

| Optional Benefits | |
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| Choose only one outpatient plan from numbers 1 - 5. | |
| 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 Oceania Hospitals' 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 Oceania Hospitals' 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 - \$500Diagnostic 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. |

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| 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 child 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 and student status 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 Fiji citizens including expatriates holding a work visa valid for a minimum of 3 years.
- It is important to disclose details of any Existing Medical Condition or symptom occurring before the commencement of your policy.

General Exclusions

General exclusions include but are not limited to:

- 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

Please refer to BSP Health Care's General Terms and Conditions for a complete list.

BSP Health Care (Fiji) Limited is the issuer of Value Health 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 Health Care or to obtain an application form, please contact your BSP Health Insurance Advisor, CHAT with us via www.bsplife.com.fj, email us at bula@bsplife.com.fj, visit your nearest BSP Life Customer Services Centre or call 132 700.

 **FOLLOW US**

A Member of the BSP Group

bsp life

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

Value Health Care

Supporting you for Local and Overseas Specialist treatment.



bsp life

Are You prepared for unexpected health costs? Can You afford Specialist and Hospitalisation costs in Fiji or overseas?

Health insurance is the solution! Value Health Care is an investment you make to safeguard you from paying unexpected expensive medical bills.

You can also tailor make your health plan to suit your budget.

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

Your Value Health Care Benefits

You can choose treatment for Day Care, Hospitalisation and Surgery in either:

- ✔ **An Approved Private Medical Facility** where you receive the privacy and comfort of a single room accommodation provided one is available at the time of admission. Hassle free hospitalisation with immediate processing of your admission.
- ✔ **A Local Public Hospital**, where 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 \$50 per day up to \$1,000 per confinement.
- ✔ **Approved Local Specialised Treatment** by our preferred provider in Fiji. If treatment is not available locally you will be treated by our preferred provider in India.
- ✔ **Emergency Evacuation** to Australia or New Zealand should the treatment be urgent and you are not able to travel to India.
- ✔ **Funeral Assistance Cover** for the Primary Insured and Insured Spouse, up to \$3,000 per policy.

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.

Cover Cease Age

Primary Insured and Insured Spouse - Policy anniversary following the 65th birthday.

Dependents - cover will cease on the Policy anniversary following the 18th birthday or 24th birthday whichever is applicable.

Benefits and Limits

| Day Care, Hospitalisation and Surgical Expenses | |
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| 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. BSP Health Care will either pay the Local Public Hospital directly or reimburse the cost of treatment. | |
| Your Benefits | Your Limits |
| Approved Private Medical Facility | \$20,000 Limit per Condition per Annum |
| 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 \$150 per trip and limited to 2 trips per confinement. |
| Ambulance Services | Reimbursement of charged costs for Hospitalisation or Medical Emergencies. |
| 24 hour Admission coverage | Cover the deposit required for Admission with an Approved Private Medical Facility up to a Limit of \$750 per Admission. |

| Your Benefits | Your Limits |
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| Any Local Public Hospital | \$20,000 Limit per Condition per Annum |
| 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 | \$50 per day up to \$1,000 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. |
| Specialised Treatment by our Preferred Provider | A combined limit of \$150,000 per condition. |
| 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 | Single Rate | Family Rate |
|-----------------------|-------------|-------------|
| From birth - 13 years | 346.60 | |
| 14 - 18 | 377.54 | |
| 19 - 23 | 377.92 | 1,563.47 |
| 24 - 28 | 374.87 | 1,557.53 |
| 29 - 33 | 397.46 | 1,601.60 |
| 34 - 38 | 515.72 | 1,832.20 |
| 39 - 43 | 584.29 | 1,965.90 |
| 44 - 48 | 806.75 | 2,399.71 |
| 49 - 53 | 882.05 | 2,546.53 |
| 54 - 58 | 1,291.58 | 3,345.11 |
| 59 - 63 | 2,009.52 | 4,745.11 |
| 64 | 3,513.19 | 7,677.26 |

For the Family Rates, the following conditions will apply:

1. 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.
2. The single rate will apply if the family rate is more expensive.
3. Premium rate for age band from birth -13 and 14-18 is only available to a family cover.
4. The 19-23 age band premium rates will apply to a family cover where the Primary Insured is under the age of 19.
5. 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.

NOTE: 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 Health 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.

Optional benefits cannot be purchased alone; they must be purchased with Value Health Care.

Speak to an Insurance Advisor for more details on Optional Benefits.