

PSEMAS

FREQUENTLY ASKED QUESTIONS

Promoting a Healthy Workforce



Ministry of Finance

1. What is the Public Service Medical Aid Scheme (PSEMAS) and who is eligible to join?

- 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.
- Those eligible to join are:
 - Government employees (Civil Servants),
 - Pensioners from government service,
 - Political Office Bearers and Judges,
 - Regional Council employees.
 - Spouses of Civil Servants
 - Civil Servants biological Children, Stepchildren and legally adopted kids

2. What are the benefits options available to members on PSEMAS and how do they differ?

- There are two benefits: Standard Option and High Option
- The monthly contributions as from 01 April 2026 are as follows:

Option	Main Member	Dependent
Standard Option	240	120
High Option	500	240

- **The difference between the two options is only under Private Hospitalization.**
- **Standard Option** member can only be admitted in a Private Hospital through a Deviation Matter, that requires prior approval when such service is not available in the public hospital. Benefits are payable at a state hospital tariffs if service can be done in a state hospital.
- **High Option:** Private hospitalisation benefit whether procedures can be done in state hospital or not. It also requires prior approval for non-emergency cases. If the benefit is exhausted, the hospitalisation benefit under the Standard Options becomes applicable.

3. How does membership of PSEMAS work, and what are the application procedures for new members?

- Once a staff member is employed permanently or on contract by the Government of the Republic of Namibia (GRN), he/she is automatically eligible to apply for membership. In case of contract, the contract must stipulate that staff member is eligible.
- Membership to PSEMAS is voluntary.
- Complete application form available at your Human Resources Office.
- Attach main member's certified ID copy.
- To add a spouse dependent, attach Certified copies of the Marriage certificate, ID, and a copy of pay slip if the spouse is working, if the spouse is self-employed submit 3 months bank statement and a police declaration if the spouse is unemployed.
- To add biological Children, attach certified copy of Full Birth Certificates
- To add adopted children, attach certified copy of final adoption letter from Master of High Court.

- Students proof of registration with a school stamp (for children above 21 but not older than 25 years.).
- Completed application forms should be submitted to your HR department, then HR will forward it to the PSEMAS administration office.
- Monthly contributions are automatically deducted from your salary. Once your application form is processed you are registered as a PSEMAS member and you receive membership card or service provider letter if Card is not ready.
- Your human resource officer issues an Advice to your Finance department to implement the Monthly contributions to be deducted from your salary.
- Cards are printed in bulks quarterly, and they are sent to O/M/A/s for the respective Human Resources to distribute to the employees.

4. What are the waiting periods associated with joining PSEMAS?

Staff members who apply after 90 days of appointment will have a waiting period of 120 days/4 months.

5. What are the categories of dependents covered under PSEMAS and process for registering dependents?

- Under PSEMAS, beneficiaries include spousal and child dependents:
 - A member's **legal spouse** (excluding **customary marriages**), provided that the spouse is not a member or dependent on another medical aid fund, is not already registered under PSEMAS and earns less than the main member.
 - The **member's children** including **biological**, legally adopted, or stepchildren. Children over the age of 21 but under 25 may still be covered if they are unmarried, not part of another medical aid, and are full-time students at a recognized tertiary institution, subject to approval for up to 12 months at a time, and not beyond the year in which they turn 25, **on condition they submit their proof of registration every academic year.**
- In addition, children who are mentally or physically challenged may be covered regardless of age, if they are dependent on the member, when they are over the age of 21 a medical report from a specialist and confirmation of social grant must be submitted.
- To register a dependent, main member completes application form and attaches necessary documents e.g. Certified copies of full- birth certificates of the children, Final Adoption Letter from Master of High Court, certified copy of marriage certificate, spouse certified ID, spouse pay slip copy or a police declaration if unemployed/3 months bank statement if self-employed.

6. What are the specific conditions for children over 25 years to qualify as dependents on PSEMAS?

- Children over the age of 25 can only qualify as dependents under PSEMAS through a deviation approved by the Public Service Commission and must meet specific conditions such as:
 - They must be full-time/active students at a recognized tertiary institution in special faculties (e.g. Medicine, Aviation), unmarried and not registered as a member or dependent on any other medical aid fund,
 - In addition, their dependency must be for a period of up to 12 months at a time, and this approval must be renewed if they continue studying, depending on the recommendation of the Public Service Commission.
 - If they are mentally or physically challenged and they receive government social grant.

7. What are the requirements for spouses to be registered as dependents, and are there any restrictions?

- To be registered as a dependent under PSEMAS, a spouse must be the legal husband or wife of the main member, and proof of marriage certificate (certified copy) must be submitted.
- **Restrictions:** the spouse must not be a member or dependent on any other medical aid fund,
 - Must not already be registered under PSEMAS as a member or dependent.
 - This means a person cannot have double medical aid coverage.
 - Spouse must not be earning more than the main member by N\$3000.00 (Gross income excluding benefits)
 - Traditional or same sex marriage is not recognized by PSEMAS.
 - Registration is only valid once all documents are submitted and approved through the employer.

8. How do PSEMAS accommodate pensioners, and what are the eligibility criteria for pensioners to join or remain in the Scheme?

