









What is Complimed GAP?

Sexual transmitted diseases

- 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.



PRIVATE HOSPITAL GAP INSURANCE PLAN FOR PSEMAS The Agreed tariff is 200% based on the Prosperity Benchmark Tariff (PBT) 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** N\$ 2 500 000 per family **Benefit Description** Tariffs Hospitals only N\$ 1 250 000 per person COMPLIMED WILL COVER THE DIFFERENCE IN TARIFF WHAT WILL PSEMAS PAY APPROVED AND PAID BY PSEMAS N\$ 325 000 per beneficiary Part of sum insured. Mental Health Private Hospital Including Unattached operating Theatre/Day 100% State N\$ 500 000 per family once this limit institutions are limited to Alternative Clinic, Private Rehab Hospital, Mental Health institution, tariff has been reached Standard Option Services Hospital Benefit of Sub-Acute Facilities (Excluding Frail Care and Hospice facilities) State hospitalisation benefit will apply. N\$ 22 000 per person per annum Accommodation, fixed tariff procedures & Hospital apparatus 95% State Part of sum insured tariff Intensive & High Care (3 day thereafter motivation) (200% PBT) Excess in Tariff (Including Levy) 100% State Maternity Benefit (including treatment and services) and Neo Nata N\$ 100 000 per person at the Rate Insured Benefit available whether ICU/ward fees tariff procedure can be done in state 95% State hospital or not Theatre fees / theatre per minute Part of sum insured tariff Take out medication (7 days SEP + 15%) N\$ 3 700 per event 100% State tariff Medicine, materials & consumable's (SEP + 15%) Part of sum insured **Provincial Hospitals** Unlimited Part of sum insured Accommodation, medicine, materials, consumable's, fixed tariff N\$ 600 per day (all inclusive) procedures & hospital apparatus Part of sum insured Intensive & High Care N\$ 1 000 per day (all inclusive) (200% PBT) Excess in 95% State Take out medication Doctors prescription required Part of Overall Annual limit - 7 days Tariff (Including Levy) tariff at the Rate Insured Basic theatre / theatre per minute N\$ 500 for use of theatre Theatre per minute N\$ 30 per minute (all inclusive) Part of sum insured Out patient admission N\$ 200 per incident (all inclusive) Other Hospitalisation / Major Medical Related Services **Unlimited State Hospitals only** Part of Overall Annual Limit Private Nursing (Acute & Chronic) including home Health 95% State Limited to 25 days per family Care Providers as alternative to Hospitalisation. Nursing Agencies, N\$ 22 000 per person tariff per annum Registered Nurses 100% State Blood transfusion Unlimited Part of sum insured tariff N\$ 28 000 per person MRI / CT scans in hospital Prior approval required Radiology & Pathology / Nuclear medicine services Part of sum insured TRAUMA and Emergency Surgery including treatment and N\$ 500 000 per person services (General Practitioners & Specialists) General Surgery including treatment and services (General N\$ 100 000 per person Practitioners and Specialists) Oncology (Radiotherapy & Chemotherapy). Biological drugs are N\$ 150 000 per person specifically excluded from this benefit. Dialysis and Organ Transplants. Biological drugs are specifically N\$ 200 000 per person (200% PBT) Excess in excluded from this benefit Tariff (Including Levy) Unlimited at the Rate Insured Biological Drugs and Specialised medication in the treatment of N\$ 5 200 per person Oncology or Renal Care (in Patient) 95% State tariff Specialist and general practitioner consultation pre-admission One per person per annum Maxillo facial & oral surgery (TRAUMA only) N\$ 58 000 per person Non Elective Dental surgery (excluding cost of dental implants) N\$ 6 000 per person Eye surgery, Glaucoma Surgery, Eye muscle surgery, Corneal N\$ 75 000 per person Surgery, Eye removal, Vitreo-retinal surgery N\$ 35 000 per person Cataract Surgery - after 1 year membership Eximer Laser & Radial Keratotomy - after 2 years of membership N\$ 13 000 per person Reconstructive Surgery - after 2 years of membership N\$ 9 000 per beneficiary N\$ 20 000 per person Internal appliances and prosthesis N\$ 70 000 per person Unlimited Motor Vehicle Accidents (MVA) Part of sum insured **Special Illness Conditions** (200% PBT) Excess in 95% State



Part of sum insured

Tariff (Including Levy)

at the Rate Insured

N\$ 6 000

ADDITIONAL COMPLIMED BENEFITS

EMERGENCY EVACUATION SERVICES				
Cover	Benefit Description	Within the borders of SADC Road / AIR		
Emergency Medical Evacuation Services	Road ambulance or air ambulance services within the Territory as defined	Part of OAL		

INTERNATIONAL TRAVEL COVER					
Cover	N\$ 10 000 000 per person				
Emergency Medical	Emergency Evac (Air/Road) including interhospital ambulance services	N\$ 500 000			
	Repatriation (SADC) - Return after Emergency or return of Mortal Remains	N\$ 15 000			
	Medical Treatment	Preferred Provider			
	Medical Treatment (Pre-Exist)	N\$ 500 000			
	Evacuation, Repatriation, Return of Children	N\$ 100 000			
	Return of Children	N\$ 10 000 per person			

