

<b>Relevant Legislation</b>	Ministry of Economy Circular 08/2016
<b>Commencement Date</b>	1 August 2017
<b>Review Date</b>	The review date is 12 months after the commencement date and every three years after that.

## POLICY STATEMENT

### 1 Intent

Currently, government through the Ministry of Economy has initiated the Public Service Group Health Insurance Benefit (HIB) Scheme which has heavily discounted insurance premiums for established staffs and Government Wage Earners (GWEs). Members join this Scheme voluntarily and pay their own premiums.

The Office of the Auditor General, in line with its strategic theme to provide conducive/ideal workplace for staff is providing Medical Insurance Benefit (MIB) scheme as an incentive to all staffs and their families. This will ensure that OAG is offering a competitive remuneration package which results in staff retention in the public sector.

### 2 Medical Insurance Cover for OAG Staffs

OAG will pay the insurance premiums for Medical Insurance Benefit (MIB) for staffs with effect from 1st August 2017 hence, would not be subject to salary adjustments or FNPF. This benefit will be exempt from Fringe Benefit Tax. Insurance premiums will be paid for plans 3 and 4.

### 3 Objectives

- The primary objective of MIB is to provide incentives to staffs and Management to remain and serve in the public service.
- Secondary objectives are to bridge the gap in remuneration provided by the private sector and the public sector hence slowing down the drift of qualified/skilled civil servants to the private sector.

#### 4 Definitions and Acronyms

Define terms used in the policy and explain any acronyms, for example:

**Policy Maker** Senior Admin Officer Training, Policy Development and Research/Logistics

**Management** Approval of Auditor General or Deputy Auditor

#### 5 Policy Maker

Auditor-General

#### 6 Supporting Documents/References

Ministry of Economy Circular

Policy Development Framework

#### 7 Key Words

Medical Insurance Benefit

Medical Reimbursement

Overseas Evacuation

#### 8 Supporting Procedures/Guidelines

The guidelines to the policy are attached as Annexure to this policy. This information will provide the background to the development of the policy should Officers need clarification.

RESPONSIBILITIES	
<b>Implementation, Monitoring, Evaluation and Review</b>	Corporate Service.
<b>Compliance</b>	The applicant is responsible for complying with the policy.
<b>Interpretation and Advice</b>	The Deputy Auditor General and Corporate Service is responsible for interpreting and providing advise on the policy.

## ANNEXURE 1

### Definitions

The OAG Medical Insurance Benefit is applicable to staff effective 1st August 2017. Important notes are clarified below:

#### 1 MIB Overview

The PSC Group Insurance Scheme was introduced in 1998 after the cabinet approval, providing opportunities to all government employees whereby user pays premium. The renewal is on an annual basis. The insurance provider is Fiji Care Insurance Limited via Marsh Limited (Broker). The Group Insurance Scheme has 'Term life cover' and 'medical cover'.

As a government initiative, the Office of the Auditor General is opting for Medical Scheme as a benefit for its employees (Good health in Workforce) as a means to support the medical service/treatment for all employees. These include overseas evacuation, local hospitalisation, and outpatient cover.

The OAG staff have the opportunity to adopt to both the Evacuation (Hospitalisation) and Outpatient (Bulk Billing) plan with limits per calendar year (January – December).

#### Plan 3: Evacuation (Hospitalisation)

- Overseas Evacuation to New Zealand, Australia- F\$300,000 (per disability, person per annum),
- Local Public Hospital – F\$15,000
- Approved Private Medical Facility with Benefit For all Times - F\$15,000
- Own arrangement with Non-Preferred-Provider – F\$40,000
- Kidney Transplant in India – F\$100,000,
- Dialysis whilst awaiting evacuation – F\$20,000

#### Plan 4: Outpatient (Bulk Billing)

- Consultation & Medication – 100% of charged cost subject limit \$1000,
- Injections, intravenous drip & dressing – 100% of charged cost subject to limit of \$1,000
- Specialist consultation – 90% of charged cost subject to limit of \$500, Diagnosis Services- 90% of the charged cost subject to limit \$2,000,
- Allied Health Services (Acupuncturist, Dieticians, Speech Therapy, Physiotherapy, Chiropractitioners)- 100% of charged cost charged to limit of \$500

***Note: Fiji Care now has provision for Specialist consultation and Diagnosis service whereby staff can go and seek the specialist / diagnosis services immediately after recommendation by the general practitioner (Fiji Care, instead of waiting for the approval from insurance provider).***

**Important Note:**

- As per Ministry of Economy Circular No 08/2016, the members under Plan 4-Outpatient Care will only be issued with medical cards to be utilized within the network of doctors and pharmacies. All prescribed drugs will be covered.
- Treatment/procedures requiring local or overseas evacuation must be accompanied and recommended by the registered medical practitioner. (Fiji Care network Medical Practitioners List attached in appendix).
- The network of doctors for Fiji Care Insurance Limited must be utilized through the medical cards provided for free basic consultancy and medication purposes. Further treatment recommended or referrals should be immediately notified to the insurer.
- All medical claims must be lodged using the reimbursement claim form with supporting receipts and lodged within 30days from the date of the receipt. (Reimbursement form attached in appendix).

