



COMPLI^{MED}_{GAP}

PRIVATE HOSPITAL TOP UP PLAN FOR
**PSEMAS HIGHER OPTION &
PSEMAS STANDARD OPTION**

2026

UPGRADE YOUR
HEALTHCARE

FOR PSEMAS MEMBERS ONLY

083 2999 000
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What is Complimed GAP?

- Complimed GAP Cover is an insurance product designed to protect PSEMAS members against the shortfall between what PSEMAS pays and the actual cost of treatment during hospitalisation.
- Hospital services (private hospitals):** Claims are covered up to 100% of the Hospital Benchmark Tariff (HBT), being the tariff set by the Ministry of Finance for services rendered to PSEMAS members, as published and amended from time to time in the Government Gazette.
- Doctors and specialist services:** Claims are covered up to 200% of the Prosperity Benchmark Tariff (PBT). The PBT is based on the standard tariffs published by the Namibian Association of Medical Aid Funds (NAMAF), adjusted to 200% of the NAMAF tariff.

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

PRIVATE HOSPITALS GAP INSURANCE PLAN FOR PSEMAS (EFFECTIVE 1 JUNE 2026)

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.

Benefit Description	Tariffs	Unlimited State Hospitals only		N\$ 2 500 000 per family N\$ 1 250 000 per person
PRIVATE HOSPITALS		WHAT WILL PSEMAS PAY		COMPLIMED WILL COVER EXCESS OF TARIFF ONCE THE N\$ 350 000 per beneficiary or N\$ 700 000 per family has been depleted and a deviation matter has not been approved
Private Hospitals Including Unattached operating Theatre / Day Clinics	100% State tariff	N\$ 350 000 per beneficiary N\$ 700 000 per family once this limit has been reached Standard Option State hospitalisation benefits will apply	100% HBT (Excess in Tariff)	Part of sum insured
Accommodation, fixed tariff procedures & Hospital apparatus	100% State tariff	Benefit available whether procedure can be done in state hospital or not		Part of sum insured
Intensive & High Care (3 day thereafter motivation)				N\$ 100 000 per person
Maternity Benefit (including treatment and services) and Neo Natal ICU/ward fees.	100% State tariff			Part of sum insured
Theatre fees / theatre per minute	100% State tariff			N\$ 3 700 per event
Take out medication (7 days SEP + 15%)	100% State tariff			Part of sum insured
Medicine, materials & consumable's (SEP + 15%)				
State / Provincial Hospitals		Unlimited		Part of sum insured
Accommodation, medicine, materials, consumable's, fixed tariff procedures & hospital apparatus.	100% State tariff	N\$ 600 per day (all inclusive)	100% HBT (Excess in Tariff)	Part of sum insured
Intensive & High Care		N\$ 1 000 per day (all inclusive)		Part of Overall Annual limit - 7 days
Take out medication		Doctors 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)		
Other Hospitalisation / Major Medical Related Services		Unlimited State Hospitals only		
Private Rehab Hospitals, Mental Health institutions, Sub-Acute Facilities (Excluding Frail Care and Hospice facilities), Private Nursing (Acute & Chronic) including home Healthcare Providers as alternative to Hospitalisation.	100% State tariff	Limited to 25 days per family per annum	(200% PBT) Excess in Tariff (Including Levy) at the Rate Insured	N\$ 22 000 per person
Blood transfusion	100% State tariff	Unlimited		Part of sum insured
MRI / CT scans in hospital	100% State tariff	Prior approval required		N\$ 28 000 per person
Radiology & Pathology / Nuclear medicine services		Unlimited		Part of sum insured
TRAUMA and Emergency Surgery including treatment and services (General Practitioners & Specialists)				N\$ 500 000 per person
General Surgery including treatment and services (General Practitioners and Specialists)				N\$ 100 000 per person
Oncology (Radiotherapy & Chemotherapy). Biological drugs are specifically excluded from this benefit				N\$ 150 000 per person
Dialysis and Organ Transplants. Biological drugs are specifically excluded from this benefit				N\$ 200 000 per person
Biological Drugs and Specialised medication in the treatment of Oncology or Renal Care (in Patient)				N\$ 5 200 per person
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 Surgery, Eye removal, Vitreo-retinal surgery				N\$ 75 000 per person
Cataract Surgery - after 1 year membership				N\$ 35 000 per person
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		Unlimited		N\$ 70 000 per person
Motor Vehicle Accidents (MVA)				Part of sum insured
Special Illness Conditions				
HIV / Aids	100% State tariff	Part of sum insured	(200% PBT) Excess in Tariff (Including Levy) at the Rate Insured	N\$ 6 000
Sexual transmitted diseases				

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	Benefit Description	N\$ 10 000 000 per person
Emergency Medical Evacuation Services	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

HIGHER OPTION MONTHLY PREMIUM (DEBIT ORDER)

Age Category	Main	First Dependant	Other Dependant
0-25	465	256	127
26-30	531	293	145
31-35	622	338	164
36-40	656	358	173
41-45	718	391	189
46-50	746	407	196
51-55	794	432	208
56-60	816	444	215
61-65	1373	592	216
66+	1469	633	221

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

STANDARD OPTION MONTHLY PREMIUM (DEBIT ORDER)

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.

DAY TO DAY BENEFITS

0101 General Practitioners	Excess of tariff maximum of 100% PBT	6 visits per person, then payable from MEDBUX
8101 Dental Consultation		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 Dependents
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		Maximum of N\$ 15 000 per event	Maximum of N\$ 30 000 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 (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 Dependents
0-25	67	37	19
26-30	76	42	19
31-35	86	48	19
36-40	94	52	19
41-45	103	56	19
46-50	113	62	19
51-55	121	67	19
56-60	130	71	19
61-65	140	77	19

MONTHLY PREMIUM - HOSPICASH 100

Age Category	Main	First Dependant	Other Dependents
0-25	104	57	30
26-30	118	66	30
31-35	130	72	30
36-40	156	85	30
41-45	182	100	30
46-50	208	114	30
51-55	234	129	30
56-60	260	144	30
60+	286	157	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 65 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.

CONTACT DETAILS

Ongwediva Ongwediva Medipark Complex, Auguste Tanyaanda Str P.O. Box 7196 Oshakati West Tel: +264 83 323 2080	Windhoek c/o Sir Seretse Khama Str & Thorer Str P.O. Box 22927 Windhoek Tel: +264 83 2999 000 Fax: +264 61 222 161	Lüderitz Block H3 Harbour Square P.O. Box 1178 Lüderitz Tel: +264 83 323 2060	Oranjemund c/o 11th Ave & 12th Str P.O. Box 833 Oranjemund Tel: +264 83 3232 113 / 110 / 111	Walvis Bay Medical Park Hidipo Hamutenya Str P.O. Box 731 Walvis Bay Tel: +264 83 323 2000
	Rosh Pinah Unit 1 SME Park Kokerboom Str P.O. Box 71 Rosh Pinah Tel: +264 83 323 2131 / 2130	Swakopmund Erf 3670, Nathaniel Maxuulili Str Shop 12, Antonius Garten P.O. Box 2869, Swakopmund Tel: +264 83 323 2050	Tsumeb 1150 Sam Nujoma Dr P.O. Box 791 Tsumeb Tel: +264 83 232 2070 / 2072 / 2073	