MONTHLY PREMIUM HIGHER (PAYROLL DEDUCTION)			MONTHLY PRE	MIUM HIGHER	(DEBIT ORDER I	MEMBERS)	
Age Category	Main	First Dependant	Other Dependants	Age Category	Main	First Dependant	Other Dependant
0-25	421	138	115	0-25	443	244	121
26-30	482	265	131	26-30	506	279	138
31-35	562	306	148	31-35	592	322	156
36-40	593	323	156	36-40	625	341	164
41-45	649	353	170	41-45	683	372	180
46-50	675	368	177	46-50	710	387	187
51-55	717	391	189	51-55	756	411	198
56-60	739	403	193	56-60	778	423	204
61-65	1 243	536	196	61-65	1 307	564	205
66+	1 329	573	199	66+	1 399	603	210

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 DEDUCTION)				
Age Category	Age Category Main		Other Dependants	
0-25	625	361	175	
26-30	713	413	201	
31-35	834	484	225	
36-40	880	511	237	
41-45	964	559	259	
46-50	1 002	581	271	
51-55	1 066	618	287	
56-60	1 096	636	296	
61-65	1 906	842	300	
66+	2 038	901	304	

MONTHLY PREMIUM STANDARD (DEBIT ORDER MEMBERS)					
Age Category	Main	First Dependant	Other Dependant		
0-25	657	381	184		
26-30	751	435	210		
31-35	878	510	237		
36-40	927	538	250		
41-45	1014	588	274		
46-50	1056	613	285		
51-55	1122	651	302		
56-60	1154	670	311		
61-65	2005	886	316		
66+	2146	948	320		

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

OPTIONAL DOC-GAP PLAN

An outpatient insurance product for PSEMAS Policyholders. It is designed to cover the difference in tariff between what PSEMAS pays and the Prosperity Benchmark Tariff (PBT), which Doctors charge. Cover includes treatment on Day to Day Consultations, In-room procedures, Essential Services, Dentistry and Optical.

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DAY TO DAY BENEFITS		
0101 General Practitioners	Excess of tariff maximum of	6 visits per person, then payable from MEDBUX
8101 Dental Consultation	100% PBT	4 visits per person, then payable from MEDBUX

MEDBUX BENEFIT - INCLUDED

Cover includes treatment on Day to Day Consultations, In-room procedures, Essential Services, Optical and Dentistry. Cover is pro-rated according to when you buy the options. Unused MEDBUX will roll over year on year. Additional savings levels are available to meet your healthcare needs.

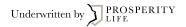
AVAILABLE BENEFIT

N\$ 2 160

DOC-GAP PREMIUMS				
Main	Other Dependants			
349	149			

Terms & Conditions (summary)

Underwriting requirements DOC-GAP: 1 month general waiting period on all new Policyholders joining / Hospicash 50 - 6 months waiting period for planned hospital admissions



OPTIONAL HOSPICASH FINANCE PLAN	HOSPICASH 50	HOSPICASH 100
Overall Annual Sum Insured	N\$ 50 000 per person	N\$ 100 000 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		
N\$ 1 500 Per day in HIGHCARE WARD From the 3rd full day in Hospital	Maximum of N\$ 15 000 per event	Maximum of N\$ 30 000 per event
N\$ 750 Per day in GENERAL WARD from the 3rd full day in Hospital		

FUNERAL PLAN (INCLUDED IN THE HOSPICASH FINANCE PLAN)

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 50						
Age Category	Main	First Dependant	Other Dependants			
0-25	64	35	19			
26-30	71	39	19			
31-35	81	45	19			
36-40	89	49	19			
41-45	97	53	19			
46-50	107	59	19			
51-55	115	63	19			
56-60	122	67	19			
61-65	132	73	19			

MONTHLY PREMIUM - HOSPICASH 100					
Age Category	Main	First Dependant	Other Dependants		
0-25	98	54	30		
26-30	111	62	30		
31-35	123	68	30		
36-40	147	81	30		
41-45	172	95	30		
46-50	196	108	30		
51-55	221	122	30		
56-60	245	136	30		
60+	270	148	30		

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

TERMS AND CONDITIONS

• Hospicash will only be applicable to admissions in Private Hospitals • 6 month waiting period will apply for planned hospital admissions • 12 month waiting period will apply for Maternity and Confinement (including Neo Natal Care) • Funeral standard terms and conditions will apply

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 & Conditions, 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 25 years, 5 - The Insurer shall not be liable for the failure of a Intermediary to adequately explain the Terms and Conditions of the policy, 6 - The territory as defined will include Namibia, South African, Lesotho, Swaziland, Mozambique, Botswana, Zimbabwe, Zambia and Angola, 7 - 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.

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