

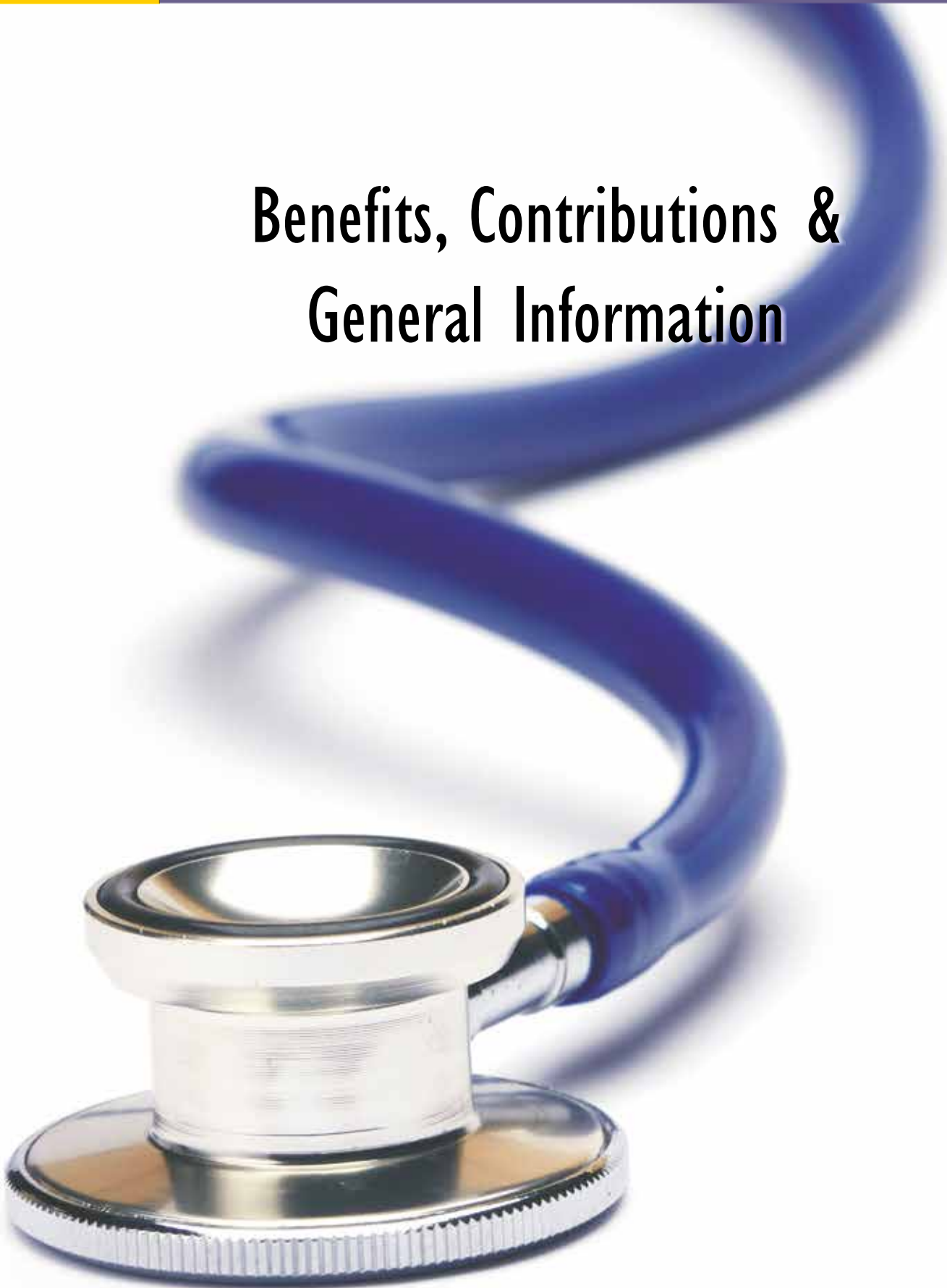


PUBLIC SERVICE EMPLOYEES MEDICAL AID SCHEME (PSEMAS)

Member Guide

2013/2014

Benefits, Contributions & General Information



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1. PUBLIC SERVICE EMPLOYEES MEDICAL AID SCHEME

(PSSR D.IX, Regulation K of 1980)

1.1 OBJECTIVE

The Public Service Medical Aid Scheme (PSEMAS) is a benefit available to staff members and aims to:

- (a) assist its members with the cost of medical care in particular; and
- (b) promote the health of members in general through its wellness and chronic disease management programmes.

1.2 LEGAL AUTHORITY

These rules, issued in terms of Section 35 of the Public Service Act, 1995 (Act 13 of 1995), were approved by the Prime Minister on the recommendation of the Public Service Commission, in terms of Section 5(2)(j) read in conjunction with Section 5(3) of the said Act

1.3 DEFINITIONS

In these Rules, unless the context otherwise indicates, the word(s) -

- 1.3.1 "Act" means the Public Service Act, 1995 (Act 13 of 1995);
- 1.3.2 "Administrator" is the Ministry of Finance.
- 1.3.3 "Benefits" means the benefits granted from time to time by the PSEMAS to its Members in terms of these Rules;
- 1.3.4 "Benefit year" shall mean a period of twelve calendar months, commencing 1 April of each year and end 31 March the following year;
- 1.3.5 "Child" means a Member's biological child, step-child in terms of a legal marriage entered into between the Member and a parent of such child, or a legally adopted child who is under the age of twenty-one years, not self-supporting, and not a member or dependant of any medical aid fund or scheme;
- 1.3.6 "Contracted in service provider" means a healthcare professional or facility (doctor, pharmacy etc.) that has entered into an agreement with the Ministry of Finance that guarantees direct payments for services rendered as provided by PSEMAS.
- 1.3.7 "Non-contracted in service provider" means a healthcare professional or facility (doctor, pharmacy etc.) that has not entered into an agreement with the Ministry of Finance for the direct payment of services rendered under the provisions of PSEMAS.
- 1.3.8 "Co-payment" means the part of the rate outstanding of a service rendered after the benefit under PSEMAS has been deducted and which the member is liable to pay directly to the service provider.
- 1.3.9 "Date/period of Service" means:
 - (a) In the event of a consultation, visit or treatment by a medical practitioner, dentist or a person providing supplementary health services, the date on which each

consultation, visit or treatment occurred, whether for the same illness or not.

(b) In the event of an operation, procedure or confinement, the date on which each operation, procedure or confinement occurred.

(c) In the event of hospitalization, the date of each discharge from a hospital or a nursing home or the date of cessation of membership whichever date occurs first.

(d) In the event of any other service or requirement, the date on which such service was rendered or requirement obtained.

1.3.10 "Dependant" means:

(a) The legal spouse of a Member, provided that such spouse is not a dependant or a member of any other medical aid fund, nor a member of PSEMAS.

(b) The Child of a Member.

(c) A Members' child who is older than 21 years, unmarried, not a member or dependant of a member of any medical aid fund and

i. is a full-time, active student at a recognised tertiary educational institution and who, on application and subject to such conditions as may be prescribed, is recognized as a Dependant by the Public Service Commission for a period of not more than 12 months at a time and such recognition shall not extend beyond the end of the calendar year during which s/he turns the age of 25 years; or

ii. is mentally and/or physically disabled.

1.3.11 "Hospitalization" means the admission to a hospital, day clinic or nursing home for a procedure and/or treatment which cannot be performed at a doctor's surgery.

1.3.12 "Member" means a staff member as defined in the Public Service Act, 1996 (Act 13 of 1995).

1.3.13 "Month" means a period extending from the first day to the last day of any one of the twelve months of the year.

1.3.14 "NAMAFA" means the Namibia Association of Medical Aid Funds.

1.3.15 "NAMFISA" means Namibia Financial Institutions Supervisory Authority.

1.3.16 "PSEMAS" means Public Service Employees Medical Aid Scheme.

1.3.17 "Pensioner" means a person who is in receipt of an annuity or pension from the GIPF.

1.3.18 "Service provider" means a person or entity who supplies professional services and is registered with the relevant professional legislative body.

1.3.19 "Spouse" means the legal spouse of a Member or, in the case of a deceased Member the person who was such deceased Member's legal spouse and registered as a Dependant immediately before such Member's death.



1.3.20 "Tariffs" means the tariffs the Namibian Association of Medical Aid Funds (NAMAF) determines that is used to reimburse service providers. The fee for each medical service, negotiated between NAMAF and the service providers, is known as the NAMAF Guideline Tariff. It is also commonly called a tariff, medical aid tariff or medical aid rate.

1.4 MEMBERSHIP

1.4.1 Member

1.4.1.1 Membership to PSEMAS is voluntarily and available to a staff member on application.

1.4.1.2 A staff member who qualifies for membership and applies

(a) within 90 days of his/her date of appointment, no waiting period shall apply before s/he shall become entitled to the benefits of membership (See also par 6.3); or

(b) after the expiry of 90 days of his/her date of appointment, a 120 day waiting period from his/her date of membership shall apply before s/he shall become entitled to the benefits of membership; or

(c) after terminating membership and applying for re-admission the provisions of paragraph 4.1.2(b) will apply.

