

FIJI BANK & FINANCE SECTOR EMPLOYEES UNION
PROPOSED AMENDMENTS TO MEDICAL POLICY TERMS / ENDORSEMENTS
2026/2027 PERIOD

The following are amendments in this renewal insurance period by FijiCare:

DEFINITION AND EXCLUSIONS:

a. DEFINITION

In-patient means an Insured Person who is admitted to a hospital and stays for at least more than 6 hours or up to 24 hours for the sole purpose of receiving Treatment.

b. EXCLUSIONS:

- i. All the artificial devices, equipment's or any other means of artificial support, implantation and transplant.
- ii. Sleep Apnea Treatment
- iii. All expenses relating to miscarriage or abortion
- iv. Circumcision

The following clause is **INCLUDED** under the Hospitalisation plan:

- v. UPGRADED **BENEFITS** – Mid-term Upgrade: ONLY allowed if any promotion is in place.

NOTE:

FijiCare is offering insured members to have certain treatments done overseas at FijiCare preferred provider facility in India at FijiCare's sole discretion, even if these treatments and procedures can be done locally in a public or private facility. These procedures currently include:

- a. Angioplasty
- b. Ureteral stenting
- c. ACL Reconstruction
- d. Total abdominal hysterectomy
- e. Bilateral salpingo-oophorectomy
- f. Appendicectomy
- g. Cataracts

Please note FijiCare will cover patient medical and other related costs, and this will be covered under local hospitalization limit. *Accompanying person is at own cost and not covered by FijiCare.*

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNALTERED

CONDITIONS FOR RENEWAL

Renewal of policy for the next insurance period is subject to the following conditions:

1. This notice is an invitation for renewal of your policy for the next insurance period. Your finalized policy terms and premium will be subject to FijiCare receiving.

- (i) the updated schedule of insureds and
- (ii) requests for amendments in cover for insureds.

2. The policy will not be renewed if any premium for the current insurance period remains outstanding.

3. Payment of premium for the next insurance period must be paid to FijiCare within the timeframe stipulated.

Non- payment of premium by the stipulated due date may lead to withholding of claims process and/or cancellation of policy without further notice. Non-payment of premium by the stipulated due date may lead to withholding of claims process and/or cancellation of policy without further notice.

4. FijiCare reserves the right to change terms and premium for the next insurance period if underwriting circumstances change and/or if claims occur within the 60-day period since invitation of renewal.

5. At renewal, upgrades/downgrades/inclusions/deletions of members are permissible for a period of

- (i) 30 days from renewal of policy
- (ii) All upgrades/downgrades/inclusions/deletions of members would be subject to FijiCare underwriting assessment and solely at FijiCare's discretion.

6. Once renewal for the next insurance period is confirmed:

- a. Upgrades and downgrades of cover is not permissible except for if any promotion is in place.
- b. Mid-term inclusions are not permissible except in the following circumstances:

- i. New recruit or employee being promoted in position provided the completed application form is received by FijiCare within one month of employee becoming entitled to insurance benefit.
- ii. New spouse provided the completed application form is received by FijiCare within three months of civil union.
- iii. New-born child provided the completed application form is received by FijiCare after 14 days of birth. FIL will provide 3 months for the submission of the application form.

FijiCare reserves the right to seek further information to conduct its underwriting assessment.

Inclusion of member will be effective from the FijiCare confirmation date.

Mid-term withdrawal or deletion of insured member is not permissible except in the following circumstances:

- iv. The member is no longer employed by the Group
- v. The member or dependent has deceased
- vi. The dependent has legally separated from the member

FijiCare reserves the right to seek further information to conduct its underwriting assessment.

Withdrawal or deletion of member will be effective from the FijiCare confirmation date. Pro-rata premium refund may be applicable subject to no claims being incurred.

For any upgrade of cover, 12 months waiting period will apply for any known pre-existing

conditions/disabilities and the limits of benefits payable in respect of such pre-existing

conditions/disabilities shall not exceed the limit of benefits prior to the date the benefits were upgraded.

7. The member must provide details of all insurance policies held with FijiCare and/or any other insurer, including policies where the member is a beneficiary only. Failure to disclose this information may result in withholding or rejection of claims and/or cancellation of the policy without further notice.

Any insured member who has insurance with another insurer must use that policy first. Any insured member who has more than one policy with FijiCare may use the first policy only on a per disability or per condition basis.

