

PSC CIRCULAR

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PSC Circular No. 34/2009

To : Permanent Secretaries and Heads of Department

File: 29/199/65-06

Subject: UPDATES ON PUBLIC SERVICE GROUP HEALTH
INSURANCE POLICY

Date: 30th June 2009

1.0 Introduction

- 1.1 This serves to inform members of the Public Service Group Health Scheme (PSGIS) of the recent developments to the current Health Insurance Policy primarily brought about by the devaluation of the Fiji dollar.
- 1.2 The devaluation effect combined with the global recession has had a serious repercussion on our existing medical coverage affecting Evacuation, Local Hospitalization, Outpatient and prescription medicine costs.
- 1.3 Initially, the Dominion Insurance Limited (DIL) had proposed for an increase in the premium, however, the Commission had been successful in the negotiation to maintain the premium at the existing rates considering the current hardship faced by majority of the members of the scheme.

2.0 Important Announcements

- 2.1 Subsequently, to protect the interest of the insurers as well as to maintain the confidence of the members, it was agreed to initiate changes to the existing policy whilst maintaining the premiums at the current level. The changes agreed were effective tentatively from 16th June 2009 and two weeks adjustment period was requested so that members were informed by 30th June 2009.
- 2.2 Some of the updates to the existing policy are as follows:
 - Principal insured and the insured's spouse will not be covered over the age of 60 years.
 - **Optical limit of liability is \$400.00** for the insured person or their family during any one period of insurance.
 - Waiting period for optical has reduced to 3 months from the date of inception.
 - Maximum limit for outpatient is reduced from \$1000.00 to \$500.00.
 - Maximum limit for dental is reduced from \$800.00 to \$500.00.
 - Waiting period for dental is 3 months from the date of inception.
 - Waiting period for maternity has extended to 10 months .
 - For any pre-existing condition, there is a waiting period of twenty four (24) months from the date of inception of cover
- 2.3 The following benefits remains:

Plan 1 – Evacuation/Local Hospitalization:

- Local hospitalization limit will be increased by another F\$5000.00 to F\$10,000.00.
- The insured will be covered for \$100.00 per day for the pre-approved additional charges during pre and post hospitalization assessment overseas;
- The accompanying person allowance will be \$120.00 per day for pre-approved additional charges for accommodation
- A “**Goodwill**” payment of \$500 will be made to the family in the event of the insured death while having treatment overseas.
- Kidney Transplants will be covered subject to specialist recommendation
- Renal Dialysis obtained locally will be covered

Plan 4 – Outpatient

- Members will be allowed to seek consultation with a registered nurse on the recommendation by the doctors.

Plan 5 - Dental

- The policy will cover for Orodental and periodontal treatments. (Refers to the structures of gums and tooth where diseases/illnesses occurring require surgical treatment by specialists.

Plan 5 - Pregnancy Cover

- The maximum limit covered will be \$1000 during any one period of insurance.

2.4 The Commission is mindful of member's interest and has not compromised on any negotiations to increase premiums. The recent turn of events has been challenging but the strategic decisions initiated by the PSC and DIL confirm that the PSGIS – Health is now an economically viable and independent scheme.

2.5 The updates reflecting to the existing premium table with the brief description of the benefits under each of the plans are enclosed at **Appendix A**.

2.6 The PSGIS – Health Application Form and the Doctor network list is attached as **Appendix B and C** respectively for the information of members and for individuals who wish to join the scheme.

3.0 Important Directives/Instructions

3.1 Members are informed to keep in mind of the following directives while utilizing the benefits under their cover;

- Medical cases that will require overseas evacuation must be supported with a medical report from a registered medical practitioner before being forwarded to DIL for processing;
- Members utilizing out-patient services must utilize the services of the network doctors only. The services rendered should be basic consultancy and if there is a need for **further treatment, prior approval** from DIL must be obtained;

- All reimbursement claims should be supported with receipts. Optical claims will also require the opticians report and members must ensure that the receipts are forwarded to DIL within 30 days from the receipt date please. Receipts forwarded after the 30 days will not be accepted for processing.
- Members requiring ID cards under Plan 4 – outpatient services must fill the Update application form which is appended as **Appendix D**. Two passport size photos (self & spouse) must be forwarded for processing of the card.

3.2 Members are also advised to adhere to the following:

- Ensure to liaise with their respective Department Insurance Liaison Officers (DILO's) on all insurance matters. Members must not act on their own in cases on which they are not clear as it has often occurred that they have end up losing major benefits due to their own unwarranted actions. It is advisable for members at this stage to seek the guidance of their respective Departmental Insurance Liaison Officer or PSC on such matters.
- Members must ensure that it becomes their responsibility to make pre-arrangement with the insurer in cases where they are proceeding on "leave without pay" to avoid disappointment with termination of policies on failure of consistent premium payments.

3.3 The importance of medical coverage is once again emphasized as the General Order no longer covers for overseas evacuation and keeping a personal health policy requires hefty premium payments. The Public Service Group life and health insurance (PSGIS) provide the necessary safety net for the civil servants to be members to be covered under different plans of their interest at reasonable premium rates.

4.0 Conclusion

- 4.1 All Permanent Secretaries and Heads of Departments are requested to ensure that this Circular is given the widest possible circulation for awareness on the Public Service Group Health Insurance Scheme.
- 4.2 For any further clarification required, please contact Mr. Dinesh Prakash or Mrs. Madhu Narayan in the Employee Relations Division of the Public Service Commission on telephone No. 3314588 ext. 270/272 or email: dprakash@psc.gov.fj/
mnarayan@psc.gov.fj, respectively.
- 4.3 This circular supersedes PSC Circular No. 54/2008 dated 20th November, 2009.



Parmesh Chand
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