

**PUBLIC SERVICE COMMISSION GROUP MEDICAL PROGRAMME
PREMIUM DETAILS**

Plans	Established (Fortnightly)				Govt. Wage Earners (Weekly)			
	Old Premiums		New Premiums		Old Premiums		New Premiums	
	Family Cover	Single Cover	Family Cover	Single Cover	Family Cover	Single Cover	Family Cover	Single Cover
Plan 1 Pacmed/Medivac	\$11.54	\$5.77	\$14.62	\$7.30	\$5.77	\$2.89	\$7.30	\$3.65
Plan 2 Medivac	\$10.77	\$5.38	\$13.92	\$6.96	\$5.38	\$2.69	\$6.96	\$3.48
Plan 3 Executive	\$21.54	\$10.77	\$24.00	\$12.00	\$10.77	\$5.39	\$12.00	\$6.00
Plan 4 Outpatient	\$9.23	\$4.62	\$12.46	\$6.23	\$4.62	\$2.31	\$6.23	\$3.11
Plan 5 Dental/Optical/ Maternity	\$4.08	\$2.04	\$4.08	\$2.04	\$2.04	\$1.02	\$2.04	\$1.02
Plan 6 Gold Cover	\$96.15	\$48.08	\$109.92	\$86.53	\$48.07	\$26.92	\$54.96	\$43.26

(Individuals joining the Programme and are **below** the age of **35 years** will enjoy a 20% premium discount under Plan 1, Established/GWE, family/single cover).

Plan 1 Pacmed/Medivac

NZ \$250,000 (per Diagnosed Condition) Overseas Evacuation, F\$ 10,000 (per Diagnosed Condition) Local Hospitalization and Daycare Surgery

Plan 2 Medivac

NZ\$250,000 (per Diagnosed Condition) Overseas Evacuation

Plan 3 Executive

NZ\$300,000 (per Diagnosed Condition) Overseas Evacuation and F\$5,000 Local Hospitalization and Daycare Surgery

* Please note – Under Plan 1, 2 or 3, preferred provider is India only. However, for life threatening cases and medical conditions for which patient can not be evacuated to India, case will be referred to New Zealand or Australia. Any unauthorized case (medical evacuation overseas without prior approval of Insurer or through personal arrangement but to the knowledge of Insurer) will only qualify for a maximum of **F\$ 20,000.00** reimbursement provided it is established that the insured could not have been treated in a hospital within the policy geographical limits

Plan 4 Outpatient

Payment will be made 85% of the reasonable cost for:

- a) Consultations with a Doctor
- b) Consultations with a registered nurse at the direction of a doctor
- c) Prescribed pharmacy (Rx) medicines
- d) Prescribed dressings, injections

F\$500 per family/single cover per annum

F\$200 per family/single cover per annum in respect of chronic cases

**Plan 5 Dental/Optical/Maternity (Reimbursable P 1an)
(Dental)**

Payment will be made 85% of the reasonable cost for:

- a) Consultations and examinations by a dental surgeon including diagnostics & x-rays
- b) Orodental or periodontal surgery (Oral operation performed by a specialist)
- c) Cleaning, removal of plaque or scale
- d) Extractions and Fillings

F\$500 Annual Aggregate per family cover /single cover
(Waiting period is **3 months** from the date of inception)

(Optical)

Payment will be made 85% of the reasonable cost for:

- a) Consultations with an optometrist;
- b) Prescribed lenses;
- c) Prescribed contact lenses

- Optical limit of liability is **\$400.00** for the insured person or their family during any one period of insurance. The policy will also pay for the cost of spectacle frames when lenses are first prescribed subject to a sub limit of \$150.00.
- Optical procedures or optical aids are not covered unless as a result of an injury or illness.
(Waiting period is reduced to **3 months** from the date of inception)

Maternity Care

Payment will be made 85% of the reasonable cost for:

- a) Consultations and examinations by a doctor including diagnostics and X-rays;
- b) Procedures that the Doctor recommends as being medically necessary including associated hospital services.

F\$1000 Annual aggregate per member

(The waiting period is extended to **10 months** from the date of inception of coverage)

(Note: All reimbursements must be lodged with the Insurer **within thirty (30) days** from the date of occurrence otherwise claim will be declined)

Plan 6

Gold Cover/Suva Private Hospital

F\$250,000 Hospitalization option to Suva Private Hospital or Overseas Evacuation

IMPORTANT

Pre-Existing Conditions

In respect to Plan 1, 2 and 3 there is a waiting period of **twenty four (24) months** from the date of inception for any pre-existing condition.

Please note that the above condition is applicable to those new members who intend to join the programme and have one or more pre-existing conditions. New members joining the programme without any pre-existing conditions will be covered from the date of their first premium deduction. The waiting period on Optical, Dental and Maternity cover will however, be applicable to all members.