8. FijiCare will immediately cancel coverage of insured and their dependent(s) when they turn 65 years. Any insured who will be turning 65 years in the next insurance period has been identified under the renewal schedule of this renewal notice.

9. FijiCare renews cover for a dependent that has passed the age of 19 years and until the dependent has attained the age of 25 years subject to the insured providing statutory declaration for that dependent.

Statutory declaration confirmation must state that the dependent is unemployed and who is fully dependent on the insured for financial support. It is important to note that the dependent will only be covered effective from the date on which the statutory declaration in the form stipulated by FijiCare in this provision has been received and confirmed by FijiCare. Any dependent who will be over the age of 19 and under the age of 25 in the next insurance period has been identified in the renewal schedule of insured person(s) in this renewal notice.

Renewal Premium Breakdown

Cover	Premium per annum
Gold – Private Hospitalization	
Family - Above 50 years	\$4,970.57
Family - Below 50 years	\$4,970.57
Single - Above 50 years	\$3,638.25
Single - Below 50 years	\$3,638.25
65yrs - 70yrs	
Family	\$6,958.80
Single	\$5,093.55

Cover	Premium per annum
Silver – Private Hospitalization	
Family - Above 50 years	\$3,306.57
Family - Below 50 years	\$2,808.97
Single - Above 50 years	\$1,987.45
Single - Below 50 years	\$1,737.99
65yrs - 70yrs	
Family	\$4,629.19
Single	\$2,782.44

Cover	Premium per annum
Bronze – Private Hospitalization	
Family - Above 50 years	\$1,889.46
Family - Below 50 years	\$1,786.28
Single - Above 50 years	\$1,515.94
Single - Below 50 years	\$1,358.06
65yrs - 70yrs	
Family	\$2,645.25
Single	\$2,122.31

Cover	Premium per annum
Bulkbilling	
Family/ Single	\$667.01
Dental/ Optical – combined premium	
Family/ Single	\$545.74

FIJICARE – BREIF RENEWAL COVERAGE ON THE THREE (3) PLANS

	Bronze Plan	Silver Plan	Gold Plan
Limits of Liability:	<p>Inpatient & Daycare, Diagnostics, Specialist Care, surgery</p> <ul style="list-style-type: none"> ➤ Local Government Hospital/Private Hospital F\$15,000 p/disability 	<p>Inpatient & Daycare, Diagnostics, Specialist Care, surgery</p> <ul style="list-style-type: none"> ➤ Local Government Hospital/Private Hospital F\$15,000 p/disability 	<p>Inpatient & Daycare, Diagnostics, Specialist Care, surgery</p> <ul style="list-style-type: none"> ➤ Local Government & Private Hospital F\$30,000 p/disability
	Prescribed Medicine -\$500 p/a	Prescribed Medicine -\$600 p/a	Prescribed Medicine -\$700 p/disability
Physiotherapy (Alternative Treatment)	Physiotherapy- serious injury only-\$500 per annum	Physiotherapy- serious injury only-\$1,000 per annum	Physiotherapy- serious injury only-\$1,000 per annum
Lithotripsy & Laser	Lithotripsy & Laser treatment only for Gallstone & Kidney stone at any FIL Preferred Private Hospital at 3-4 bed ward	Lithotripsy & Laser treatment only for Gallstone & Kidney stone at any FIL Preferred Private Hospital at 3-4 bed ward	Lithotripsy & Laser treatment only for Gallstone & Kidney stone at any Private Hospital
Dialysis	Dialysis \$10,000 per annum.	Dialysis \$10,000 per annum.	Dialysis \$10,000 per annum
	Kidney Transplant - \$100,000 limit to India Only Bone Marrow Transplant - \$50,000 limit to India Only	Kidney Transplant - \$100,000 limit to India Only Bone Marrow Transplant - \$50,000 limit to India Only	Kidney Transplant - \$100,000 limit to India Only Bone Marrow Transplant - \$50,000 limit to India Only
	ANGIOGRAM AT ANY PRIVATE HOSPITAL	ANGIOGRAM AT ANY PRIVATE HOSPITAL	ANGIOGRAM AT ANY PRIVATE HOSPITAL Free Medical Examination yearly at FijiCare Insurance medical for main applicants only.

