

**FOR MEMBERS OF PSEMAS ONLY**



Covers the difference between the PSEMAS Option agreed tariffs and the tariffs charged when hospitalised.

# COMPLI<sup>MED</sup><sub>GAP</sub>

PRIVATE HOSPITAL GAP PLAN FOR PSEMAS HIGHER OPTION & PSEMAS STANDARD OPTION

## 2021

Underwritten by  PROSPERITY LIFE

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 Prosperity Life

Prosperity Lifecare Insurance Limited rules apply as registered with Namfisa.

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## What is Complimed GAP?

- Complimed GAP is an insurance product specifically designed to complement PSEMAS (the Government Medical Aid Fund). It covers the difference between what your medical aid fund covers and what the doctors and specialists charge for treatment in Private hospitals, at the Rate Insured.
- Without Complimed GAP, you are personally liable to pay the shortfall between what the doctor/specialist charges and what PSEMAS covers.

Covers the difference between the PSEMAS Option agreed tariffs and the tariffs charged when hospitalised.

### PRIVATE HOSPITAL GAP INSURANCE PLAN FOR PSEMAS STANDARD OPTION PLAN

COMPLIMED GAP FOR PSEMAS MEMBERS	TARIFF	PSEMAS STANDARD PLAN	RATE	COMPLIMED STANDARD PLAN	
In-Hospital cover is subject to PSEMAS authorization of cover and payment at PSEMAS tariff and subject to Complimed authorization, protocols and insurance limits.		Unlimited State Hospitals only		N\$ 2 500 000 per family N\$ 1 250 000 per person	
		WHAT PSEMAS WILL PAY		COMPLIMED WILL COVER THE DIFFERENCE IN TARIFF APPROVED AND PAID BY PSEMAS	
Private Hospital Including Unattached operating Theatre/Day Clinic, Private Rehab Hospital, Mental Health institution, Sub-Acute Facilities (Excluding Frail Care and Hospice facilities)	100% Cost	Deviation matters only Part of sum insured	100% of Excess in Tariff (Including Levy) at the Rate Insured	Part of sum insured. Mental Health institutions are limited to Alternative Services Hospital Benefit of N\$ 20 000 per person per annum	
Accommodation, fixed tariff procedures & Hospital apparatus	95% Cost	Deviation matters only. Benefit available only if procedure cannot be done in state hospital. payable at State Hospital tariff if procedure can be done in state hospital.		Part of sum insured	
Intensive & High Care (3 days, thereafter motivation)				N\$ 324 000 per person	
Maternity Benefit (including treatment and services) and neo natal ICU/ward fees	100% Cost			N\$ 3,500 per event	
Medicine, materials & consumables (SEP + 15%)	100% Cost			Part of sum insured	
Take out medication (7 days SEP + 15%)					
Theatre fees / theatre per minute	95% Cost				
<b>Provincial Hospitals</b>			<b>Unlimited</b>		<b>Part of sum insured</b>
Accommodation, medicine, materials, consumables, fixed tariff procedures & hospital apparatus	95% State tariff	N\$ 600 per day (all inclusive)	100% of Excess in Tariff (Including Levy) at the Rate Insured	Part of sum insured	
Intensive & high care		N\$ 1,000 per day (all inclusive)		Part of sum insured - 7 days	
Take out medication		Doctor's prescription required		Part of sum insured	
Basic theatre / theatre per minute		N\$ 500 for use of theatre			
Theatre per minute		N\$ 30 per minute (all inclusive)			
Out patient admission		N\$ 200 per incident (all inclusive)			
<b>Other Hospitalisation / Major Medical Related Services</b>	<b>2012 NAMAF Tariff - 10%</b>	<b>Unlimited State Hospitals only</b>		<b>Part of sum insured</b>	
Private Nursing (Acute & Chronic) including home Health Care Providers as alternative to Hospitalisation, Mental Health admissions and services. Nursing Agencies, Registered Nurses.	95%	Limited to 25 days per family per annum	100% of Excess in Tariff (Including Levy) at the Rate Insured	N\$ 20,000 per person	
Blood transfusion	100%	Unlimited		Part of sum insured	
MRI/CT scans in hospital	95%	Prior approval required		N\$ 26,000 per person	
Radiology & pathology / Nuclear medicine services		Unlimited			Part of sum insured
General practitioners & specialists (in-hospital)					
Oncology (Radiotherapy & Chemotherapy, dialysis and organ transplants. Biological drugs are specifically excluded from this benefit.)					
Biological Drugs and specialised medication in the treatment of Oncology or Renal Care (in Patient)					
Specialist and general practitioner consultation pre-admission					N\$ 5,000 per person
Maxillo facial & oral surgery (TRAUMA only)		One per person per annum			
Non elective Dental surgery (excluding cost of dental implant)		N\$ 56,000 per person			
Refractive surgery - after 2 years of membership		N\$ 5,800 per person			
Reconstructive Surgery - after 2 years of membership		N\$ 9,000 per beneficiary			
Internal appliances and prosthesis		Prior approval required			
Motor Vehicle Accidents (MVA)		Unlimited		N\$ 12,600 per person	
		Unlimited		N\$ 20,000 per person	
		Unlimited	N\$ 68,000 per person		
		Unlimited	Part of sum insured		
<b>Special Illness Conditions</b>					
HIV/AIDS	95%	Part of sum insured	100% of Excess in Tariff (Including Levy) at the Rate Insured	N\$ 6,000	
Sexually Transmitted Diseases					