- PSEMAS accommodates pensioners by allowing former active public servants to remain members of the scheme after retirement or after they are discharged due to ill-health or disability.
- To qualify as a pensioner must have been a member of PSEMAS while still employed in public service for at least two consecutive years before retirement, this rule doesn't apply to Ill-health or disability cases
- Be officially retired from government service at the age of 60.
- Early retirement from the age of 55.
- Members that are discharged due to Ill-health or Disability they too qualify for the PSEMAS membership after service.
- **NB!** Pensioners may also keep their active dependents, as long as those dependents still meet the requirements.

9. What happens to a member's (pensioner) benefits if they relocate outside Namibia or decide to take up employment elsewhere?

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

10. Under what circumstances can membership be suspended or terminated?

- Resignation of the main member.
- Abscondment of the main member.
- Death of the main member or dependent.
- Employment Contract expiring.
- Retirement/ill-health/early retirement of the main member.
- When the member becomes a member of another medical aid scheme.
- When the main member is in arrears.
- When the dependent (child) exceeds the age limit.

11. How can members change their benefit options, and what are the deadlines for such changes?

- The main member may choose to change his/her benefit option from one option to the other, through their HR office, pensioners through Medical Aid Division, Ministry of Finance.
- Applications for option changes is done every financial year, member wishing to change options are expected to fill in the application forms with their respective Human resources from the 1 April until 31 July each financial year, the changes are to be implemented in April of the Following Financial year.
- For pensioners, their applications forms must be submitted to Ministry of Finance, Medical aid division, the application period applies to everyone.

12. How are contributions to PSEMAS calculated and deducted from members' salaries?

- Monthly Contributions = Members Contribution + Dependent/s Contributions.
- Deducted from member's salary, pensioner fund or annuitant, or through cash payment.
- Contributions are payable from the date/month of application.

13. How are payments for medical services processed, and what are the differences between contracted and non-contracted service providers?

- Payments are done through the PSEMAS Administrator (Methealth Namibia Administrators), where claims are submitted and processed.
- **Contracted service providers** mean a healthcare professional or facility (doctor, pharmacy etc.) that has entered into a contractual agreement with the Ministry of Finance that guarantees direct payments for services rendered to scheme members in terms of the PSEMAS rules.
- **Non-contracted providers** mean 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.

14. What is the claim procedure for members who receive services from non- contracted-in service providers?

- The member settles the account with a service provider not contracted-in.
- The member should complete a claim form, attach proof of payment and submit it to Administrator for reimbursement. The Administrator pays out these claims at 100% of the PSEMAS tariff, considering the option chosen and according to the scheme rules in general.

15. What are the common reasons claims might be rejected or not processed?

- Claims can be rejected due to depleted benefits.
- Claims are submitted to Administrator after six (6) months.
- Where the Healthcare Service provider claimed on wrong code.
- Due to closed medical aid caused by unpaid contributions.
- Medical aid under investigations e.g. due to fraud.

16. Can members apply for continued membership after retirement under certain conditions?

A member should be member of medical aid for at least two years before retirement and should apply to continue with their medical aid within 90 days from the retirement date.

17. What should members do in case of an emergency for a medical service that requires pre-authorization?

- In emergencies case, the member's health comes first - if a member faces an emergency that requires a medical service normally needs pre-authorization, you must not delay treatment.
- Should inform PSEMAS as soon as possible after the emergency this is typically done by the members, a family member, or the healthcare provider.
- Submit the necessary documentation to support the emergency treatment.
- PSEMAS will then **review the case retrospectively** and may approve the treatment based on emergency circumstances.
- Claims are handled by Methealth Namibia Administrators and any challenge encountered should be communicated to them. However, where there is no consensus reached between the two parties, members may approach the Ministry of Finance.

18. What are the updates or the revisions to the Staff Rule on the benefits and new membership contribution rates, and the issuance of the Public Service Staff Rule Amendment Notice No. 2 of 2026?

- **Standard Option:** Main member increased from N\$ 120 to N\$240; dependents increased from N\$ 60 to N\$120 per month.
- **Higher Option:** Main members increased from N\$ 240 to N\$500 per month; dependents increased from N\$ 120 to N\$240.
- **Benefits Update:** The government removed the mandatory 5% levy for all Scheme members which means 100% coverage of the approved PSEMAS tariffs.

19. Considering the new benefit changes, will the Scheme pay 100% of the PSEMAS tariff or 100% total cost charged by service providers?

The Scheme is paying 100% of the approved PSEMAS tariff, for services rendered within the approved benefit limits and scheme rules.