FIJICARE - BREIF RENEWAL COVERAGE ON THE THREE (3) PLANS

	Bronze Plan	Silver Plan	Gold Plan
Overseas Evacuation Now includes	<p>If Ministry of health certifies that treatment or surgery is not available in Government Hospitals then FIL will arrange treatment at FIL Preferred Private Hospital, first to Nasese Medical Centre and Oceania Hospital</p> <p>FJ\$200,000 per disability in a preferred hospital in India, NZ and Australia if treatment is not available in NZ</p> <p>NZ/AUST 15% Excess Applicable (FJ\$200,000 per disability-) Emergency Case Only</p>	<p>If Ministry of health certifies that treatment or surgery is not available in Government Hospitals then FIL will arrange treatment at FIL Preferred Private Hospital, first to Nasese</p> <p>FJ\$300,000 per disability in a preferred hospital in India, NZ and Australia if treatment is not available in NZ</p> <p>NZ/AUST 15% Excess Applicable (FJ\$300,000 p/disability) Emergency Case Only</p>	<p>FIL will refer member (Main applicant/dependent to FIL Preferred Private Hospitals/Clinic</p> <ul style="list-style-type: none"> ➤ MRI cost, not ➤ airfare/accommodation ➤ Cancer Cases ➤ Injury ➤ PA(2-26) FJ\$5,000 ➤ Home Invasion <p>FJ\$400,000 p/disability India/Australia/NZ</p> <p>FJ\$400,000 p/disability – Optional— AUST /NZ</p> <p>Inpatient treatment not available in Fiji, Any overseas evacuation if approved by FIL.</p> <p>Even if inpatient treatment is available locally, member has the option to go overseas for treatment.</p> <p>Includes Allowance of FJ\$5,000 if Evacuation to India Only</p>

<p>Overseas Evacuation 65yrs to 70 yrs Inpatient treatment not available in Fiji, Any overseas evacuation if approved by FIL .Preferred Hospital</p>	<p>FJ\$50,000 per disability</p>	<p>FJ\$70,000 per disability</p>	<p>FJ\$90,000 per disability</p>
<p>OWN ARRANGEMENTS</p>	<p>INDIA, AUST or NEW ZEALAND- if member wishes to make their own arrangement to their preferred hospital overseas if not available in Fiji NZ & AUST- excess will apply Limit: FJ\$40,000 per disability</p>	<p>INDIA, AUST or NEW ZEALAND- if member wishes to make their own arrangement to their preferred hospital overseas if not available in Fiji NZ & AUST- excess will apply Limit: FJ\$40,000 per disability</p>	<p>INDIA - reimbursement AUST or NEW ZEALAND-tif member wishes to make their own arrangement to their preferred hospital overseas if not available in Fiji Limit: FJ\$70,000 per disability</p>
<p>MRI SCAN – INDIA, AUST & NZ</p>	<p>Not Covered</p>	<p>Not Covered</p>	<p>MRI Cost Only</p>
<p>OUTPATIENT BENEFITS BULK BILLING</p>	<p>Specialist consultation \$1,000 Diagnostics \$1,000 Pharmacy \$500 Alternative Treatments \$500 Visit any GP on FIL panel for consultation/treatment and prescribed medication (generic only, not branded, or over the counter or vitamins etc). Limits is per Family/Single per annum No Drug List Diagnostics Procedures (x-ray, scan, blood tests) are covered to a limit of Any charges above this limit will require prior approval from FijiCare and will be covered under DayCare</p>	<p>Specialist consultation \$1,000 Diagnostics \$1,000 Pharmacy \$1,000 Alternative Treatments \$1,000 Visit any GP on FIL panel for consultation/treatment and prescribed medication (generic only, not branded, or over the counter or vitamins etc). Limits is per Family/Single per annum No Drug List Diagnostics Procedures (x-ray, scan, blood tests) are covered to a limit of Any charges above this limit will require prior approval from FijiCare and will be covered under DayCare.</p>	<p>Specialist consultation \$1,000 Diagnostics \$2,000 Pharmacy \$1,000 Alternative Treatments \$1,000 Visit any GP on FIL panel for consultation/treatment and prescribed medication (generic only, not branded, or over the counter or vitamins etc). Limits is per Family/Single per annum No Drug List Diagnostics Procedures (x-ray, scan, blood tests) are covered to a limit of. Any charges above this limit will require prior approval from FijiCare and will be covered under DayCare.</p>