1.4.1.3 A staff member who qualifies for membership shall become a member of PSEMAS from the date specified on the membership card. An application for membership, received within 90 days of a staff member's assumption of duty, shall be deemed to have been received on the date of assumption of duty, if so requested by the staff member in his/her application for membership.

In view of paragraph 4.1.2 and 4.1.3 to be appointed staff members must be informed of the benefits and obligations of PSEMAS and be encouraged to apply for membership as part of the appointment procedure. Such an application will be deemed to have been received on the date of assumption of duty.

1.4.2 Dependants

1.4.2.1 When a staff member applies for membership s/he must register all dependants on the application form.

1.4.2.2 A Member must notify the Head of Human Resources within 60 days after a change in his/her dependants occurred of such change on the prescribed form. After the expiry of the stated 60 day notification period, a 120 day waiting period from the date of notification shall apply before s/he shall become entitled to the benefits of membership;

1.4.2.3 If a Member dies, his/her spouse or eldest dependant, if registered as such prior to the Member's death, may become a member in the place of the deceased member and be entitled to the same benefits provided that such dependant applies in writing to the Ministry of Finance within three months of the death of the member to ensure that there is no interruption in contribution. If s/he elects to remarry, his/her membership terminates.

1.4.2.4 If a Member divorces and the court orders that such member be responsible for the ex-spouse's medical expenses, it is a legal contract between the two parties and can therefore not be binding on PSEMAS. Subsequently, an ex-spouse cannot remain as a dependant of the member and private provision must be made unless s/he is a staff member who qualifies for membership of PSEMAS in his/her own right

1.4.2.5 In terms of Namibian Law, a same-sex relationship /marriage is not recognized and thus not legal.

1.4.3 Pensioners

1.4.3.1 The Human Resource Office must inform a retiring staff member that

1.4.3.1.1 the right to register for membership of the PSEMAS as a pensioner comes from being a member of PSEMAS prior to retirement for at least two years meaning that s/he may not become a member for the first time at retirement;

1.4.3.1.2 s/he must apply on the prescribed application form for membership of PSEMAS at the Ministry of Finance within 90 days from the date of retirement. If not, s/he will forfeit such right;

1.4.3.1.3 all claims, correspondence and enquiries relating to his/her membership of PSEMAS, must be addressed directly to the Permanent Secretary of the Ministry of Finance.

1.4.3.2 If a pensioner who is a member of PSEMAS dies, the responsibility shifts to the Ministry of Finance to inform his/her spouse to register him/herself as the member in the place of his/her spouse and his/her dependants. Such registration must take place within 90 days after the date of death.

1.4.3.3 A pensioner's membership of PSEMAS will terminate on the day immediately preceding the date on which s/he takes up permanent residence outside the borders of Namibia.

Attention is drawn to the provisions of section 24 of the Public Service Act, 1995 (Act 13 of 1995), which



provides for the retirement of staff members from the Public Service and Part 3 of the Rules of the Government Institutions Pension Fund.

1.5 SUSPENSION AND TERMINATION OF MEMBERSHIP

1.5.1 *A member's membership of PSEMAS terminates on the day:*

1.5.1.1 *his/her services as a staff member terminates;*

1.5.1.2 *preceding the date on which s/he becomes a dependant of a member of PSEMAS;*

1.5.1.3 *preceding the date on which s/he becomes a member of another medical aid fund;*

1.5.1.4 *preceding the date on which s/he becomes a pensioner (see par. 4.3);*

1.5.1.5 *of his/her death; and*

1.5.1.6 *s/he resigns as a member of PSEMAS. S/he shall not be re-admitted as a member for a period of 12 months from the date of resignation.*

1.5.2 *A member's membership is suspended when s/he is:*

1.5.2.1 *in arrears with contributions of three months or any monies owing to the fund and not paid within one month of the despatch of the notification; or*

1.5.2.2 *a pensioner and is resident outside the borders of Namibia for any period of time (note par. 4.3.3).*

1.5.3 *A member's membership shall not be suspended prior to the date the HR Office receives his/her notice. Membership cannot therefore be suspended by such notice with retrospective effect.*

1.6 PSEMAS BENEFITS

1.6.1 *There are two benefit options available to staff members/pensioners namely a Standard option and a Higher option. The benefits of each are indicated on pages 7 - 16.*

1.6.2 *On application the staff member/pensioner must indicate the option s/he has chosen. The option and the benefits attached to such option will be available for a benefit year. Once registered, a member and his/her dependants will be entitled to the benefits attached to the chosen option and contribute at the rate determined for such option.*

1.6.3 **A member may choose to change his/her benefit option from one to the other. The effective date of such a**

change will be from 1 April of each year. Such application must be submitted on or before 1 August of the benefit year for implementation 1 April the following year.

1.6.4 *Should a benefit limit be exceeded within the option chosen, the member is responsible for the direct payment to the service provider. A claim cannot be submitted to PSEMAS for such expenses. Attention is drawn to those items where special provisions have been made.*

1.7 EXCLUSIONS

As stated before, the benefits under PSEMAS are indicated on pages 7 - 16 of this member guide. As is generally the case with medical and related interventions, there are an infinite number and variety of treatments and services. The benefits under PSEMAS as they are expressed in pages 7 - 16 are general and common in occurrence. As indicated in par 1, PSEMAS is a benefit to assist staff members in the cost of medical care. There are medical services and procedures that do not fall within the parameters within which PSEMAS functions and are thus excluded. PSEMAS will not consider claims for such services. In pages 17 - 19 exclusions, conditions and services are listed, for which PSEMAS may or may not pay, as medical expenses arising directly or indirectly from the list.

1.8 MEMBERSHIP FEES AND PAYMENT OPTIONS

1.8.1 *A member contributes monthly to PSEMAS from the month in which s/he becomes a member (see par 4.1.2), up to and including the month in which his/her membership terminates. The amount of the contribution depends on the option (see par. 6) chosen and the number of dependants registered. Members will contribute at the rate determined from time to time.*

1.8.2 *Contributions will be deducted monthly from the member's salary (annuity in the case of a pensioner).*

1.8.3 *A contribution adjustment on account of a change in the number of dependants or suspension of membership shall be effected from the month following that in which the change occurred [see par. 4.3.1(b)] or in which the suspension either commenced or terminated, as the case may be.*

1.8.4 *Contribution adjustment as a result of a change in option will be effected on 1 April of the following benefit year (see par 6.3).*



1.9 PAYMENT ARRANGEMENTS

1.9.1 Co-payment by member

Where a co-payment is applicable as stated in the benefit structure (pages 7 - 16), the member is required to pay such co-payment to the service provider directly.

1.9.2 PSEMAS payment to service providers

Payment of benefits in line with the option chosen is done in one of the following ways:

1.9.2.1 Payment is done directly to the service provider if such service provider is contracted-in.

1.9.2.2 The member settles the account with a service provider not contracted-in. After proof of payment is submitted, the part of the benefit of the option chosen is paid to the member.

1.9.3 Conditions of payment:

Payment provided for in this part shall not be made if the:

1.9.3.1 claim is received by the Administrator on a date 180 days or more after the date on which the service was rendered;

1.9.3.2 service was rendered before commencement or after expiry of membership;

1.9.3.3 service was rendered during a period when membership was suspended;

1.9.3.4 service was rendered during the first 120 days of membership of a member who did not become a member within 90 days after qualifying for membership [Par 4(1)(2(b))];

1.9.3.5 claim was received more than 180 days after membership terminated or a dependant ceased to be a dependant; or

1.9.3.6 invoice is not certified by the patient in case of a contracted-in service provider and a claim form submitted in the case of a contracted-out service provider.

1.10 FINANCIAL ASSISTANCE

If the member cannot settle the account with such a service provider, s/he may apply for assistance and if approved the member is paid the amount of the benefit in accordance with the option chosen after which the member then pays the service provider. Any difference in the amount paid by PSEMAS and any amount owed to the service provider is borne by the member himself or herself.

1.11 CLAIM PROCEDURE

1.11.1 As stated in par 9.2 above, payment is done directly to a contracted-in service provider after submission of a claim. If a service was provided by a service provider not contracted in, the staff member must submit a claim himself/herself. Claim forms are available at the office of the Administrator or can be downloaded from the E - Service under "Forms".

1.11.2 All claims (whether submitted by the service provider or the staff member) must be accompanied by accounts, prescriptions and receipts concerned. All accounts must specify the following:

(a) The name, address, identity number and the employee code of the Member.

(b) The date of birth of the Member/dependant to whom the service was rendered.

(c) The date each service (with tariff code) was rendered.

(d) The cost of each service.

(e) The name, address and practice number of the service provider.

1.11.3 Any medical claim, arising from an accident or event in respect of which a member or dependant was or will be compensated from any source whatsoever, must be accompanied by full particulars of such assistance for determining the correct level of assistance by PSEMAS.

