

Optional Benefits

Choose only one outpatient plan from numbers 1 - 3.

Your Benefits	Your Limits
1. Outpatient Care One-off waiting period of 30 days will apply from the commencement of benefit. Premium of \$170 per insured per annum.	
Nominate your provider from our list of preferred providers around Fiji including OHPL Hospital's 24-hour medical clinic. A consultation fee of at least \$2.50 per visit is payable to your nominated provider.	<ul style="list-style-type: none"> Unlimited consultation with your nominated General Practitioner during normal working hours; Issuance of prescribed pharmaceuticals as per the Approved Medication List from your nominated Approved Service Provider.
2. Outpatient Care Plus One-off waiting period of 30 days will apply from the commencement of benefit. Premium of \$400 per insured per annum.	
Nominate your provider from our list of preferred providers around Fiji including OHPL Hospital's 24-hour medical clinic. A consultation fee of at least \$2.50 per visit is payable to your nominated provider.	Outpatient Plan: As per the Outpatient Care benefit plus reimbursement of 100% of charged costs for Injections, intravenous drips and dressings with an annual limit of \$200 per insured.
Specialist and Diagnostic Services can be used on referral from your nominated provider.	Specialist and Diagnostic Services: Reimbursement of 100% of charged costs with the following annual limits per insured: <ul style="list-style-type: none"> Specialist Consultation - \$500 Diagnostic Services - \$2,000
3. Premier Outpatient One-off waiting period of 30 days from the commencement of benefit. Premium of \$431 for Single and \$1,292 for family per policy per annum. Only available to quarterly, semi-annual and annual payment frequencies.	
Consultation with any BSP Health Care Approved Medical Provider and the cost of prescribed medication from any BSP Health Care Approved Pharmacy. A consultation fee of at least \$2.50 per visit is payable to your nominated provider.	Charged costs with an annual limit of \$750 per policy.
Injections, Intravenous Drips and Dressings.	Charged costs with an annual limit of \$1,000 per policy.
Specialist Consultation on referral from any BSP Health Care Approved Medical Provider.	Reimbursement of 100% of charged costs with an annual limit of \$500 per insured.

Diagnostic Services on referral from any BSP Health Care Approved Medical Provider.	Reimbursement of 100% of charged costs with an annual limit of \$2,000 per insured.
4. Dental and Optical Care One-off waiting period of 9 months will apply from the commencement of benefit. Premium of \$60 per insured per annum.	
Dental Covers fillings (excluding gold fillings), diagnostic services and dental maintenance.	Reimbursement of 80% of charged costs with an annual limit of \$250 per insured.
Optical Covers Optometrist consultations, contact lenses, prescription spectacle lenses and spectacle frames.	Reimbursement of 80% of charged costs with an annual limit of \$250 per insured.
5. Allied Health Care One-off waiting period of 12 months will apply from the commencement of benefit. Premium of \$40 per insured per annum.	
Services provided by the following: Acupuncturist, Chiropractor, Dietician, Physiotherapist and Speech Therapist.	Reimbursement of 80% of charged costs up to \$50 per visit with an annual limit of \$400 per insured.

Important Notes

- Terms and conditions apply to all benefits.
- Maximum limits are annual amounts unless stated otherwise.
- Limit per policy refers to the maximum amount claimable per family or individual cover.
- Limits are on a per insured basis unless stated otherwise.
- Treatments that are not available at an Approved Private Medical Facility will be referred to the Local Public Hospital.
- All dependents must be totally reliant on and related to the Primary Insured by being the biological, adopted or under legal guardianship up to the age of 17 years or up to the age of 23 years if a full time student in an accredited educational institution. Proof of dependency will be required.
- All amounts are in Fijian dollars unless stated otherwise.
- A waiting period refers to the period of time the health plan does not cover an insured for a specific benefit or condition. BSP Health Care (Fiji) Limited will not pay any claims for conditions sustained during the relevant waiting period.
- This cover is only offered to all Fiji residents including overseas expatriates holding a work visa valid for a minimum of 3 years.
- It is important to disclose details of any Existing Medical Conditions or symptom occurring before the commencement of your policy.

