

Premier Care

Premier Insurance safeguarding you and your family from high medical costs.



Premier Care is a comprehensive medical insurance plan designed to ensure you and your dependents receive quality medical treatment when hospitalised at an approved medical facility locally or overseas. Overseas evacuations are to reputable hospitals in India and for emergencies to New Zealand and Australia.

Optional Benefits include Outpatient Services, Dental and Optical and Allied Health Services, providing you with a complete health care plan to suit you and your family's needs.

Premier 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 Premier Care Benefits

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

1. **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.

or

2. **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. You can also choose to be treated by our provider in India even though treatment is available in Fiji but conditions will apply and limits will reduce.

✓ **Emergency Evacuation** to Australia or New Zealand should the treatment be urgent and you are not able to travel to India.

✓ **Maternity Benefit** - you can choose to use this cover at any registered public or private hospital in either Fiji, Australia, New Zealand or India up to a limit specified in the policy.

✓ **Loyalty Benefits** reward you with:

- **Funeral Assistance Cover** for the Primary Insured and Insured Spouse offering a cash payout of \$2,500 per death after one year of continuous cover up to a maximum of \$5,000 per policy.
- **Free Medical Check-up** for the Primary Insured and Insured Spouse at an Approved Private Medical Facility after two full years of continuous cover and the third year's first instalment premiums have been paid.

✓ **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.

Day Care, Hospitalisation and Surgical Expenses

One-off waiting period of 90 days will apply from the commencement of cover. No waiting period shall apply for conditions arising from an accident. BSP Health Care will either pay the Local Public Hospital or Approved Private Medical Facility directly or reimburse the cost of treatment.

Your Benefits	Your Limits
Approved Private Medical Facility	Annual Limit of \$120,000 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 \$150 per trip and limited to 2 trips per confinement.
Ambulance Services	Reimbursement of charged costs for Hospitalisation or Medical Emergencies.
Any Local Public Hospital	Annual Limit of \$10,000 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	\$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 \$300,000 per condition.
Approved Local Specialised Treatment that is available and provided by our provider in Fiji.	Covers treatment, travel, meals and accommodation of insured and, if medically necessary, accommodation, meals and travel for an accompanying person and medical attendant. India.
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.	This limit will change if you seek treatment from our Preferred Provider in India even though treatment is available in Fiji.
Specialised Treatment by Your Preferred Provider	Reimbursement of 60% of charged costs limited to \$100,000 per condition.
Specialised Treatment that is available in Fiji but you prefer treatment by our provider in India.	Only treatment costs are covered.
Loyalty Benefits	
Funeral Assistance Cover	\$2,500 per death for the Primary Insured and Insured Spouse limited to \$5,000 per policy after one year of continuous cover.
Free Medical Check-Up	For the Primary Insured and Insured Spouse after every two full years of continuous cover and third year's first instalment premiums have been paid.
Maternity Benefit One-off waiting period of 12 months will apply from the commencement of cover.	
Applicable for any registered Public or Private Hospital in Fiji, Australia, New Zealand or India.	Reimbursement of 80% of charged costs with an annual limit of \$3,500 per policy.

Annual Premium Rates

Age	Premier Care	
	Single Rate (\$)	Family Rate (\$)
0-13	\$130.23	
14-18	\$156.28	
19-23	\$782.66	\$1,786.71
24-28	\$1,083.48	\$2,388.35
29-33	\$1,118.65	\$2,458.68
34-38	\$1,177.24	\$2,575.87
39-43	\$1,305.64	\$2,842.72
44-48	\$1,430.90	\$3,093.22
49-53	\$1,752.00	\$3,746.72
54-58	\$2,417.39	\$5,077.50
59-63	\$3,315.82	\$6,885.65
64+	\$5,116.21	\$10,559.02

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, Premier Care also offers five 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 Premier 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.

Optional Benefits Choose only one outpatient plan from numbers 1 - 2.	
Your Benefits	
1. Outpatient Care Plus One-off waiting period of 30 days will apply from the commencement of benefit. Premium of \$520 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

2. Premier Outpatient	
One-off waiting period of 30 days from the commencement of benefit. Premium of \$560.30 for Single and \$1679.60 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.	Reimbursement of 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.
3. Dental and Optical Care	
One-off waiting period of 9 months will apply from the commencement of benefit. Premium of \$63 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.
4. Allied Health Care	
One-off waiting period of 12 months will apply from the commencement of benefit. Premium of \$42 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 Premier 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 Premier 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 Financial Group



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