1.12 GENERAL

1.12.1 Misconduct

Attention is pertinently drawn to the provisions of Section 25(1)(q) of the Public Service Act, 1995 (Act 13 of 1995), according to which a member is guilty of an offence if s/he contravenes or fails to comply with any provision relating to his/her employment or conditions of service (e.g. the medical aid scheme of which s/he is a member) or contravenes or fails to comply with any provision of a prescribed code of conduct.

1.12.2 Administration of PSEMAS:

PSEMAS is administered by the Ministry of Finance. This function or part thereof may be outsourced to a service provider. If a problem occurs during the administration of a claim, such problem should be dealt with by the Administrator.

1.13 DEVIATIONS

The Prime Minister, on recommendation of Public Service Commission, may, after consultation with the Permanent Secretary of Finance, approve a deviation from any part of the provisions.



2. CONTRIBUTIONS

STANDARD OPTION	
Main Member	N\$120 per month
Dependant	N\$60 per dependant per month

HIGHER OPTION	
Main Member	N\$240 per month
Dependant	N\$120 per dependant per month

Please note:

- Should a PSEMAS member be on suspension, he or she does not pay a premium
- Premiums are deducted from the employee member's salary every month.
- The premiums of pensioners are deducted from his/her annuity on a monthly basis.
- If no deductions are done after you have applied for medical aid, please contact your Line Offices, Ministries Human Resources Office or the Accounts department of the Ministry of Finance at 061-2092111.

3. OPTION CHANGES

Please note that it is mandatory to apply for the medical aid option that you would like to join before **31 March 2014**. You therefore have to make a choice to join either the Standard or Higher option.

Kindly complete the application forms on page 21 of this member guide and forward it to your respective Human Resources office as soon as possible.

Please note that should you join before the 8th of a month, the change in membership will be effected the following month. Should you join after the 8th of a month, the change in membership will only be effected in two month's time. The new membership fees for the chosen option will be deducted from your salary at the end of the month in which your new membership option is effected. For example:

APPLICATION DATE	NEW OPTION EFFECTIVE DATE	SALARY DEDUCTION DATE
1 - 8 March 2013	1 April 2013	30 April 2013
9 March - 8 April 2013	1 May 2013	31 May 2013
9 April - 8 May 2013	1 June 2013	30 June 2013
9 May - 8 June 2013	1 July 2013	31 July 2013
9 June - 8 July 2013	1 August 2013	31 August 2013
9 July - 8 August 2013	1 September 2013	30 September 2013
9 August - 8 September 2013	1 October 2013	31 October 2013
9 September - 8 October 2013	1 November 2013	30 November 2013
9 October - 8 November 2013	1 Decemeber 2013	31 December 2013
9 November - 8 December 2013	1 January 2014	31 January 2014
9 December 2013 - 8 January 2014	1 February 2014	28 February 2014
9 January - 8 February 2014	1 March 2014	31 March 2014
9 February - 8 March 2013	1 April 2014	30 April 2014
9 - 31 March 2014	1 May 2014	31 May 2014

4. STANDARD OPTION BENEFITS

OVERALL ANNUAL BENEFIT			No Overall Limit
Category A: Hospitalisation Benefit	Cover	Levy	STATE HOSPITALISATION ONLY (Requires hard copies of claims)
1. STATE HOSPITALISATION	% State Tariff	% Member Co- Payment	Unlimited Benefit
1.1 Accommodation, medicine, materials, consumables, fixed tariff Procedures & hospital apparatus	95%	5%	N\$600 per day (all-inclusive)
1.2 Intensive & High Care	95%	5%	N\$1 000 per day (all-inclusive)
1.3 To-Take-Out Medicine	95%	5%	Requires doctor's prescription
1.4 Basic Theatre	95%	5%	N\$500 for use of theatre
1.5 Theatre per minute	95%	5%	N\$30 per minute (all-inclusive)
1.6 Out-Patient Admission	95%	5%	N\$200 per case/incident (all-inclusive)
2. PRIVATE HOSPITALISATION - Private Hospital - A & B Status - Unattached Operating Theatre / Day Clinics - Private Rehab Hospital - Mental Health Institution - Hospice Facilities - Sub-Acute Facilities	% Cost	% Member Co- payment	DEVIATION MATTER ONLY (Requires prior approval) Without prior approval, claim will be paid out at State Tariff
2.1 Accommodation, fixed tariff procedures & hospital apparatus	95%	5%	Benefit available only if procedure cannot be done in state hospital Payable at State Hospital Tariff if procedure can be done in state hospital
2.2 Intensive & High Care (Maximum of 3 days then motivation)	95%	5%	
2.3 To-Take-Out Medicine (7 days supply only) (SEP + 15% VAT only - no mark-up)	100%	0%	
2.4 Medicine, materials & consumables (SEP + 15%VAT only - no mark-up)	100%	0%	
2.5 Theatre Fees	95%	5%	
2.6 Theatre per minute	95%	5%	
3. OTHER HOSPITALISATION / MAJOR MEDICAL RELATED SERVICES	% NAMA Tariff 2012 - 10%	% Member Co- Payment	Unlimited Benefit
3.1 Private Nursing (Acute & Chronic) (Home Health Care Providers as an alternative to Hospitalisation)	95%	5%	Limited to 25 days per family per annum (Requires prior-approval)
3.1.1 Nursing Agencies			Sub-limit 3.1
3.1.2 Registered Nurses	95%	5%	Sub-limit 3.1
3.2 Blood Transfusion Services	100%	0%	Unlimited Benefit
3.3 MRI & CAT Scans (in-hospital)	95%	5%	Requires prior approval Referral from Medical Specialist only Referral from GP on CT scans justifiable in case of head injuries
3.4 Radiology & Pathology (in-hospital)	95%	5%	Unlimited Benefit
3.5 Nuclear Medicine Services	95%	5%	Unlimited Benefit Requires prior approval Referral from Medical Specialist only
3.6 General Practitioners & Specialists (in-hospital)	95%	5%	Unlimited Benefit
3.7 Oncology (Radiotherapy & Chemotherapy)	95%	5%	Unlimited Benefit Requires prior approval
3.8 Dialysis and Organ Transplants	95%	5%	Unlimited Benefit Requires prior approval
3.9 Maxillo-Facial & Oral Surgery (Trauma Only)	95%	5%	Unlimited Benefit Requires prior approval

OVERALL ANNUAL BENEFIT			No Overall Limit
Category A: Hospitalisation Benefit	Cover	Levy	STATE HOSPITALISATION ONLY (Requires hard copies of claims)
3.10 Clinical Technology	95%	5%	Unlimited Benefit Requires prior approval Life sustaining procedures that are normally done in collaboration with Medical Practitioners
3.11 Refractive Surgery (Subject to prior approval and MHC Guidelines)	95%	5%	N\$9 000 per Beneficiary (All-inclusive: hospitalisation, procedures, medicine and materials) Once off benefit Requires prior approval
3.12 Internal Appliances	95%	5%	Unlimited Benefit Requires prior approval
4. Ambulance & Evacuation Services Advances, Intermediate & Basic Ambulance Services	% Agreed Tariff	% Member Co- Payment	Unlimited Benefit Tariffs as agreed upon between PSEMAS and the preferred Service Provider
4.1 Emergency Flights / Mercy Flights	95%	5%	Requires prior approval
4.2 Emergency Road Ambulance	95%	5%	Requires prior approval
4.3 Inter-hospital Transfers	95%	5%	Requires prior approval
5. Transport (Other Conveyances) Advances, Intermediate & Basic Ambulance Services	% Agreed Tariff	% Member Co- Payment	Private transport needed when referred for medical treatment outside duty station preferred Service Provider
5.1 Using own transport within the borders of Namibia	100%	0%	N\$2.60 per km travelled from town of origin to town of destination and back
5.2 Using own transport outside the borders of Namibia	100%	0%	N\$2.60 per km travelled from town of origin to town of destination and back
5.3 By Air outside the borders of Namibia	95%	5%	95% of Economy Class Air Ticket
5.4 Travel by bus	95%	5%	95% of cost of Mainliner
5.5 Transport within RSA (airport to hospital)	100%	0%	N\$500 only when there is no access to own transport Benefit available only upon submission of receipt
6. Accommodation	% Agreed Tariff	% Member Co- Payment	Benefit only available at registered B&B, Guesthouse or Lodge upon submission of receipt
6.1 Within the borders of Namibia	100%	0%	N\$450 per day per family Requires prior approval
6.2 Outside the borders of Namibia	100%	0%	N\$600 per day per family Requires prior approval