General Exclusions

- All existing medical conditions.
- All congenital conditions.
- All conditions related to drugs and alcohol abuse.
- All conditions related to Sexually Transmitted Infection (STI), Human Immunodeficiency Virus (HIV) infection and Acquired Immune Deficiency Syndrome (AIDS).
- Air Ambulance Services.

BSP Health Care (Fiji) Limited is the issuer of Value Care. It is important that you fully understand the benefits and limits associated with it. The information in this brochure is for information purpose only and does not constitute a legally binding document. Full details are outlined in the policy document.

For more information about Value Care or to obtain an application form, please contact your BSP Health Care Insurance Advisor, or your nearest BSP Life Customer Services Centre or call 132 700.

24 hour Help Desk 3261 787 for enquiries on BSP Health Care policies.

A Member of the BSP Group



GFL BSP Life Centre, Thomson Street
 Private Mail Bag, Suva, Fiji
 Call Centre 132 700 Facsimile 330 8955
www.bsplife.com.fj

Value Care

Valuable Health Insurance for you and your family.



Health insurance is a way to ensure you have support for costly medical treatment.

Value Care has been designed to tailor a health plan to suit your needs and priorities within your budget. Benefits include hospitalisation and specialist care locally and with world class medical facilities in India.

Value Care is available to individuals and families as well as group schemes who are looking for medical insurance at reasonable rates.

Benefits provided through this plan are regularly reviewed to meet our customers' needs.

Your Value Care Benefits

✓ The Value Care plan covers you for Day Care, Hospitalisation and Surgical Expenses:

- In any Local Public Hospital**, you will get the privacy and comfort of a single room accommodation, provided one is available at the time of admission. Should your hospital stay be more than 48 hours, you also get a cash allowance of \$20 per day up to \$400 per confinement.
- Treatment in World Class Medical Facilities**, if treatment is not available locally.
- Specialist Treatment** locally by overseas specialists.
- At an Approved Private Medical Facility**, if the condition cannot be treated in any Local Public Hospital.
- If you prefer to be treated in an Approved Private Medical Facility**, even though treatment is available in any Local Public Hospital, we will only pay \$50 per day up to an annual limit of \$5,000 per condition.

✓ **Loyalty Benefit Funeral Assistance Cover** for the Primary Insured and Insured Spouse that offers a cash payout of \$1,500 per death after one year of continuous cover, up to a maximum of \$3,000 per policy.

✓ **Family Rate** includes the Primary Insured and his/her legally married or de facto spouse or a single parent or legal guardian with up to 6 dependents.

Age at Entry

Primary Insured and Insured Spouse - from 18 to 55 years.

Dependents - from birth to 17 years or up to 23 years if a full time student. Documentary evidence of student status must be provided.

Cover Cease Age

Primary Insured and Insured Spouse - cover will cease on the Policy anniversary following the 65th birthday.

Dependents - cover will cease on the Policy anniversary following the 18th birthday or 24th birthday if a full time student of an accredited educational institution.

Benefits and Limits

Day Care, Hospitalisation and Surgical Expenses	
One-off waiting period of 30 days will apply from the commencement of cover. No waiting period will apply for conditions arising from an accident. BSP Health Care will either pay the Local Public Hospital directly or reimburse the cost of treatment.	
Your Benefits	Your Limits
Any Local Public Hospital	Annual Limit of \$7,500 per condition.
Day Care and related services	Charged costs will apply as per the Public Health Schedule of Fees.
Hospitalisation, Surgery and related services	Single room accommodation upon availability. Charged costs will apply as per the Public Health Schedule of Fees.
Prosthesis	Annual limit of \$1,000 per condition.
Prosthesis Follow-up Care	Annual limit of \$1,000 per condition.
Pre and Post Operative Consultation with Local and Visiting Consultants	For Local Consultants charged costs will apply as per the Public Health Schedule of Fees. For Visiting Consultants, charged costs will apply as per the applicable Schedule of Fees.
Cash Allowance	\$20 per day up to \$400 per confinement provided hospital stay is more than 48 hours and is claimable after discharge.
Ambulance Services	Reimbursement of charged costs for Hospitalisation or Medical Emergencies.

