



The JN Group has established an arrangement with Sagikor to provide access to health insurance coverage for members of the JN Family. Below is information about the options available and the attendant costs. If you have questions about your health insurance, be sure to contact Sagikor at:

JAM 1-888-SAGICOR(724-4267)  
USA & CAN 1-877-SAGICOR  
UK 00-800-4-SAGICOR

## **GROUP HEALTH INSURANCE PLAN**

### **Executive Plan**

#### **WHO ARE ELIGIBLE DEPENDENTS?**

1. Spouse including common law spouses
2. Children, step-children, legally adopted children or children for whom you have Court appointed guardianship
3. Coverage is extended to new born children who are resident in Jamaica from birth and up to their 26th birthday
4. Your Company Representative must be notified of all name changes as well as changes to your marital status or when you need to add a new member (31 days prior notification is required to convert to family coverage).
5. Change of Spouse as a result of marriage will be done immediately. A New Common Law Spouse may only be added 6 months after the previous Spouse was removed.

HEALTH CARDS Each member will be provided with two health cards – a plastic magnetic swipe card (Fast Card) and a plastic benefit card. Your Fast Card is used at pharmacies, doctors' offices and certain Lab & X-Ray centres (both cards must be presented).

Please report lost or stolen cards immediately. Cards will be replaced at a nominal charge. **Please contact:**

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#### **EXPLANATION OF BENEFITS**

**R&C** (Reasonable and Customary charges) are set at the general level of fees usually charged for similar services or materials by professionals or institutions within the community where such fees are charged.

**PRE-AUTHORIZATION:** A report from your doctor, including costs, is required for stated benefits in order to obtain certification and approval prior to treatment. Failure to follow this procedure could result in your claim being ineligible. Preauthorization is not required in emergencies.



**SUBMITTING A CLAIM FOR REIMBURSEMENT:** Some health care providers, e.g. most Specialists, do not allow for credit on the services that they provide. This will apply for all health care practitioners that are not listed as Sagicor Providers.

Your medical provider must complete the following relevant sections of the form:

- State Diagnosis(es)
- The name of the referring physician (if any)
- The name and address of the Provider offering the service(s)
- The charge for the service(s) and the amount paid

The provider **MUST** also stamp, sign and date the Claim Form. Please ensure that you receive a properly stamped receipt for the amount paid.

When submitting your claim make sure to affix the original receipt to the Claim Form. Please ensure that all of Section 1 of the Claim Form has been completed and that you sign and date that section.

In the above circumstances members will have to pay up-front for the services provided and personally claim for reimbursement against the benefit outlined in the schedule.

**LIFETIME BENEFIT** is the maximum amount which Sagicor Life Limited will pay for the health care of a covered member. Members may apply to have the Major Medical coverage restored provided satisfactory medical evidence as required by Sagicor with regard to the particular illness.

**YOU MUST MAKE SURE THAT YOUR CLAIM IS SUBMITTED WITHIN NINETY (90) DAYS OF YOU RECEIVING THE SERVICE(S). FAILURE TO SUBMIT WITHIN THE SPECIFIED TIME PERIOD WILL RESULT IN YOUR CLAIM BECOMING INVALID.**



## SERVICES MAXIMUM BENEFITS

Prescription Drugs 80% of Cost of  
\$11,000+MM

### DOCTOR'S VISIT

Office Visits (unlimited) \$1,400  
Home Visit – Emergency only (unlimited) \$1,400  
Routine Medical (1 visit per year) \$1,400  
Specialist Consultation—on referral (unlimited) \$2,000  
Specialist Consultation—without referral (unlimited) \$1,400  
Pediatrician up to age 13 (unlimited) \$2,000  
Direct Access: Gynecologist (2 visits per disability) \$2,000  
Ophthalmologist (1 visit per 12 month period) \$2,000  
Dietician (on referral) (Reimbursement only, 2 visits per disability) \$2,000  
Podiatrist, Chiropractor (on referral) (Reimbursement only, 2 visits per disability) \$2,000  
Physiotherapy (unlimited) \$1,400  
Speech Therapy (unlimited) (Excludes congenital disorder, congenital disease birth defect, existing at or before birth regardless of cause) \$1,400  
Occupational Therapy (unlimited) \$1,400  
Psychiatry First 3 visits \$2,000  
(in hospital stay per annum Next 17 visits Max. 10 days) \$1,400

Laboratory & X-Ray Services 80% of Cost  
Incl. ECG/EKG, Pap smear, Ultrasound  
Diagnostic Services 80% of UCR  
CT-SCAN, MRI