OVERALL ANNUAL BENEFIT			UNLIMITED BENEFIT (Requires hard copies of claims)			
Category B: Day to Day Benefit	Cover	Levy				
7. General Practitioners & Medical Specialists	% NAMAF Tariff 2012 - 10%	% Member Co- Payment				
7.1 Consultations / Visits (out-of-hospital)	95%	5%	MEMBER Member only 10 Consultations	MEMBER+1 Member w/1 dep 15 Consultations	MEMBER+2 Member w/2 dep 20 Consultations	MEMBER+3+ Member w/3 dep 30 Consultations
			In case of consultation exceeding the above limits, member must pay first and claim from PSEMAS Limits applicable to out-of-hospital consultations only Receipts of the 5% co-payment must be attached to the claims for contracted-in service providers Follow-up consultations (0108) and pre-natal visits (2601 & 2602) are excluded from the limited no. of consultations			
7.2 Procedures / Treatment (out-of-hospital)	95%	5%	Unlimited Benefit			
7.3 Radiology & Pathology (out-of-hospital)	95%	5%	Unlimited Benefit Referral from Medical Practitioner Required Including x-rays done by Radiographer Including tests done by Medical Laboratory Technologists Including x-rays & tests done by GPs & Medical Specialists			
7.4 MRI & CAT Scans (out-of-hospital)	95%	5%	Requires prior approval Referral from medical specialist only Referral from GP on CT scans justifiable only In cases of head injury			
8. Dentistry - General Dental Practice - Periodontist - Prosthodontic - Maxillo-Facial & Oral Surgeon - Dental Therapist (Referral from Dental Practitioner not required)	% NAMAF Tariff 2012 - 10%	% Member Co- payment				
8.1 Basic / Conservative Dentistry (Including Dental Therapist)	100%	0%	Unlimited benefit			
8.2 Advanced / Specialised Dentistry (Including Dental Technician's lab fees)	95%	5%	MEMBER (Member only) N\$3 500	MEMBER +1+ (Member w/1 or more dep) N\$6 500		
8.3 Maxillo-facial & Oral Surgery (Including Dental Implants)	95%	5%	MEMBER (Member only) N\$5 000	MEMBER +1+ (Member w/1 or more dep) N\$10 000		
			Requires prior approval All-inclusive (hospitalisation, procedures, medicine, materials & components)			
8.4 Orthodontics	95%	5%	N\$14 000 per beneficiary Once off benefit Requires prior approval			
9. Medicine & Materials	% Agreed Tariff	% Member Co- Payment				
9.1 Acute Medicine & Injections			N\$11 000 per family per annum In case of claims exceeding the above limits, member must pay first and claim from PSEMAS Receipts of the 7.5% co-payment must be attached to the claims for contracted-in service providers			
9.1.1 Dispensed by Medical Practitioners	92.5%	7.5%	SEP + 50% Mark-up + 15% VAT (with dispensing licenses) SEP + 30% Mark-up + 15% VAT (without dispensing licenses: Vaccinations, injections and emergency medication) Limited to 5 items per script w / diagnoses Generic reference pricing applicable			
9.1.2 Dispensed by Pharmacies	92.5%	7.5%	SEP + 50% Mark-up + 15% VAT Limited to 5 items per script Generic reference pricing applicable			
9.2 Chronic Medicine & Injections			N\$23 000 per family per annum (Subject to Chronic Disease Management Programme) In case of claims exceeding the above limits,			

OVERALL ANNUAL BENEFIT			UNLIMITED BENEFIT (Requires hard copies of claims)			
Category B: Day to Day Benefit	Cover	Levy				
9.2.1 Dispensed by Medical Practitioners	92.5%	7.5%	SEP + 50% Mark-up + 15% VAT (with dispensing licenses) SEP + 30% Mark-up + 15% VAT (without dispensing licenses: Vaccinations, injections and emergency medication) Generic reference pricing applicable			
9.2.2 Dispensed by Pharmacies	92.5%	7.5%	SEP + 50% Mark-up + 15% VAT Generic reference pricing applicable			
9.3 Materials & Consumables			N\$13 500 per family per annum In case of claims exceeding the above limits, member must pay first and claim from PSEMAS Receipts of the 5% co-payment must be attached to the claims for contracted-in service providers			
9.3.1 Medical Practitioner	95%	5%	SEP + 30% Mark-up + 15% VAT			
9.3.2 Pharmacies	95%	5%	SEP + 50% Mark-up + 15% VAT			
9.4 Self Medication	95%	5%	MEMBER Member only	MEMBER+1 Member w/1 dep	MEMBER+2 Member w/2 dep	MEMBER+3+ Member w/3 dep
			N\$500	N\$700	N\$1 000	N\$1 300
			Generic reference pricing applicable Obtain from a Pharmacy only Only schedule 0-2 will be paid from self-medication benefit			
10. Optical - Optometry - Optical Dispenser	% NAMAF Tariff 2012 - 10%	% Member Co- Payment	Referral from Medical Practitioner not required			
10.1 Optical Test	95%	5%	1 test per beneficiary every 6 months (2 tests per annum)			
10.2 Spectacles, Lenses & Contact Lens Solution	95%	5%	N\$2 000 per beneficiary every two years Excluding sunglasses or tinting of prescription Lenses by 35% or more			
10.3 Frame	95% of cost	5%	N\$600 per beneficiary every two years			
11. Primary Health Care	% NAMAF Tariff 2012 - 10%	% Member Co- Payment	Unlimited Benefit Generic reference pricing applicable Medicine payable will be according to the 22(A)12 permit guidelines			
11.1 Consultation	100%	0%	Sub-limit 11			
11.2 Medicine & Materials	100%	0%	Sub-limit 11			
11.3 Procedures	100%	0%	Sub-limit 11			
12. External Appliances	% Cost	% Member Co- Payment				
12.1 Wheelchair	95%	5%	N\$10 000 per beneficiary every 4 years Inclusive of repairs & maintenance Requires prior approval			
12.2 Artificial limbs, legs arms & eyes	95%	5%	N\$30 000 per beneficiary Requires prior approval			
12.3 Orthopaedic footwear						
12.3.1 Without Callipers	95%	5%	N\$1 860 per beneficiary			
12.3.2 With Callipers	95%	5%	N\$3 750 per beneficiary			
12.4 Hiring of oxygen	95%	5%	Requires prior approval			
12.5 Oxygen Cylinders & Oxygen Concentrators	95%	5%	Requires prior approval			
12.6 CPAP Machine (Subject to Managed Health Care Protocol)	95%	5%	Requires prior approval			
12.7 Mouth mask apnea machine	95%	5%	Requires prior approval			
12.8 Adult Nappies	95%	5%	Requires prior approval			
12.9 Hearing Aid	95%	5%	N\$9 000 per ear per beneficiary Requires prior approval			

OVERALL ANNUAL BENEFIT				UNLIMITED BENEFIT (Requires hard copies of claims)			
Category B: Day to Day Benefit		Cover	Levy				
12.10 Other External Appliances							
12.10.1 Support Braces		95%	5%	N\$2 500 per family A medical practitioner prescription must accompany claim			
12.10.2 Crutches		95%	5%				
12.10.3 Elastic Stockings		95%	5%				
12.10.4 Nebulizers / Humidifiers		95%	5%				
12.10.5 Diabetic Apparatus		95%	5%				
12.10.6 Blood Pressure Apparatus		95%	5%				
13. Auxiliary / Supplementary Services (in & out of hospital)		% NAMAF Tariff 2012 - 10%	% Member Co- Payment	MEMBER	MEMBER+1	MEMBER+2	MEMBER+3+
				Member only	Member w/1 dep	Member w/2 dep	Member w/3 dep
				N\$8 000	N\$12 000	N\$16 000	N\$20 000
				In case claims exceeds the above limits, member must pay first and claim from PSEMAS Receipts of the 5% co-payment must be attached to the claims for contracted-in service providers			
13.1.1 Acupuncturist / Reflexologist / Chinese Medicine		95%	5%	Sub-limit 13 Referral from Medical Practitioner not required			
13.1.2 Chiropractor							
13.1.3 Homeopathy							
13.1.4 Osteopathy							
13.1.5 Podiatry / Chiropody							
13.1.6 Phytotherapy							
13.1.7 Psychology							
13.1.8 Psychological Counsellor							
13.1.9 Social Worker		95%	5%	Sub-limit 13 Requires referral from Medical Practitioner			
13.1.10 Biokinetics							
13.1.11 Dietician							
13.1.12 Hearing Aid Acoustician							
13.1.13 Occupational Therapy							
13.1.14 Orthotist / Prosthetist							
13.1.15 Physiotherapy							
13.1.16 Speech Therapy & Audiology							
13.1.17 Complementary medicine (Homeopathic, natural, herbal medicine prescribed and dispensed by Allied Health Professionals)		95%	5%	N\$1 250 per family			
14. HIV and AIDS		% NAMAF Tariff 2012 - 10%	% Member Co- Payment	Subject to registration on HIV and AIDS Disease Clinical Programme			
14.1 HIV and AIDS Medicine		100%	0%	N\$25 000 per beneficiary Sub-limit 14 Generic reference pricing applicable			
14.2 First Full HIV and AIDS Consultation / Assessment		100%	0%	Sub-limit 14 1 ½ x the PSEMAS Tariff for 101 Consultation Once off benefit			
14.3 HIV and AIDS follow-up consultations		100%	0%	Sub-limit 14 6 follow-up consultations per beneficiary			
14.4 HIV and AIDS Pathology Tests		100%	0%	Sub-limit 14			
14.5 Too Early To Treat		100%	0%	Sub-limit 14			
14.6 Post Exposure Prophylaxis		100%	0%	Sub-limit 14			
14.7 Mother to Child Transmission		100%	0%	Sub-limit 14			