Day Care, Hospitalisation and Surgical Expenses	
One-off waiting period of 30 days will apply from the commencement of cover. No waiting period will apply for conditions arising from an accident.	
Your Benefits	Your Limits
Approved Private Medical Facility	
If treatment is available in any Local Public Hospital	Only a cash allowance of \$50 per day up to an annual limit of \$5,000 per condition will be paid.
If treatment is not available in any Local Public Hospital	Annual Limit of \$40,000 per condition.
Day Care and related services	Charged costs will apply as per the Approved Private Medical Facility Schedule of Fees.
Hospitalisation, Surgery and related services	Charged costs will apply as per the Approved Private Medical Facility Schedule of Fees.
Prosthesis	Annual limit of \$1,000 per condition.
Prosthesis Follow-up Care	Annual limit of \$1,000 per condition.
Pre and Post Operative Consultation with Local and Visiting Consultants	For Local Consultants, charged costs will apply as per the Approved Private Medical Facility Schedule of Fees. For Visiting Consultants, charged costs will apply as per the applicable Schedule of Fees.
Transport Subsidy	Up to \$100 per trip and limited to 2 trips per confinement.
Ambulance Services	Reimbursement of charged costs for Hospitalisation or Medical Emergencies.
Medivac Care	
One-off waiting period of 90 days will apply from the commencement of cover. No waiting period will apply for conditions arising from an accident.	
Specialised Treatment by our Preferred Provider	A combined limit of \$150,000 per condition per insured.
Approved Local Specialised Treatment that is available and provided by our provider in Fiji.	Covers treatment, travel, meals and accommodation of the insured and, if medically necessary, accommodation, meals and travel for an accompanying person and medical attendant.
Specialised Treatment that is not available in Fiji and provided by our provider in India.	
Specialised Treatment that is not available in Fiji and you are not in a condition to travel to India, treatment will be done in New Zealand or Australia	
Loyalty Benefit	
Funeral Assistance Cover	\$1,500 per death of the Primary Insured and Insured Spouse limited to \$3,000 per policy after one year of continuous cover.

Annual Premium Rates

Age	Value Care + Medivac Care	
	Single Rate	Family Rate
From birth - 13 years	75.04	
14 - 18	106.22	
19 - 23	173.48	520.41
24 - 28	275.34	825.91
29 - 33	287.38	862.13
34 - 38	306.81	920.44
39 - 43	331.17	993.39
44 - 48	406.26	1,218.78
49 - 53	517.59	1,552.72
54 - 58	742.83	2,228.34
59 - 63	953.05	4,002.92
64	1,589.19	6,674.31

For the Family Rates, the following conditions will apply:

- Family rate includes the Primary Insured and his/her legally married or de facto spouse or a single parent or legal guardian with up to 6 dependents.
- The single rate will apply if the family rate is more expensive.
- Premium rate for age band from birth-13 and 14-18 is only available to a family cover.
- The 19-23 age band premium rates will apply to a family cover where the Primary Insured is under the age of 19.
- For a family with more than six children, the six youngest children will use the family rate that corresponds with the Primary Insured's age band. The older children will use the single premium rate for age bands from birth-13, 14-18 and 19-23.

It must be noted that prior approval is required from BSP Health Care to use the hospitalisation benefits available under the policy.

Optional Benefits and Limits

To enhance your medical insurance benefits, Value Care also offers optional benefits. You can choose one or more of the optional benefits to tailor your health plan to suit your needs and budget.

These optional benefits cannot be sold without Value Care. The product package under a family cover must be the same or less than the package of the Primary Insured, therefore no family member can have more benefits than the Primary Insured.