<p>Funeral Benefit</p> <p>MATERNITY BENEFITS <i>3 months waiting period Pregnancy after joining</i></p> <p>Repatriation of Mortal Hospitals- including Alternative Destinations Remains from Pre-arranged</p> <p>Additional Benefits</p>	<p>Exclusion of the policy will apply</p> <p>Limit Per Annum - \$1,000 per annum</p> <p>\$2,500 payable on the death of the Primary Insured and/or Insured Spouse subject to a Policy Limit of \$5,000 per Family</p> <p>\$3,000 limit per annum on 85% reimbursement for all maternity related costs until delivery in Fiji, NZ and Australia</p> <p>\$10,000 from either New Zealand and Australia or up to \$30,000 from India</p> <p>Transport Subsidy- For All Plans</p> <p>Local transportation from Rakiraki/Tavua/Ba/Sigatoka to Lautoka Hospital or Nadi International/Zens Medical and return – Approved cases only – Members located within Lautoka or Nadi is not covered. Local transport subsidy is limited to \$200 per year, limited to 8 trips annually. Members will be reimbursed for reasonable local travel expenses from their usual residence to an approved medical facility for treatment. Reimbursement covers one return fare per trip.</p>	<p>Exclusion of the policy will apply</p> <p>Limit Per Annum - \$1,000 per annum</p> <p>\$2,500 payable on the death of the Primary Insured and/or Insured Spouse subject to a Policy Limit of \$5,000 per Family</p> <p>\$3,000 limit per annum on 85% reimbursement for all maternity related costs until delivery in Fiji, NZ and Australia.</p> <p>\$10,000 from either New Zealand and Australia or up to \$30,000 from India</p> <p>Transport Subsidy- For All Plans</p> <p>Local transportation from Rakiraki/Tavua/Ba/Sigatoka to Lautoka Hospital or Nadi International/Zens Medical and return – Approved cases only – Members located within Lautoka or Nadi is not covered. Local transport subsidy is limited to \$200 per year, limited to 8 trips annually. Members will be reimbursed for reasonable local travel expenses from their usual residence to an approved medical facility for treatment. Reimbursement covers one return fare per trip.</p>	<p>Exclusion of the policy will apply</p> <p>Limit Per Annum - \$2,000 per annum</p> <p>\$2,500 payable on the death of the Primary Insured and/or Insured Spouse subject to a Policy Limit of \$5,000 per Family</p> <p>\$4,000 limit per annum on 100% reimbursement for all maternity related costs until delivery in Fiji, NZ and Australia</p> <p>\$10,000 from either New Zealand and Australia or up to \$30,000 from India</p> <p>Transport Subsidy- For All Plans</p> <p>Local transportation from Rakiraki/Tavua/Ba/Sigatoka to Lautoka Hospital or Nadi International/Zens Medical and return – Approved cases only – Members located within Lautoka or Nadi is not covered. Local transport subsidy is limited to \$200 per year, limited to 8 trips annually. Members will be reimbursed for reasonable local travel expenses from their usual residence to an approved medical facility for treatment. Reimbursement covers one return fare per trip.</p>
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<p>only if it is medically necessary:</p> <ul style="list-style-type: none"> ❖ Geriatric conditions ❖ Any related illness to obesity – not covered for new members joining the scheme ❖ Bariatric ❖ Confirmed Diabetes and other sickness due to diabetes – only if condition was diagnosed after joining the scheme. ❖ Any conditions that relate to obesity and require surgery like bariatric surgery are not covered. Obesity is classified as a lifestyle disease and is not a medically diagnosed condition. For existing members unless and until it is proven that treatment is medically necessary (their condition is life threatening) and approval is given by FijiCare – it will be covered. For new members joining the scheme, this is an exclusion. 			
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<p>Exclusions</p>	<p>EXCLUSIONS FOR BRONZE/SILVER/GOLD HOSPITALISATION PLANS - FIJCARE</p> <ol style="list-style-type: none"> 1. This insurance does not cover claims arising directly or indirectly from or consequent upon: <ul style="list-style-type: none"> Diagnostic procedures does not require overseas hospitalization or day-care (such as outpatient visits to General Practitioners or Specialists) including x-rays, laboratory investigation, assessment/review, MRI Scan except for Gold members only, stress Echo or other procedure 2. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or overthrowing of government by force or military or usurped power. 3. <ol style="list-style-type: none"> a. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; b. the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. c. Any act of Terrorism
	<ol style="list-style-type: none"> 4. Naval, military, air force or police force operations. 5. All medical or surgical costs including other expenses directly or indirectly resulting from or consequent upon treatment for congenital conditions and deformities or abnormalities. 6. Treatment for self-inflicted injury whilst sane or insane, attempted suicide or injuries resulting from excessive consumption of alcohol or drugs. 7. Treatment for chronic alcoholism, drug addiction, allergy 8. Psychiatric treatment. 9. Outpatient treatment is not covered, including skin disorders and long-term chronic disorders. 10. Rest cures, sanatoria, or custodial care or periods of quarantine or isolation. 11. Rehabilitation including speech therapy, occupational therapy and psychological assessment unless following acute procedures limited to a period of two (2) months or F\$5,000 12. Custodial or maintenance services for the permanently disabled.

