

WHAT WE ASK OF YOU

- Settle account in full with service provider who does not have a contract with PSEMAS and then submit 95% of the claim with all relevant information to PSEMAS.
- Apply to Public Service Commission for Financial Assistance if unable to settle account with above- mentioned service provider.
- Reconcile your remittance statement immediately to have able time to resubmit any rejection claim.
- Be honest, polite and give accurate documentation and information on time
- The members have the choice to apply for High or Standard option
- Standard option have limited amount on acute and chronic medication, as well as the access to state hospital only unless service not available in state hospital.
- With High option you have unlimited benefits with medication and have access to private hospital with pre – authorization only.

ADMINISTRATORS BRANCHES

Oshakati

Bank Windhoek Building: Monday, Tuesday, Thursday, Friday 9:30 – 17:00;
Wednesday 13:00- 17:00
Telephone: 065- 220774; Fax: 065- 220779;
e-mail: oshakati@methealth.com.na

Tsumeb

Tsumeb Private Hospital: Monday – Friday 8:00 – 17:00
Telephone:067- 221767; Fax:067- 222812;
e-mail: ansi@mweb.com.na

Swakopmund

Bank Windhoek Building: Monday, Tuesday, Thursday, Friday 9:30 – 17:00;
Wednesday 13:00- 17:00
Telephone:064- ; Fax:064- ;
e-mail:

Walvis Bay

Cottage Hospital: Monday- Friday:8:00 – 17:00
Telephone :064-200563; Fax:064-200376;
e-mail: walvis1@methealth.com.na

Windhoek

Head Office, Methealth Office Park, Maerua Mall c/o Robert Mugabe& Jan Jonker: Monday- Friday: 8:00 – 17:00
Telephone: 061- 294 6000; Fax: 061- 287 6091;
e-mail: enquiries@methealth.com.na

Sanlam Namibia One Stop Client Service Office, Sanlam Building,
Independence Avenue: Monday – Friday 9:00- 15:30
Telephone: 061- 294 7207; Fax: 061- 287 6091;
e-mail: enquiries@methealth.com.na

Government Office Park12 Luther Street (Across GRN Office Park):
Monday- Friday:8:00 – 17:00
Telephone: 061- 374150; Fax: 061- 287 6091;
e-mail: enquiries@methealth.com.na

Luderitz

Luderitz Waterfront: Monday- Friday:9:30 – 17:00
Telephone: 063- 203525; Fax: 061- 203561;
e-mail: luderitz@methealth.com.na

Keetmanshoop

Ground Floor, Hendrik Nel Centre: Monday, Tuesday, Thursday, Friday
8:00 – 13:00 & 14:00- 17:00; Wednesday closed
Telephone: 063- 224908; Fax: 063- 224897;
e-mail: keetmans@methealth.com.na

Rosh Pinah

Shop 3, Shoprite You Save Building, Ondye Drive: Monday- Friday:8:00
– 17:00
Telephone: 063- 274901; Fax: 063- 274902;
e-mail: roshpinah@methealth.com.na

DEALING WITH YOUR COMPLAINTS

When you are of the opinion that you are not being treated properly, you can request to see head of the station where the query arises, who will assist you right away;

The Permanent Secretary

Ministry of finance

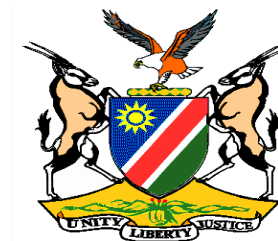
Private Bag 13185

Windhoek

Tel 061 209 2929

Fax 061 230 179

And if you are still not satisfied with the response from the Directorate you may take the matter up with the Permanent Secretary. Should you still not be satisfied with the response or action taken you can approach the Minister of The Ministry of Finance. If not yet satisfied you may approach the Office of the Ombudsman.



MINISTRY OF FINANCE

CUSTOMER SERVICE CHARTER

PUBLIC SERVICE MEDICAL AID SCHEME

Ensure effective coordination and management of the Public Service Employee Medical Aid Scheme (PSEMAS) through the registration of members and coordinating of members services.