### COMPLEMENTARY COVER

Cover	Benefit Description	
Emergency Medical Evacuation Services	Road and air ambulance services within the Territory as defined	
International Travel Cover	International travel cover including evacuation, repatriation, medical treatment and return of mortal remains.	N\$ 10 million per person

## PRIVATE HOSPITAL GAP INSURANCE PLAN FOR PSEMAS HIGHER OPTION PLAN

COMPLIMED GAP FOR PSEMAS MEMBERS	TARIFF	PSEMAS HIGHER OPTION PLAN	RATE	COMPLIMED HIGHER OPTION PLAN													
In-Hospital cover is subject to PSEMAS authorization of cover and payment at PSEMAS tariff and subject to Complimed authorization, protocols and insurance limits.		Unlimited State Hospitals only		N\$ 2 500 000 per family N\$ 1 250 000 per person													
		WHAT PSEMAS WILL PAY		COMPLIMED WILL COVER THE DIFFERENCE IN TARIFF APPROVED AND PAID BY PSEMAS													
Private Hospital Including Unattached operating Theatre/Day Clinic, Private Rehab Hospital, Mental Health institution, Sub-Acute Facilities (Excluding Frail Care and Hospice facilities)	100% Cost	N\$ 325 000 per beneficiary N\$ 500 000 per family once this limit has been reached Standard Option State hospitalisation benefit will apply.	100% of Excess in Tariff (Including Levy) at the Rate Insured	Part of sum insured. Mental Health institutions are limited to Alternative Services Hospital Benefit of N\$ 20 000 per person per annum													
Accommodation, fixed tariff procedures & Hospital apparatus	95% Cost	Benefit available whether procedure can be done in state hospital or not		Part of sum insured													
Intensive & High Care (3 days, thereafter motivation)	100% Cost			N\$ 540 000 per person													
Maternity Benefit (including treatment and services) and neo natal ICU/ward fees	100% Cost			N\$ 3,600 per event													
Medicine, materials & consumables (SEP + 15%)	100% Cost			Part of sum insured.													
Take out medication (7 days SEP + 15%)	95% Cost																
Theatre fees / theatre per minute	95% Cost																
<b>Provincial Hospitals</b>			<b>Unlimited</b>		<b>Part of sum insured</b>												
Accommodation, medicine, materials, consumables, fixed tariff procedures & hospital apparatus	95% State tariff	N\$ 600 per day (all inclusive)	100% of Excess in Tariff (Including Levy) at the Rate Insured	Part of sum insured													
Intensive & high care		N\$ 1,000 per day (all inclusive)		Part of sum insured - 7 days													
Take out medication		Doctor's prescription required		Part of sum insured													
Basic theatre / theatre per minute		N\$ 500 for use of theatre															
Theatre per minute		N\$ 30 per minute (all inclusive)															
Out patient admission		N\$ 200 per incident (all inclusive)															
<b>Other Hospitalisation / Major Medical Related Services</b>		<b>2012 NAMAF Tariff - 10% Unlimited State Hospitals only</b>		<b>Part of sum insured</b>													