13. Cosmetic, plastic surgery, or eye surgery for astigmatism unless necessitated by an accidental bodily injury occurring while insured, and involving a claim covered under this Policy and if it has been approved by the medical practitioner designated for the purpose by FijiCare

- a. any dental treatment except as a result of accidental injury.
- b. supply or fitting of optical or hearing aids except as a result of accidental injury;
- c. examinations for check-up purposes not incidental to, or necessary for diagnosis of illness or accidental bodily injury; including examinations required by Embassies or High Commissions prior to issuing visas.
- d. Checkups or reviews with original overseas specialist unless medically necessary and subject to prior approval by FijiCare.
- e. inoculations and vaccinations;
- f. contraceptives and/or the fitting of contraceptive devices;
- g. treatment pertaining to infertility.
- h. whilst outside the geographic limits of the Republic of Fiji, no claims will be entertained unless prior approval has been obtained from FijiCare before entering upon any treatment

14. Treatment or diagnosis of either H.I.V positive Acquired Immune Deficiency Syndrome (A.I.D.S) or A.I.D.S Related Complex (A.R.C) or any related diseases resulting there from.
15. Pregnancy, miscarriage or abortion unless unexpected life threatening complications arise in the mother.
16. Non medical services or charges such as telephone calls, taxis, use of radio, television, newspapers ancillary charges, and the like.
17. Any physical or mental condition, which originated prior to the effective date of an Insured Person's inclusion hereunder unless disclosed in the Insured's Application form and accepted by FijiCare.
18. A Defacto Spouse is not covered, unless disclosed and approved as a dependent to be covered by FijiCare and that the requisite medical history for that defacto spouse has been lodged with and approved by FijiCare.
19. Excluding amounts to which an Insured Person is entitled to under current Workers Compensation Legislation, other group or individual insurance coverage including any travel Insurance Cover. The benefits payable under this policy shall be limited to the balance of expenses not covered by benefits payable under any other insurance coverage benefit or that calculated from the schedule of insurance of this Policy whichever is less.
20. Expenses incurred for services, which have not been performed or recommended by a legally qualified medical practitioner and approved by FijiCare.
21. Disabilities incurred in pursuit of an illegal act
22. Pre-existing conditions is covered subject to 24 months waiting period for declared conditions.
23. Decompression and associated treatment and travel costs necessitated by diving activities including the condition known as "Bends".

24. Injuries or Illness arising out of the pursuit of dangerous sports, professions or activities including but not exhaustively, professional rugby, bungy jumping, para sailing, white water rafting, motor vehicle racing, horse racing, diving and water sports.
25. Routine Pharmaceuticals for chronic conditions whether by prescription or not, unless approved by FijiCare and subject to a maximum annual sub limit of F\$500.
26. Physiotherapy or chiropractic, except in the case of serious injury and then subject to a maximum of 2 month's treatment or \$2,000.
27. Travel - any incident or accident which occurs while travelling outside the Geographic Limits of Fiji.
28. FijiCare will only pay benefits as part of a course of treatment approved by FijiCare.
29. FijiCare will not pay for any claim that was declined or cancelled by another insurer unless in an absolute discretion FijiCare agrees to meet the claim
30. Long term illness such as Diabetes, Asthma, or Hypertension conditions will NOT be covered however, for any related illness unless medically necessary
 - a) in cases of pre-existing conditions or any related illness, will not apply as indicated above.
 - b) if they are diagnosed after joining the scheme, they will be covered.
31. Palliative treatment for a terminal illness. In this case, treatment such as palliative pain management, palliative radiotherapy or palliative chemotherapy is not covered.
32. All local and international charter flights are not covered. FijiCare Insurance Limited Revised Quote
33. Losses arising as a result of infectious disease, where an infectious disease is defined as Highly Pathogenic Avian Influenza or any diseases declared to be quarantinable diseases under the local authority and subsequent amendments

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNALTERED.

