers and Members shall submit claims for services only in respect of Members and beneficiaries who are current or active, have a valid Maisha Health Fund membership card or has registered on the Biometric System and have provided positive identification as proof of membership.

Refunds

21.1 Where a beneficairy pays a Healthcare Provider directly, (cash or funds transfer) excluding the shortfall portion, in accessing treatment, medical products or services service provider, they member shall will be entitled to receiving a reimbursement or a refund of such expenses.

21.2 The refund will be subjected to the holistic provisions of this policy in the same manner as a claim is to be paid directly to a Healthcare Provider

21.3 The refund claim will be paid up to thirty (30)working days of from the date of receipt of the claim with correct and complete supporting documents. The supporting documents are as follows:

- A medical aid claim form which is completed by the member and Healthcare Provider in full. It should also be stamped and signed by the Healthcare Provider.
- A receipt for the cash or funds transfer paid to the Healthcare Provider.
- A document from a Healthcare provider supporting the expense incurred. For example if the payment was for medication, a valid doctors prescription is required. In other instances it is called a “request form”.

21.4 These supporting documents,should be appended to the Maisha Health Fund Refund claim form fully completed by the member. The documents is available in Section 5 of the appendices section of this Policy.

21.5 The completed Maisha Health Fund refund claim together with supporting documents should be submitted and received by Maisha Health Fund within sixty (60) days 90 days of treatment. After sixty 60 days, such a claim and any other claims will be considered stale and will not be accepted for payment.

Service Charges that Exceed Authorised Levels

22 Where a Healthcare Provider charges for any treatment or procedure is in excess of the relevant Maisha HealthFund Product and package per treatment or per benefit limit, Maisha Health Fund shall pay up to the limit of the benefit or the tariff.

Treatment to be provided by recognised providers

21.1 Medical Benefits are payable only where treatment is provided by a recognized service provider, except in life threatening cases where exceptions may be made at Maisha Health Fund's' discretion.

21.2 The Scheme recognizes the following service providers:

(a) Established Hospitals, Hospice Providers and Nursing homes and

(b) Medical and Alternative Medical Practitioners and Ancillary service providers, who are in Independent Private Practice, and for each relevant class of service or treatment, satisfy all applicable Health Professions Act Recognition Criteria.

Providers who fail to meet Recognition Requirements

22.1 The Scheme shall not meet any claims where it has reasonable grounds to believe that:

a) premises or facilities do not meet the definition of Hospital as set out in the Scheme Rules, or

b) an ancillary service provider is not in Independent Private Practice, or

c) an ancillary service provider does not meet a relevant Health Professions Act Recognition Criterion.

Recognised Providers who cease to meet Recognition Requirements

23 The Scheme may decline to pay benefits in respect of any claim, and suspend or cancel the provider's recognition for the purpose of paying benefits where it has reasonable grounds to believe that:

a) a Hospital has ceased to meet the definition as set out in the Scheme Rules, or

b) an ancillary services provider has ceased to be in Independent Private Practice, or

c) an ancillary Service Provider has ceased to meet any recognised Recognition Criterion.

Confidentiality

24.1 All information relating to the Scheme and its membership shall be classified as confidential information.

24.2 All information relating to the affairs of the Scheme shall be kept in a manner that preserves confidentiality

24.3 No one shall disclose to non-members any information relating to the Scheme that is classified as confidential without obtaining authority from Maisha Health Fund

24.4 Anyone that discloses any confidential information without Maisha Health Fund’s authority shall face disciplinary action.

Notification to Members

All correspondence in relation to the medical cover shall be sent to the Principal Member

25.1 Maisha Health Fund shall notify Members whenever it amends the Scheme rules where such change may lead to a material change to the scope, level or amount of benefits payable to Members.

25.2 Members shall also be notified whenever premiums payable by the Members have been reviewed.

25.3 Maisha Health Fund shall, before any such change contemplated above takes effect, take all reasonable steps to directly notify all affected Members in writing, explaining the change in plain English at least thirty (30) days before the change is effected.

25.4 Maisha Health Fund shall send any necessary correspondence to the most recently advised cell-phone number, e-mail address, or postal address, of the relevant Member.

Provided that the Maisha Health Fund may also notify affected Members of any such change by explaining the change in a Scheme publication or website generally available to Members.

Queries and Complaints

26 Maisha Health Fund makes no warranty that the services will meet member's requirements, be uninterrupted, complete, timely or error free and accepts no liability should a member be unable to access benefits and/or services.

27 For queries, assistance and complaints the member can contact Maisha Health Fund's Offices:

Maisha Health Fund (Private) Limited
Ecocash Holdings Head Office,
1906 Liberation Legact Way
Borrowdale
Harare

General Enquiries: Email : enquiries@maishahealthfund.co.zw. +263777222800
Membership Function: Email : membership@maishahealthfund.co.zw +263778 775 200/2
Preauthorisation and Claims Function: Email : claims@maishahealthfund.co.zw +263778 775 203
Website: www.maishahealthfund.co.zw

APPENDIX: MAISHA HEALTH FUND MEDICAL SCHEME

1. Packages available & access levels

- Vitality – Access to private ward in Grade A hospitals
- Active – Access to 2 bedded ward in a Grade A hospitals
- Classic– Access to General ward in a private hospital
- Standard – Access to General ward in private hospitals grade B to F
- Starter Plus- Access to consultation by a General Practitioner. All other services exclusively for government, mission and council facilities
- Starter – Exclusively for government, mission and council facilities

2. Sub limits

- Nebulisers (including inhalers) are treated as drugs.
- Glucometers and Blood pressure monitors shall have a three (3) year follow up period.
- Ostomy bags deduct from Hospitalisation and hence the corresponding waiting period applies.
- Dentures shall be subject to the dental limit i.e. no other limit shall be imposed. There is also no follow up period i.e. only the dental annual limit and initial waiting period shall be used.
- Orthodontics shall be subject to a four (4) year waiting period, and a four (4) year follow up period.
- Hearing aids shall have a five (5) year follow up period.

3. Miscellaneous

- Oncology, Dialysis, Cancer Treatment deduct from hospitalisation and drugs in the absence of a Chronic add on.

- For adjudication purposes, a maximum of 4 fillings is to be recognised per treatment as is medical practise

4. Stationery

MHF Refund Claim Form.pdf