Private Nursing (Acute & Chronic) including home Health Care Providers as alternative to Hospitalisation, Mental Health admissions and services. Nursing Agencies, Registered Nurses.	95%	Limited to 25 days per family per annum	100% of Excess in Tariff (Including Levy) at the Rate Insured	N\$ 21,000 per person													
Blood transfusion	100%	Unlimited		Part of sum insured													
MRI/CT scans in hospital	95%	Prior approval required		N\$ 27,000 per person													
Radiology & pathology / Nuclear medicine services		Unlimited			Part of sum insured												
General practitioners & specialists (in-hospital)					N\$ 5,000 per person												
Oncology (Radiotherapy & Chemotherapy, dialysis and organ transplants. Biological drugs are specifically excluded from this benefit.)						One per person per annum											
Biological Drugs and specialised medication in the treatment of Oncology or Renal Care (in Patient)							N\$ 58,000 per person										
Specialist and general practitioner consultation pre-admission								N\$ 6,000 per person									
Maxillo facial & oral surgery (TRAUMA only)									N\$ 13,000 per person								
Non elective Dental surgery (excluding cost of dental implant)										N\$ 20,000 per person							
Refractive surgery - after 2 years of membership											N\$ 70,000 per person						
Reconstructive Surgery - after 2 years of membership												Part of sum insured					
Internal appliances and prosthesis													Unlimited				
Motor Vehicle Accident (MVA)														Unlimited			
<b>Special Illness Conditions</b>																	
HIV/AIDS															95%	Part of sum insured	100% of Excess in Tariff (Including Levy) at the Rate Insured
Sexually Transmitted Diseases																	

### COMPLEMENTARY COVER

Cover	Benefit Description	
Emergency Medical Evacuation Services	Road and air ambulance services within the Territory as defined	
International Travel Cover	International travel cover including evacuation, repatriation, medical treatment and return of mortal remains.	N\$ 10 million per person

MONTHLY PREMIUM HIGHER (PAYROLL DEDUCTIONS)			
Age Category	Main	First Dependant	Other Dependents
0-25	356	196	97
26-30	407	224	111
31-35	476	259	125
36-40	502	273	132
41-45	518	282	136
46-50	534	290	140
51-55	539	293	142
56-60	550	299	144
61-65	924	398	146
66+	980	422	147

MONTHLY PREMIUM HIGHER (DEBIT ORDER DEDUCTIONS)			
Age Category	Main	First Dependant	Other Dependant
0-25	383	211	104
26-30	437	241	119
31-35	511	278	134
36-40	540	294	142
41-45	557	303	146
46-50	574	313	151
51-55	579	316	152
56-60	591	322	155
61-65	994	429	157
66+	1 053	454	158

NOTE: Risk rating may apply based on utilisation and clinical guidelines / \* Maximum charge for six beneficiaries e.g. Policyholder + 5 dependants

MONTHLY PREMIUM STANDARD (PAYROLL DEDUCTIONS)			
Age Category	Main	First Dependant	Other Dependents
0-25	555	321	156
26-30	634	367	178
31-35	742	430	200
36-40	783	454	211
41-45	807	468	218
46-50	832	483	225
51-55	840	487	227
56-60	857	497	231
61-65	1 489	657	234
66+	1 578	697	236