5. HIGHER OPTION BENEFITS

OVERALL ANNUAL BENEFIT			No Overall Limit
Category A: Hospitalisation Benefit	Cover	Levy	STATE HOSPITALISATION ONLY (Requires hard copies of claims)
1. STATE HOSPITALISATION	% State Tariff	% Member Co- Payment	Unlimited Benefit
1.1 Accommodation, medicine, materials, consumables, fixed tariff Procedures & hospital apparatus	95%	5%	N\$600 per day (all-inclusive)
1.2 Intensive & High Care	95%	5%	N\$1 000 per day (all-inclusive)
1.3 To-Take-Out Medicine	95%	5%	Requires doctor's prescription
1.4 Basic Theatre	95%	5%	N\$500 for use of theatre
1.5 Theatre per minute	95%	5%	N\$30 per minute (all-inclusive)
1.6 Out-Patient Admission	95%	5%	N\$200 per case/incident (all-inclusive)
2. PRIVATE HOSPITALISATION - Private Hospital - A & B Status - Unattached Operating Theatre / Day Clinics - Private Rehab Hospital - Mental Health Institution - Hospice Facilities - Sub-Acute Facilities	% Cost	% Member Co- payment	N\$325 000 per beneficiary N\$500 000 per family (Requires prior approval) Once private hospitalisation limit is exceeded, standard option state hospitalisation benefit will apply
2.1 Accommodation, fixed tariff procedures & hospital apparatus	95%	5%	Benefit available whether procedure can be done in state hospital or not
2.2 Intensive & High Care (Maximum of 3 days then motivation)	95%	5%	
2.3 To-Take-Out Medicine (7 days supply only) (SEP + 15% VAT only - no mark-up)	100%	0%	
2.4 Medicine, materials & consumables (SEP + 15%VAT only - no mark-up)	100%	0%	
2.5 Theatre Fees	95%	5%	
2.6 Theatre per minute	95%	5%	
3. OTHER HOSPITALISATION / MAJOR MEDICAL RELATED SERVICES	% NAMAF Tariff 2012 - 10%	% Member Co- Payment	Unlimited Benefit
3.1 Private Nursing (Acute & Chronic) (Home Health Care Providers as an alternative to Hospitalisation)	95%	5%	Limited to 25 days per family per annum (Requires prior-approval)
3.1.1 Nursing Agencies			Sub-limit 3.1
3.1.2 Registered Nurses	95%	5%	Sub-limit 3.1
3.2 Blood Transfusion Services	100%	0%	Unlimited Benefit
3.3 MRI & CAT Scans (in-hospital)	95%	5%	Requires prior approval Referral from Medical Specialist only Referral from GP on CT scans justifiable in case of head injuries
3.4 Radiology & Pathology (in-hospital)	95%	5%	Unlimited Benefit
3.5 Nuclear Medicine Services	95%	5%	Unlimited Benefit Requires prior approval Referral from Medical Specialist only
3.6 General Practitioners & Specialists (in-hospital)	95%	5%	Unlimited Benefit
3.7 Oncology (Radiotherapy & Chemotherapy)	95%	5%	Unlimited Benefit Requires prior approval
3.8 Dialysis and Organ Transplants	95%	5%	Unlimited Benefit Requires prior approval
3.9 Maxillo-Facial & Oral Surgery (Trauma Only)	95%	5%	Unlimited Benefit Requires prior approval

OVERALL ANNUAL BENEFIT			No Overall Limit
Category A: Hospitalisation Benefit	Cover	Levy	STATE HOSPITALISATION ONLY (Requires hard copies of claims)
3.10 Clinical Technology	95%	5%	Unlimited Benefit Requires prior approval Life sustaining procedures that are normally done in collaboration with Medical Practitioners
3.11 Refractive Surgery (Subject to prior approval and MHC Guidelines)	95%	5%	N\$9 000 per Beneficiary (All-inclusive: hospitalisation, procedures, medicine and materials) Once off benefit Requires prior approval
3.12 Internal Appliances	95%	5%	Unlimited Benefit Requires prior approval
4. Ambulance & Evacuation Services Advances, Intermediate & Basic Ambulance Services	% Agreed Tariff	% Member Co- Payment	Unlimited Benefit Tariffs as agreed upon between PSEMAS and the preferred Service Provider
4.1 Emergency Flights / Mercy Flights	95%	5%	Requires prior approval
4.2 Emergency Road Ambulance	95%	5%	Requires prior approval
4.3 Inter-hospital Transfers	95%	5%	Requires prior approval
5. Transport (Other Conveyances) Advances, Intermediate & Basic Ambulance Services	% Agreed Tariff	% Member Co- Payment	Private transport needed when referred for medical treatment outside duty station preferred Service Provider
5.1 Using own transport within the borders of Namibia	100%	0%	N\$2.60 per km travelled from town of origin to town of destination and back
5.2 Using own transport outside the borders of Namibia	100%	0%	N\$2.60 per km travelled from town of origin to town of destination and back
5.3 By Air outside the borders of Namibia	95%	5%	95% of Economy Class Air Ticket
5.4 Travel by bus	95%	5%	95% of cost of Mainliner
5.5 Transport within RSA (airport to hospital)	100%	0%	N\$500 only when there is no access to own transport Benefit available only upon submission of receipt
6. Accommodation	% Agreed Tariff	% Member Co- Payment	Benefit only available at registered B&B, Guesthouse or Lodge upon submission of receipt
6.1 Within the borders of Namibia	100%	0%	N\$450 per day per family Requires prior approval
6.2 Outside the borders of Namibia	100%	0%	N\$600 per day per family Requires prior approval

OVERALL ANNUAL BENEFIT			UNLIMITED BENEFIT (Requires hard copies of claims)			
Category B: Day to Day Benefit	Cover	Levy				
7. General Practitioners & Medical Specialists	% NAMAF Tariff 2012 - 10%	% Member Co- Payment				
7.1 Consultations / Visits (out-of-hospital)	95%	5%	MEMBER Member only	MEMBER+1 Member w/1 dep	MEMBER+2 Member w/2 dep	MEMBER+3+ Member w/3 dep
			10 Consultations	15 Consultations	20 Consultations	30 Consultations
			In case of consultation exceeding the above limits, Member must pay first and claim from PSEMAS Limits applicable to out-of-hospital consultations only Receipts of the 5% co-payment must be attached to the claims for contracted-in service provider Follow-up consultations (0108) and pre-natal visits (2601 & 2602) are excluded from the limited no. of consultations			
7.2 Procedures / Treatment (out-of-hospital)	95%	5%	Unlimited Benefit			
7.3 Radiology & Pathology (out-of-hospital)	95%	5%	Unlimited Benefit Referral from Medical Practitioner Required Including x-rays done by Radiographer Including tests done by Medical Laboratory Technologists Including x-rays & tests done by GPs & Medical Specialists			
7.4 MRI & CAT Scans (out-of-hospital)	95%	5%	Requires prior approval Referral from medical specialist only Referral from GP on CT scans justifiable only In cases of head injury			
8. Dentistry - General Dental Practice - Periodontist - Prosthodontic - Maxillo-Facial & Oral Surgeon - Dental Therapist (Referral from Dental Practitioner nor required)	% NAMAF Tariff 2012 - 10%	% Member Co- payment				
8.1 Basic / Conservative Dentistry (Including Dental Therapist)	100%	0%	Unlimited benefit			
8.2 Advanced / Specialised Dentistry (Including Dental Technician's lab fees)	95%	5%	MEMBER (Member only)		MEMBER +1+ (Member w/1 or more dep)	
			N\$5 500		N\$8 500	
8.3 Maxillo-facial & Oral Surgery (Including Dental Implants)	95%	5%	MEMBER (Member only)		MEMBER +1+ (Member w/1 or more dep)	
			N\$7 500		N\$15 000	
			Requires prior approval All-inclusive (hospitalisation, procedures, medicine, materials & components)			
8.4 Orthodontics	95%	5%	N\$16 500 per beneficiary Once off benefit Requires prior approval			
9. Medicine & Materials	% Agreed Tariff	% Member Co- Payment	Unlimited Benefit			
9.1 Acute Medicine & Injections			Unlimited Benefit			
9.1.1 Dispensed by Medical Practitioners	92.5%	7.5%	SEP + 50% Mark-up + 15% VAT (with dispensing licenses) SEP + 30% Mark-up + 15% VAT (without dispensing licenses: vaccinations, injections and emergency medication) Limited to 5 items per script w / diagnoses Generic reference pricing applicable			
9.1.2 Dispensed by Pharmacies	92.5%	7.5%	SEP + 50% Mark-up + 15% VAT Limited to 5 items per script Generic reference pricing applicable			
9.2 Chronic Medicine & Injections			Unlimited (Subject to Chronic Disease Management Programme) In case of claims exceeding the above limits, member must pay first and claim from PSEMAS			
9.2.1 Dispensed by Medical Practitioners	92.5%	7.5%	SEP + 50% Mark-up + 15% VAT (with dispensing licenses) SEP + 30% Mark-up + 15% VAT (without dispensing licenses: vaccinations, injections and emergency medication) Generic reference pricing applicable			