20. Are members still required to pay 5% levy at the pharmacy for their medication?

- No, members are not required to pay the **mandatory 5 % levy** of the PSEMAS tariffs at Pharmacy, it has been removed.
- Pharmacies contracted in with PSEMAS are not supposed to charge members the 5% levy.
- However, while the levy has been removed, co-payment might still be charged due to the following:
 - When Originator medication is dispensed instead of a generic
 - The Generic reference price is higher than the PSEMAS generic reference prices (the Maximum Namibia Medicine Price (MNMP) list is available at www.methelth.com.na).
 - Due to the difference in the Net Acquisition Price between PSEMAS Administrator and the pharmacy vendors

21. Difference between a co-payment and a levy (e.g. mandatory 5% levy) in terms of PSEMAS?

- **Co-payment** means the part of the outstanding rate of services rendered after the benefit under PSEMAS has been deducted and which the member is liable to pay directly to the service provider. *A co-payment is not fixed, it is the excess amount when the service provider charges more than what PSEMAS covers.*
- **Levy** means the prescribed co-payment required from a member as determined by the Minister from time to time in the PSEMAS rules and regulations. *A levy is a fixed contribution (e.g. mandatory 5% levy) of the approved PSEMAS tariff paid by the members.*

22. Do members need to re-apply again for their medical aid after the new amendments effective 1 April 2026 to avoid losing their membership?

- **No**, members are not required to re-apply to retain their membership.
- Only for those who wish to remove dependents or those that wish to terminate their medical aid membership.
- **Working members:** should submit application for those amendments through their HR Offices
- **Pensioners:** to submit the application for amendments & including their latest GIPF income statement for Verification to:
 - Ministry of Finance:
 - Fiscus Building, John Mainert Street,
 - Ground Floor

23. Does PSEMAS make provision for members who cannot afford monthly contributions due to recent increase to immediately change options?

- No, the status quo on Scheme rule for option changes remain.
- In terms of the Scheme rules, the effective date of such a change is from 1 April each year, and such application must be submitted on or before 1 August of the benefit year for implementation on 1 April the following year.
- However, should PSEMAS make changes to the rules in this regard, members will be informed timely through proper platforms.

24. Members who have dependents older than 21 and still being deducted will they be refunded for the contributions deducted during the period when the dependent is not benefiting?

- No, members cannot be refunded, it is the member's responsibility to notify their HR Office or for pensioners to notify the Medical Aid Division (Ministry of Finance) of such changes, unless member have notified their Human Resource offices (HR)/Medical Aid Division within 60 days after a change in dependent occurred and they have failed to timely stop the deduction.
- The practice of failing to notify Human resource practitioners or Medical Aid Division to remove the overaged and deceased dependents are contrary to the code of conduct and PSEMAS Rules.

25. When a dependent died and was not removed for the medical aid and the contribution still goes on being deducted, can the member be refunded?

No, it is still the members' responsibility to notify their HR office or Medical Aid Division of such changes.

26. Are members responsible for paying the 5% levy on optical glasses or to cover 100%?

- According to the new revised benefit structure, members are excluded from paying the 5% levy and the scheme pays 100% of the approved PSEMAS tariffs.
- However, if the members choose optical glasses that cost more than the benefit limits, s/he will pay for the differences.

27. An overview of the changes made to PSEMAS claims, benefits and how these may impact Members?

- The Ministry of Finance together with the key Stakeholders embarked on the reform of PSEMAS with a view to improving the Scheme and ensuring its sustainability to Government.
- It should be noted that the recently implemented benefit changes are part of these reforms and members are assured that considerable thought was given when determining the changes.
- In fact, it should not be constructed that the changes are to the detriment of our members, but to the long-terms sustainability of our Medical Aid.
- **The key highlights of the benefit changes are:**
 - **The introduction of benefit limits:** It is important to note that the old structure had its own challenges as some benefits were uncapped which resulted in overutilization and abuse.
 - **Improvement to some standard option benefits:** Most standard option benefits were improved and were made equal to high option benefits. These include optical and dental amongst other benefits.
 - **Increase in contributions:** the last contributions were introduced in 2013 and no adjustments to contributions were made, since then. The cost of healthcare has increased drastically over the years and as a measure of cost containment, it was

crucial to adjust member contributions. Though member contributions were adjusted upward, it is important to note the adjustments represent a small percentage increase in revenue collected through these contributions vs the expenditure incurred by scheme members, which is a high cost to Government.

- **Removal of the 5%-member contribution/ co-payment:** with this change, Government undertook to cover 100% of member's medical expenses and such expenses are covered up to 100% of the PSEMAS tariffs.

28. Does the Ministry of Finance intend to conduct public engagements to communicate these changes?

- **The Ministry will conduct an awareness campaign** aimed at sensitizing PSEMAS members about the revised rules, benefits and the overall PSEMAS Reform.
- **A roll-out and schedule for this campaign** will be announced in due course.
- **Members** are encouraged to familiarize themselves with the revised rules & regulations and benefit changes pertaining to PSEMAS.
- The documents are accessible on www.eservice.gov.na and Ministry of Finance Website.

29. PSEMAS Exclusions

There are medical services and procedures that do not fall within the parameters within which PSEMAS functions and are thus excluded. PSEMAS will not pay claims for the medical expenses arising directly or indirectly from those, (e.g.):

- Medical examinations for insurance purposes, school camps, visa employment or for litigation purposes.
- Plastic surgery and cosmetic treatments (excluding breast/mammary reductions, dental implants).
- Examinations, investigations, treatment or surgery for infertility, sterility, impotence and artificial insemination or hormone treatment for infertility.

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