MONTHLY PREMIUM STANDARD (DEBIT ORDER DEDUCTIONS)			
Age Category	Main	First Dependant	Other Dependant
0-25	596	345	167
26-30	681	395	191
31-35	797	463	215
36-40	841	488	227
41-45	868	504	234
46-50	894	519	241
51-55	903	524	244
56-60	921	535	249
61-65	1600	707	252
66+	1696	750	253

NOTE: Risk rating may apply based on utilisation and clinical guidelines / \* Maximum charge for six beneficiaries e.g. Policyholder + 5 dependants

## OPTIONAL HOSPICASH BENEFIT

Overall Annual Sum Insured	N\$ 50,000 per person
The benefit pays out to the policyholder in the event that the principal insured or registered beneficiary is hospitalised for three or more continuous days. Each separate hospital admission is classified as a separate event.	A fix amount is payable to the policyholder after the 3rd full day of hospitalization calculated from the 1st day of admission in a private hospital.
N\$ 2,250 Per day in ICU WARD - From the 3rd full day in Hospital	Maximum of N\$ 15,000 per event
N\$ 1,500 Per day in HIGHCARE WARD From the 3rd full day in Hospital	
N\$ 750 Per day in GENERAL WARD from the 3rd full day in Hospital	

## FUNERAL PLAN - INCLUSIVE

Sum Insured	Cover
Policyholder	N\$ 10,000
Spouse and adult beneficiary	N\$ 10,000
Beneficiary (14 - 21 years)	N\$ 10,000
Beneficiary (stillborn - 13 years)	N\$ 5,000

MONTHLY PREMIUM (HOSPICASH BENEFIT)			
Age Category	Main	First Dependant	Other Dependents
0-25	50	28	15
26-30	56	31	15
31-35	64	35	15
36-40	70	39	15
41-45	76	42	15
46-50	84	46	15
51-55	90	50	15
56-60	96	53	15
61-65	104	57	15

HOSPICASH
Terms and Conditions
<ul style="list-style-type: none"> <li>Hospicash will only be applicable to admissions in Private hospital</li> <li>6 MONTH WAITING PERIOD will apply FOR PLANNED HOSPITAL ADMISSIONS</li> <li>12 MONTH WAITING PERIOD will apply FOR MATERNITY and Confinement (including Neo Natal Care)</li> <li>Funeral standard terms and conditions will apply</li> </ul>

NOTE: Risk rating may apply based on utilisation and clinical guidelines / \* Maximum charge for six beneficiaries e.g. Policyholder + 5 dependants

**Disclaimer:** Prosperity Lifecare Insurance is a Long-Term Insurer duly registered with Namfisa. This guide is an extract from the terms and conditions of this insurance policy. Should there be any discrepancies, misprint and/or misinterpretation thereof, the terms and condition of the insurance policy will prevail.

**Terms & Conditions (summary)** - The head notes and the clauses of this brochure are for reference purposes only and shall in no way govern or affect the interpretation nor modify, nor amplify the Terms and Conditions of the policy agreement nor any clause thereof: 1 - Pre-existing conditions will be excluded for a period as determined by the Insurer, 2 - The Insurer's liability is conditional on the insured claiming the benefit and keeping to the policy Terms and Conditions, 3 - The Insurer reserves the right to alter the terms, premiums and provisions of this policy with one month notice to the insured, 4 - Maximum entry age on this policy for Policyholder and his/her spouse is 60 years; child dependants qualify for coverage up to the age of 21 years, 5 - The Insurer shall not be liable for the failure of a broker or agent to adequately explain the Terms and Conditions of the policy, 6 - In terms of a Namfisa directive, insurers should avoid over and/or under insurance. The Insurer herewith notifies the Policyholder to declare any over and/or under insurance immediately to the Insurer and to declare any change in status of health of the Policyholder or any of the beneficiaries, which occurs prior to the acceptance of this policy.