OVERALL ANNUAL BENEFIT			UNLIMITED BENEFIT (Requires hard copies of claims)			
Category B: Day to Day Benefit	Cover	Levy				
9.2.2 Dispensed by Pharmacies	92.5%	7.5%	SEP + 50% Mark-up + 15% VAT Generic reference pricing applicable			
9.3 Materials & Consumables			Unlimited Benefit			
9.3.1 Medical Practitioner	95%	5%	SEP + 30% Mark-up + 15% VAT			
9.3.2 Pharmacies	95%	5%	SEP + 50% Mark-up + 15% VAT			
9.4 Self Medication	95%	5%	MEMBER Member only	MEMBER+1 Member w/1 dep	MEMBER+2 Member w/2 dep	MEMBER+3+ Member w/3 dep
			N\$500	N\$700	N\$1 000	N\$1 300
			Generic reference pricing applicable Obtain from a Pharmacy only Only schedule 0-2 will be paid from self-medication benefit			
10. Optical - Optometry - Optical Dispenser	% NAMAF Tariff 2012 - 10%	% Member Co- Payment	Referral from Medical Practitioner not required			
10.1 Optical Test	95%	5%	1 test per beneficiary every 6 months (2 tests per annum)			
10.2 Spectacles, Lenses & Contact Lens Solution	95%	5%	N\$3 000 per beneficiary every two years Excluding sunglasses or tinting of prescription Lenses by 35% or more			
10.3 Frame	95% of cost	5%	N\$600 per beneficiary every two years			
11. Primary Health Care	% NAMAF Tariff 2012 - 10%	% Member Co- Payment	Unlimited Benefit			
11.1 Consultation	100%	0%	Sub-limit 11			
11.2 Medicine & Materials	100%	0%	Sub-limit 11 Generic reference pricing applicable Medicine payable will be according to the 22(A)12 permit guidelines			
11.3 Procedures	100%	0%	Sub-limit 11			
12. External Appliances	% Cost	% Member Co- Payment				
12.1 Wheelchair	95%	5%	N\$10 000 per beneficiary every 4 years Inclusive of repairs & maintenance Requires prior approval			
12.2 Artificial limbs, legs arms & eyes	95%	5%	N\$30 000 per beneficiary Requires prior approval			
12.3 Orthopaedic footwear						
12.3.1 Without Callipers	95%	5%	N\$1 860 per beneficiary			
12.3.2 With Callipers	95%	5%	N\$3 750 per beneficiary			
12.4 Hiring of oxygen	95%	5%	Requires prior approval			
12.5 Oxygen Cylinders & Oxygen Concentrators	95%	5%	Requires prior approval			
12.6 CPAP Machine (Subject to Managed Health Care Protocol)	95%	5%	Requires prior approval			
12.7 Mouth mask apnea machine	95%	5%	Requires prior approval			
12.8 Adult Nappies	95%	5%	Requires prior approval			
12.9 Hearing Aid	95%	5%	N\$9 000 per ear per beneficiary Requires prior approval			

OVERALL ANNUAL BENEFIT			UNLIMITED BENEFIT (Requires hard copies of claims)			
Category B: Day to Day Benefit	Cover	Levy				
12.10 Other External Appliances						
12.10.1 Support Braces	95%	5%	N\$2 500 per family A medical practitioner prescription must accompany claim			
12.10.2 Crutches	95%	5%				
12.10.3 Elastic Stockings	95%	5%				
12.10.4 Nebulizers / Humidifiers	95%	5%				
12.10.5 Diabetic Apparatus	95%	5%				
12.10.6 Blood Pressure Apparatus	95%	5%				
13. Auxiliary / Supplementary Services (in & out of hospital)	% NAMAF Tariff 2012 - 10%	% Member Co- Payment	MEMBER	MEMBER+1	MEMBER+2	MEMBER+3+
			Member only	Member w/1 dep	Member w/2 dep	Member w/3 dep
			N\$8 000	N\$12 000	N\$16 000	N\$20 000
			In case claims exceeds the above limits, member must pay first and claim from PSEMAS Receipts of the 5% co-payment must be attached to the claims for contracted-in service providers			
13.1.1 Acupuncturist / Reflexologist / Chinese Medicine	95%	5%	Sub-limit 13 Referral from Medical Practitioner not required			
13.1.2 Chiropractor						
13.1.3 Homeopathy						
13.1.4 Osteopathy						
13.1.5 Podiatry / Chiropody						
13.1.6 Phytotherapy						
13.1.7 Psychology						
13.1.8 Psychological Counsellor	95%	5%	Sub-limit 13 Requires referral from Medical Practitioner			
13.1.9 Social Worker						
13.1.10 Biokinetics						
13.1.11 Dietician						
13.1.12 Hearing Aid Acoustician						
13.1.13 Occupational Therapy						
13.1.14 Orthotist / Prosthetist						
13.1.15 Physiotherapy	95%	5%	N\$1 250 per family			
13.1.16 Speech Therapy & Audiology						
13.1.17 Complementary medicine (Homeopathic, natural, herbal medicine prescribed and dispensed by Allied Health Professionals)	95%	5%				
14. HIV and AIDS	% NAMAF Tariff 2012 - 10%	% Member Co- Payment	Subject to registration on HIV and AIDS Disease Clinical Programme			
14.1 HIV and AIDS Medicine	100%	0%	N\$25 000 per beneficiary Sub-limit 14 Generic reference pricing applicable			
14.2 First Full HIV and AIDS Consultation / Assessment	100%	0%	Sub-limit 14 1 ½ x the PSEMAS Tariff for 101 Consultation Once off benefit			
14.3 HIV and AIDS follow-up consultations	100%	0%	Sub-limit 14 6 follow-up consultations per beneficiary			
14.4 HIV and AIDS Pathology Tests	100%	0%	Sub-limit 14			
14.5 Too Early To Treat	100%	0%	Sub-limit 14			
14.6 Post Exposure Prophylaxis	100%	0%	Sub-limit 14			
14.7 Mother to Child Transmission	100%	0%	Sub-limit 14			

6. EXCLUSIONS - SERVICES & PROCEDURES

As provided for in paragraph 7 of the staff rules, PSEMAS will not pay for the medical expenses arising directly or indirectly from the following:

- 1. Medical examinations for insurance purposes, school camps, visa employment or for litigation purposes.*
- 2. Plastic surgery and cosmetic treatments (excluding breast/mammary reductions, dental implants and refractive surgeries) of a member's own choice or which are recommended for psychological reasons only or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery.*
- 3. Examinations, investigations, treatment or surgery for obesity and overweight including a gastric bypass. (On recommendation by a Specialist)*
- 4. Examinations, investigations, treatment or surgery for infertility, sterility, impotence and artificial insemination or hormone treatment for infertility.*
- 5. Any procedure intended to induce, enhance, maintain and promote penile erection or to address erectile dysfunction.*
- 6. Telephonic consultations/prescriptions. In the eventuality where a prescription is given telephonically, it must be followed by a written prescription.*
- 7. An appointment with a service provider which has not been kept by the member/dependant and charged for by such service provider.*
- 8. Breathing exercises.*
- 9. The cost of holidays for recuperative purposes, whether deemed medically necessary or not.*
- 10. Traditional healing.*
- 11. Forensics services.*
- 12. Masseurs.*
- 13. Accommodation in old age homes and similar institutions.*
- 14. The cost involved in a member escorting a dependant or a dependant escorting a member for medical attention.*
- 15. Ophthalmic examinations by anyone other than an eye specialist or registered optometrist.*
- 16. Any instrument to correct or enhance vision other than a pair of spectacles or contact lenses.*
- 17. Operations to correct vision defects (Refractive Surgery).*
- 18. Sunglasses*
- 19. Tinting of prescription lenses by 35% or more.*
- 20. Gold inlays in dentures and fillings.*
- 21. Dental devices and materials such as dental floss, tooth brushes and tooth paste.*
- 22. Bleaching of teeth or any dental procedures that are recommended for cosmetic purposes.*
- 23. Sleep Therapy and Hypno-Therapy.*
- 24. Costs associated with vocational guidance, child guidance, family, marriage and group counseling, sex therapy, school therapy or attendance at remedial education schools or clinics. (Subject to referral by a General Practitioner)*
- 25. Any examination, investigation, treatment or procedure caused by alcoholism and drug addiction.*
- 26. The purchase or hire of external medical appliances other than those listed under a benefit.*
- 27. Accommodation and treatment for spas and resorts whether deemed medically necessary or not.*