THIS CHARTER

Outlines:

1. What we do
2. Our Customers
3. Our commitment to you
4. Our service promise/Standards
5. When you contact us
6. What we ask of you
7. Dealing with your complain

WHAT WE DO

- Provide medical aid to, members and dependants of the public service employee's medical aid scheme, PSEMAS.
- Pay 95% of agreed tariff and members pay 5% to service provider of prescribe PSEMAS medical treatment.
- Administration, e.g. registration of member, printing of cards, auditing doctors and payment of claim

OUR CUSTOMERS

- Public Servants, Offices, Ministries and Agencies, Regional Councils, GIPF, Old Mutual and Sanlam

WE COMMIT TO YOU

- Encouraging and achieving the highest possible degree of compliance with the PSEMAS specifications and conditions.
- Determining the extent of compliance and the cause of non-compliance and shall take action to correct the situation through education.
- Transparency and publication of outcomes
- Continuously searching for and implementing of new, more efficient and effective ways of accomplishing our role.

OUR SERVICE PROMISE/STANDARDS

- To register Members and respective dependants within 60days of receipt of application
- To print membership cards weekly and monthly
- To do members and doctor's payments within 30 days.
- To allow members access to health facilities by negotiating with health professionals to contract in with PSEMAS

Membership Application procedures

Membership of PSEMAS is voluntary

- If new employee joins the fund within 90 days of assumption of duty for High or Standard Option, there will be no waiting period to claim the benefits.
- Member's changes to other options can only be done within the next financial year.
- Joining PSEMAS after 90 days after assumption of duty, there are 120 days waiting period to claim the benefit.

Registration of Dependants

- Employee must upon application of membership register all his/ her dependants.
- Any changes in the number of dependants must be notified to Personnel Office within 60 days of the change of events.
- Dependants can remain on medical aid up to 21 years and if older he/she qualify up to 25 years as dependants only if: full-time student; attending educational institution in full-time capacity; and physically or mentally disabled.
- After decease of main members

Suspension of Membership

- PSEMAS will be suspended when employee:
 - is absent from duty for a period of 90 days; and
 - is a pensioner and a resident outside the border of Namibia for period of 2 years

Termination of Membership

- On the day the service of employee is terminated;
- Immediately before the date he/she becomes a dependant of PSEMAS;
- Immediately before the date he/she becomes a dependant or a member of another medical aids scheme;
- Immediately before the date he/she becomes a pensioner; and
- Upon the date of his/her death.

Membership contributions:

High Option: Main member: N\$240.00 per month
 Dependent : N\$120.00 per month

Standard Option: Main member: N\$ 120.00 per month
 Dependent : N\$ 60.00 per month

Membership of Pensioners

- A pensioner must re- apply within 90 days from date of his retirement to become a pensioner members of PSEMAS;
- In case of a death of pensioner, the member spouse must apply to become the main member within 90 days of the pensioner's death.
- Member needs to be a members for at least 2 years before retirement

Claims procedure

- Claims should be submitted to Administrators within 180 days (6 months) from the date upon which member visited the service provider.

Pay to Member Claims Procedure

Claims are paid to members on a weekly basis and can either be electronically transferred into the members bank account (please register for this facility at your personnel office) or cheques are posted to members.

Pay to Service Provider

- Service providers' claim are paid on a weekly basis;
- Contracted-in service providers are paid within 30 days of receipt of the claim; and
- Contracted-in service providers are paid directly 95% of the prescribe PSEMAS tariff.

Period of Validity of Claim

- Members and service providers have a maximum period of 180 days (6 months) from the day of service to submit claim to PSEMAS.
- When member/ service provider was requested to re-submit correct claim, 180 days period will be calculated from the date of service and not from the date on which the Administrator of PSEMAS receives the resubmitted claim.

Hospitalisation

- Hospitalisation on PSEMAS is restricted to state hospitals only and claims are only paid based on state tariffs for Standard Option and all High option members can have access to private hospitals with pre- auth.
- Hospital treatment outside the boarders of Namibia are covered due to no state facilities available, but its subject to approval

WHEN YOU CONTACT US

ENQUIRIES BY TELEPHONE

- Answer the telephone within 5 rings; if we are not in the office, the call will be forwarded to the switchboard or another staff member to take a message;
- Identify ourselves by name;
- Inform you when you can expect a full reply, if cannot answer you enquiry immediately.

ENQUIRIES BY LETTER

- Reply to all letters within ten working days;
- Inform you in writing when to expect a full reply;
- Treat faxes and e-mails as letter;
- Always respond to your letters in writing.

PERSONAL VISITS TO OUR OFFICES

- See you upon the agreed time if you have made an appointment;
- Answer your questions immediately or inform you when to expect an answer from us.
- Open door policy for any emergency registration within 20 min

HANDLING OF ENQUIRIES

Visit or contact any of our ten branches nationwide for the following services:

- Deviation matters
- Assistance with understanding the claims process and payment
- Fund related queries
- Dental quotations
- Receipt of claims
- Telephone queries