**Who's covered?**

- The MIB will cover nuclear family, i.e. it will cover staff, including spouse with kids (below 19 years), excluding parents.
- Policy holder and the legal spouse of the Insured, other than a legally separated spouse.
- An Insured's unmarried or legally adopted child whose age ranges between fourteen (14) days and under nineteen (19) years and who is totally dependent on the Insured for support.
- An Insured's unmarried child or legally adopted child over the age of nineteen (19) years and under the age of twenty five (25) years if attending full time college or university and who is totally dependent on the Applicant for support.

**Terms and Condition**

- Maximum age limit is 65 years.
- Pre-existing conditions not covered.

**Major Exclusions under Hospitalisation Plan**

- All Congenital conditions.
- Palliative Treatment.
- All conditions related to HIV.
- All conditions related to Sexually Transmitted Diseases.
- Any sickness or illness which occurs while traveling outside the Geographical Limits of Fiji.
- Pre-existing condition not covered.

**Major Exclusions under Outpatient Plan**

- Confirmed long-term disorders such as Asthma, Hypertension or Diabetes, vitamins and dietary supplements.
- Over the Counter Drugs.
- X-rays and blood tests.
- Prescriptions & pharmaceutical benefits for confirmed long term conditions including Asthma, Diabetes & Hypertension.

## **2 Process**

Staff may apply for Medical Insurance Benefit by filling out the application form and submitting the required documents to HR. The completed forms will then be sent to Fiji Care and a copy will be sent to Accounts to facilitate payment of premium.

It is the responsibility of the staff to submit the completed forms with details of insured before the inclusion in the MIB scheme.

## **3 Expected Outcomes**

The following are the expected outcomes from implementation of the MIB scheme:

- Reduction in number of staffs leaving OAG to join the private sector;
- High staff morale and improved productivity leading to high quality outputs; and
- Reduction in absence due to sick leave.

## **4 Payment of MIB**

Management and staffs would be required to complete the application form and submit the required documentation. Once approval has been given, Office will directly pay the insurance provider for all the officers on a fortnightly basis.

At the end of each financial year, the value of the MIB paid for each staffs would be provided to Ministry of Economy for inclusion in the P4-1 slips. In addition, staff will receive email from Fiji Care advising what quota has been utilised. This benefit would be provided to staff that join the OAG and would cease upon the staff leaving employment.

## **5 Upgrade to Plan 5**

Through OAG, staff can take advantage of Plan 3 and Plan 4 under the Public Service Group Health Insurance Scheme (PSCHIS) however, staff may pay additional premium should they wish to request for upgrade to include optical, dental and maternity through salary deductions. This is a reimbursement plan whereby staff will pay upfront and can apply for reimbursement by filling in the reimbursement form. The cost will be reimbursed according to the plan. Refer to appendix for premium for Plan 5.

## **6 Medical Claim**

The OAG staff can apply to reimburse cost incurred under Plan 3 by filling out the Fiji Care reimbursement form. Wherever possible, staff traveling on official duties outside Fiji and who incur medical and associated expenses are eligible for reimbursement towards these costs.

In addition, staff utilising outpatient service, can benefit from using the card system when paying for outpatient service. (List of Fiji Care network pharmacy are included in the appendix).

## 9 Monitoring

The Senior Administrative Officer Human Resource will monitor the staff MIB sign up, medical reimbursement, need for evacuation and will report to the Deputy Auditor General through Manager Corporate Services.

## 10 Monitoring & Implementation

To ensure effectiveness of this policy it will be reviewed on an annual basis. Taking into account any challenges for this policy and any changes by the service provider.

## 11 Review

This policy will be reviewed 12 months after implementation and every 3 years after that.

## 12 Termination

The MIB will cease upon termination of staff contract or resignation by employee.

## 13 Who to Contact About this Policy

Any queries is directed to the Deputy Auditor General

## 14 Approval

The Medical Insurance Benefit Policy becomes effective on the date approved by the Management Committee.

## 15 Revision/Change Log

Version 1.0	
Policy endorsed by:	Executive Management Committee
Policy approved by:	Auditor-General
Policy effective from:	1 August 2017
Policy to be reviewed by:	1 August 2018
Manager responsible for policy:	Manager Corporate Services