### SURGICAL BENEFITS

Surgeon 80% of UCR  
Assistant Surgeon 30% of UCR  
Anesthetist 40% of R&C

## SERVICES cont'd MAXIMUM BENEFITS

Root Canal 80% of R&C  
Permanent Crown - 2 per year (As a result of root canal) 80% of R&C  
Inoculation (to age 12) (Per contract year) 80% of Cost  
Tubal Ligation/Vasectomy 80% of UCR  
HPV Vaccine (Human Papillomavirus) 80% of Cost  
Age 12 to 26 years- reimbursement max \$5,000  
Hearing Aid (payable every 3 years) 80% of Cost  
(\$24,000 per year) up to \$48,000  
Renal Dialysis/Chemotherapy /Radiotherapy 80% of UCR

### MATERNITY BENEFITS

Normal Childbirth \$30,000  
Caesarian Section \$60,000  
Miscarriage \$15,000  
Complications 80% of cost up to \$5,000

### HOSPITAL BENEFITS

Room & Board (unlimited) (semi-pvt rates) 80% of UCR  
Doctor's In-Hospital Visit (120 days per disability) 80% of UCR  
Public Ward 80% of UCR  
In-Hospital Miscellaneous 80% of UCR  
Hospital Out-Patient 80% of UCR  
Intensive Care 80% of UCR  
Private nursing (per 8 hrs. shift) 80% of UCR  
Local Ground Ambulance (per trip) 80% of Cost  
up \$5,000

### Overseas Services (non-emergency)

Daily R&B US\$100  
Overseas deductible US\$1,000  
Co-Insurance 20%  
Air Trans.-Round trip J\$10,000  
Coverage (OEMS) US\$100,000

### PLAN LIFETIME MAXIMUM \$5,000,000

### DENTAL & OPTICAL Combined

Combined Dental & Optical \$18,000



### **Hospital Services**

Hospital Services include drugs, dressings, operating theatre fees, lab, X-ray and all other medical services related to in-hospital care. Surgery We recommend that fees to be charged (Surgeon, Anesthetist and Assistant Surgeon - if applicable) are sent to your Company Representative or directly to Sagicor's Claims Department in advance. Sagicor will advise of the amount covered by your plan. The Surgeon's Fees should include all visits to you during your hospital stay.

### **Out-Patient Care**

When visiting the doctor, please take your membership card and a valid picture ID (preferably a staff ID) to ensure access to credit to the limit of your coverage. Specialist Consultation fees will be paid only for those visits where the member has been referred by a General Practitioner.

### **Prescribed Drugs**

Membership cards must be presented when filling prescriptions. Please ensure that you retain your copy of the print-out that you receive once your Fast Card has been swiped and the transaction approved.

### **Maternity**

All female members and covered Spouses are eligible for maternity benefits provided the pregnancy begins after becoming a member of the plan. The amounts listed in the Schedule of Benefits are the maximum amounts payable.

### **Overseas Emergency Medical Services Benefits**

#### **I. MEDICAL SERVICES**

- Hospital Services
- Physician Services rendered in a Hospital
- Ambulance Services
- Miscellaneous Services and Supplies provided by a Hospital
- Emergency Dental Services

YOU MUST USE THE NUMBER PROVIDED AT THE BACK OF YOUR HEALTH CARD TO ACCESS THIS SERVICE. FAILURE TO USE THIS FACILITY MAY RESULT IN A 50% REDUCTION IN THE BENEFIT PAYABLE.

### **Lifetime Benefit**

Lifetime Maximum is the maximum amount which Sagicor will pay for the health care of a covered member.



### **Overseas Services**

Emergencies are life threatening illnesses from natural causes or an accident which require immediate medical attention. Treatment necessary to stabilize the condition and to ensure the return to Jamaica for follow-up care is covered. Such care must be reported to Sagicor within 24 hours using the 1-800 telephone number printed on the back of your health card.

### **Dental/Vision Plan Expenses**

#### **DENTAL BENEFITS**

*Dental Charges not covered:*

- A. Orthodontics
- B. Fixed bridgework including inlays and crowns used as abutments
- C. Replacement of existing bridgework or addition of teeth to existing bridgework

#### **VISION BENEFITS**

Covered Charges:

- A. All eye glasses obtainable by prescription, ordered by an ophthalmologist or optician, and purchased from and dispensed by an optician/optometrist, and
- B. Contact lenses in lieu of lenses and frames
- C. Frames – One every 24 months
- D. Lenses – One pair every 12 months

No payment will be made for charges incurred for Orthoptics, vision training or subnormal vision aids.

**EYE EXAMINATIONS:** once per 12 month period.

LIMITATIONS AND DISCLAIMER - THIS INFORMATION IS IN NO WAY INTENDED TO BE A COMPLETE EXPLANATION OF ALL CONDITIONS, TERMS, LIMITATIONS, EXCLUSIONS AND OTHER PROVISIONS OF THE CONTRACT. THIS CONTENT IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT INTENDED TO BE A CONTRACT OF INSURANCE.