7. EXCLUSIONS - MEDICINE, MATERIALS & CONSUMABLES

No.	Description	Excluded Yes/No	Conditions
1.	Oral and parental contraceptives	N	
2.	IUDs and contraceptive foams	N	
3.	Slimming preparations used to treat or prevent obesity	Y	
4.	Food / nutritional supplements including all baby food and special milk preparations	N	Subject to pre-authorisation of a GP / Specialist for Formula Milk Supplement
5.	Homeopathic and herbal medicines and remedies	N	Subject to registration at the relevant Council. Subject to benefit limit
6.	Medical Appliances & Devices	N	Subject to benefit limit
7.	Orthopedic products & appliances	N	Subject to benefit limit
8.	Surgical products and appliances	N	Subject to pre-authorisation
9.	Stoma products and equipment & incontinence products	N	Subject to pre-authorisation
10.	Diagnostic agents	N	Subject to benefit limit
11.	Disease management disposables for diabetes	N	
12.	Syringes & needles for diabetes	N	
13.	Syringes & needles	N	
14.	Bandages & dressings (except medicated dressings)	N	
15.	Medicated dressings	N	
16.	Oxygen (purchase or hire)	N	Subject to pre-authorisation
17.	Aerochambers	N	Subject to pre-authorisation
18.	Anti-smoking preparations	Y	
19.	Medicines used specifically to treat alcoholism and Drug addiction	Y	
20.	Soaps (Bars), scrubs and other cleansers.	Y	
21.	Products for the treatment of lice	N	
22.	Other medicated shampoos and conditioners	Y	Payable only if prescribed by a Specialist
23.	Tar shampoos	Y	Payable only if prescribed for Psoriasis
24.	Coal tar products for Psoriasis	Y	
25.	Sun screening and sun tanning preparations	Y	Only on Specialist's prescription
26.	Flu vaccines	N	

7. EXCLUSIONS - MEDICINE, MATERIALS & CONSUMABLES

No.	Description	Excluded Yes/No	Conditions
27.	<i>Other vaccines (oral / parenteral)</i>	<i>N</i>	
28.	<i>Immunoglobulins (oral / parenteral)</i>	<i>Y</i>	<i>Only on Specialist's prescription</i>
29.	<i>Immunosuppressive</i>	<i>Y</i>	<i>Only on Specialist's prescription</i>
30.	<i>Immunostimulants (Immunomodulators)</i>	<i>Y</i>	<i>Only on Specialist's prescription</i>
31.	<i>Anti-malarials for prophylactic use</i>	<i>N</i>	
32.	<i>Registered multivitamin preparations and vitamin combinations including minerals</i>	<i>N</i>	
33.	<i>Registered combined mineral preparations & trace elements (excluding iron, calcium, magnesium & potassium preparations)</i>	<i>N</i>	
34.	<i>Registered prenatal vitamins and vitamin /mineral supplements</i>	<i>N</i>	
35.	<i>Registered geriatric vitamins / mineral supplements</i>	<i>N</i>	
36.	<i>Registered single vitamin preparations</i>	<i>N</i>	
37.	<i>Registered tonics & stimulants</i>	<i>N</i>	
38.	<i>Haematinics</i>	<i>N</i>	
39.	<i>Calcium supplements</i>	<i>N</i>	
40.	<i>Magnesium supplements</i>	<i>N</i>	
41.	<i>Potassium supplements</i>	<i>N</i>	
42.	<i>Registered infant vitamins</i>	<i>N</i>	
43.	<i>Topical steroid preparations</i>	<i>N</i>	
44.	<i>Topical anti-inflammatory preparations</i>	<i>N</i>	
45.	<i>Topical acne preparations</i>	<i>N</i>	
46.	<i>Oral acne preparations</i>	<i>N</i>	
47.	<i>Contraceptives used for skin conditions</i>	<i>N</i>	
48.	<i>Osteoporosis specific products</i>	<i>N</i>	
49.	<i>Growth hormones</i>	<i>Y</i>	<i>Only on Specialist's prescription</i>
50.	<i>Intestinal flora</i>	<i>N</i>	
51.	<i>Erythropoietin</i>	<i>Y</i>	<i>Prescribed by Specialist only for chronic renal failure</i>

*Please note: yes means that medicine, materials are excluded
no means that the medicine, materials and consumables are covered*

8. CHRONIC DISEASES

The following chronic diseases form part of the PSEMAS Chronic Disease Management Programme:

Acne	Hypertension
Addison's Disease	Ischaemic Heart Disease
Allergic Rhinitis	Major Depression
Alzheimer's Disease	Menopause (Hormone Replacement Therapy)
Angina	Migraine (Prophylactics)
Ankylosing Spondylitis	Motor Neuron Disease
Anorexia Nervosa	Multiple Sclerosis
Asthma	Muscular Dystrophy
Attention Deficit Disorder (ADD)	Myasthenia Gravis
Barret's Oesophagus	Narcolepsy
Benign Prostatic Hyperplasia	Obsessive Compulsive Disorder
Bipolar Mood Disorder	Osteoporosis
Bronchiectasis	Paget's Disease of Bone
Bulimia Nervosa	Pancreatic Disease
Cancer	Panic Disorder
Cardiac Arrhythmias	Paraplegia & Quadriplegia
Cardiomyopathy	Parkinson's Disease
Chronic Bronchitis	Peripheral Vascular Disorders
Chronic Obstructive Pulmonary Disease	Pituitary Adenoma
Chronic Renal Disease	Polyarteritis Nodosa
Congestive Cardiac Failure	Post Traumatic Stress Syndrome
Conn's Syndrome	Psoriasis
Coronary Artery Disease	Rheumatoid Arthritis
Crohn's Disease	Schizophrenia
Cushing's Syndrome	Scleroderma
Cystic Fibrosis	Stroke
Deep Vein Thrombosis	Systemic Lupus Erythematosus
Dermatomyositis	Thromboangitis Obliterans
Diabetes Mellitus/Insipidus	Thrombocytopaenic Purpura
Eczema	Thyroid Disorder
Emphysema	Tourette's Syndrome
Endocarditis	Ulcerative Colitis
Epilepsy	Unipolar Mood Disorder
Glaucoma	Upper Gastro-Intestinal Tract Disorders
Gout/Hyperuricaemia	Valvular Heart Disease
Haemophilia	Zollinger-Ellison Syndrome
Hypercholesterolaemia	

9. AVAILABLE SERVICES

Services are available to PSEMAS members from the following providers:

Government Personnel Offices

Kindly submit all new applications to your personnel office for processing and make any necessary member data changes, for example adding dependants (new borns etc), address changes, proof of full time student registration etc. Claims repayments can also now be done electronically into your bank account and in order to qualify for this benefit, kindly forward your bank account details with your membership number through your personnel office to the Ministry of Finance.

Ministry of Finance

The Ministry of Finance can be contacted for all membership queries and membership cards at telephone number 061-2092631/2630.

PSEMAS Client Service Office

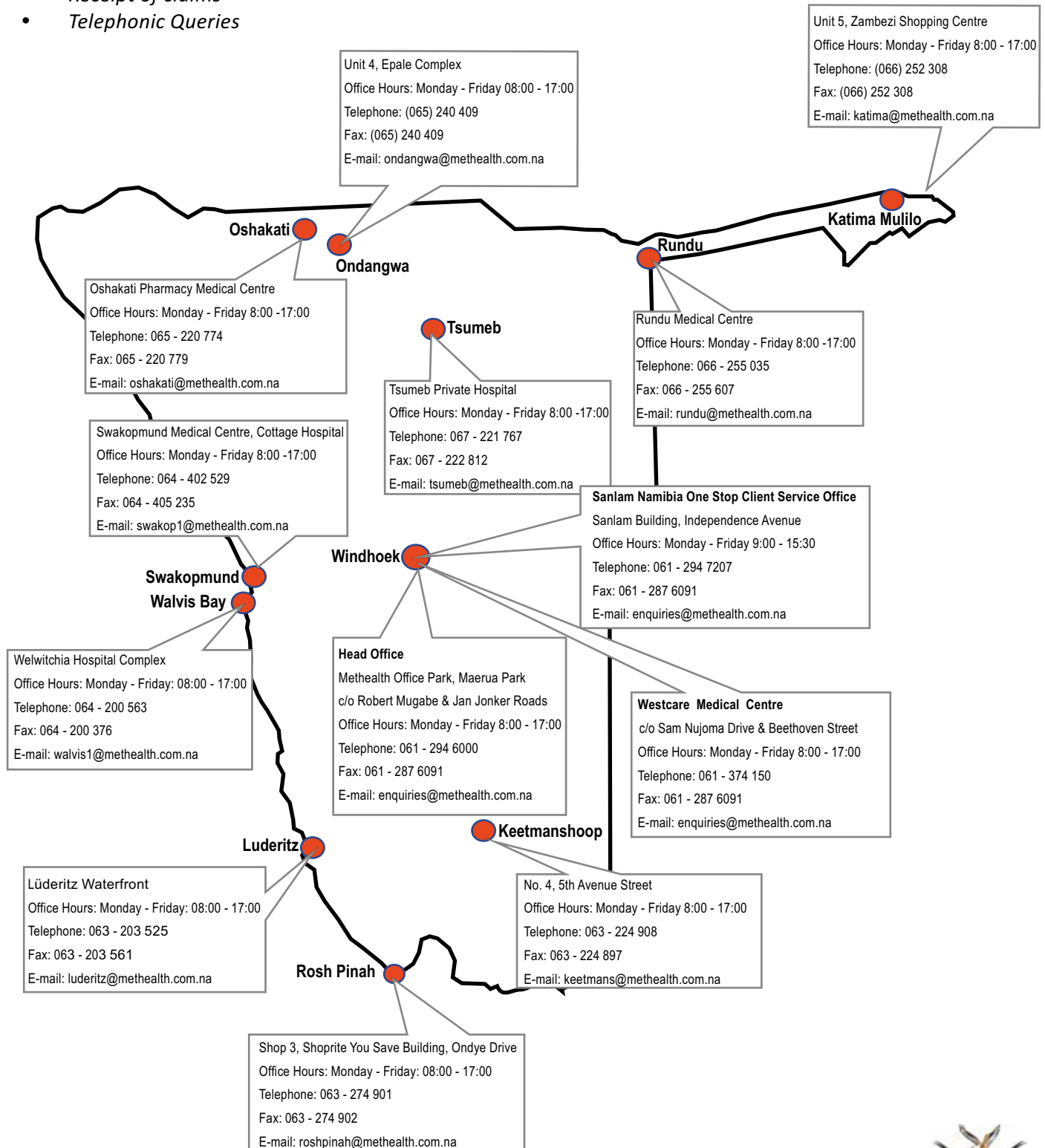
You can visit or contact the PSEMAS Client Service Offices or any of our the Methealth Namibia Administrators Branches nationwide for all claims and member related queries and hospital authorisations.



10. BRANCH OFFICES

Visit or contact any of Methealth Namibia Administrators' branches nationwide for the following services:

- Deviation matters
- Assistance with understanding the claims process and payment
- Fund related queries
- Issuing of cheques
- Dental quotations
- Receipt of claims
- Telephonic Queries




NOTES

NOTES

[illegible]

APPLICATION FOR
MEMBERSHIP,
REGISTRATION OF
DEPENDANTS AND
AMENDMENT OF
MEMBER RECORD



PUBLIC SERVICE
EMPLOYEES MEDICAL
AID SCHEME
(PSEMAS)

Republic of Namibia

HAND
DELIVER TO
YOUR
PERSONNEL
OFFICE

MEMBERSHIP OPTIONS

1.) STANDARD OPTION ☐2.) HIGH OPTION ☐

NB : ONLY COMPLETE SECTIONS WHERE APPLICABLE(mark with x where applicable)									
SECTION A: NEW APPLICATION									
I. PARTICULARS OF APPLICANT: (Information must <u>always</u> be completed by the Main Member)									
Title:	Prof		Dr		Mr		Mrs		Miss
Surname									
First Names									
Postal Address									
Medical Aid Number									
Tel Code and Number	(.....)								
Fax Code and Number	(.....)								
Cell Phone Number									
E-mail Address									
Date of Birth									
Sex	Male								
ID/Passport Number									
Has your ID Changed									
Salary Number / Employee Code									
Marital Status	Married		Single						
Spouse Income per annum	N\$								
Is this an Inter Ministry/ Office or Agency Change Application	Yes: <input type="checkbox"/> If “Yes” from which Ministry / Office / Agency?								
Are you a Pensioner	Yes: <input type="checkbox"/>								
Are you a member of the Government Institutions Pension Fund (GIPF) or Pension Scheme for Political Office Bearers	Yes: <input type="checkbox"/>								
Ministry / Office / Agency Employed									
Capacity of Application	Main Member : <input type="checkbox"/> Adult Dependant:								
Are you a dependant of a member who belong to PSEMAS	Yes: <input type="checkbox"/>								

If “Yes” Provide Name and Salary Number ./ Employee Code	Name: Salary Number: Employee Code	
Do you have other Medical Cover	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does your Spouse belong to a Private Medical Aid Fund? If “Yes” the Name of the Fund	Yes: <input type="checkbox"/>	No: <input type="checkbox"/> Name of Medical Aid Fund:
Do you wish to become a member as from Date of Appointment	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If “No” on what Date do you wish to become a member		
What is your Date of Appointment		

II. EMPLOYER DETAILS: (Information must always be completed by the Main Member)

Name of Ministry / Office / Agency Employed	
Postal Address of Ministry/ Office/Ministry/Agency	
Tel Code and Number	(.....)
Fax Code and Number	(.....)

III. PARTICULARS OF ALL DEPENDANTS: (Information must be completed by Main Member on First Application to be a member of PSEMAS) (Please note that only legal dependants may be registered.)

DEPENDANTS	
SPOUSE	
1 ST CHILD	
2 ND CHILD	
3 RD CHILD	
4 TH CHILD	
5 TH CHILD	
6 TH CHILD	

SECTION B. NOTICE TO CHANGE DEPENDANTS: (Must only be completed by the Main Member who wishes to change the dependants) (Please note that only legal dependants may be registered.) Documentary proof is required for example confirmation of full birth certificate, marriage certificate, payslip of spouse, mortality certificate, final adoption letter, final guardianship, final divorce letter)

I. PARTICULARS OF MAIN MEMBER

ID/ Passport Number	
Medical Aid Number	
Salary Number/ Employee Code	

Surname			
First Names			
Postal Address			
Tel Code and Number	(.....)		
Fax Code and Number	(.....)		
Cell Phone Number			
E-mail Address			
Spouse Income Per Annum	N\$		

II. PARTICULARS OF NEW DEPENDANTS: (Information must only be completed by the Main Member for Registration of New Dependants)

Full Names and Surname	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP	NATURE OF CHANGE
Effective Date of Change			
Ministry / Office / Agency Employed			

III. PARTICULARS OF REDUCTION OF DEPENDANTS: (Information must only be completed by the Main Member for Termination of the Membership of the Dependants)

Full Names and Surname	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP	NATURE OF CHANGE
Effective Date of Change			
Office/Ministry/Agency/ Employed			

SECTION C. NOTICE TO TERMINATE MEMBERSHIP (Personnel officer of the O/M/A where you are employed is required to sign your termination)

I. PARTICULARS OF MAIN MEMBER

ID/Passport Number	
Salary Number/Employee Code	
Medical Aid Number	
Surname	
First Names	

II. REASON FOR TERMINATION												
SECTION D. NOTICE TO CHANGE EMPLOYEE CODE (Personnel Officer of the O/M/A where you are employed is required to sign your change of employee code section)												
I. PARTICULARS OF MAIN MEMBER												
ID/Passport Number												
Old Salary Number/Employee Code												
New Salary Number/Employee Code												
Medical Aid Number												
Surname												
First Names												
II. REASON FOR CHANGE:												
YOUR BANK ACCOUNT DETAILS (Required for Payments of Claims directly to you)												
Name of Account Holder												
Medical Aid Number												
ID/ Passport Number												
Salary / Employee Code												
Account Number												
Name of Bank												
Type of Account	CHEQUE			SAVINGS			TRANSMISSION					
8 DIGIT BRANCH CODE												
<div><div>-----</div><div>NAME:</div></div> <div><div>-----</div><div>SIGNATURE (ACCOUNT HOLDER)</div></div> <div><div>-----</div><div>DATE</div></div>												

SECTION F. DECLARATION BY APPLICANT		
<div><div>The above change is effective from:</div><div><div>Y</div><div>M</div><div>D</div></div></div>		
<p>I the undersigned, hereby declare that the statements made by me are true and correct and that no material fact has been withheld, misstated or concealed by me and that I authorise the relevant party to deduct the applicable monthly contribution for the Public Service Employees Medical Aid Scheme.</p> <p>Signed at----- on this----- day of-----,20-----</p> <p>Applicant Full Names:-----Signature:----- Date: -----</p> <p>NB! This is to be signed by the medical aid main member.</p>		
FOR OFFICE USE ONLY Information to be Supplied By the Personnel Officer:		
Date on which Applicant qualifies for Membership		
Date on which Application was received		
Contribution to be Deducted Monthly	N\$	
Date of Appointment		
Office/Ministry/Agency/ Employed		
Name of Personnel Officer	Name:	Contact Number:
I hereby certify that all Particulars furnished in this form is Correct and that Arrangements have been made to Deduct All Amounts which Must be Deducted		Signature:----- Date:-----

OFFICIAL STAMP:

