

## Services Offered

- LIFE & HEALTH INSURANCE
- PENSIONS
- INVESTMENTS
- MORTGAGES
- RETIREMENT PLANNING
- REAL ESTATE SERVICES

For further information about your health plan please contact:

Desmon Jangalee  
Sagicor Life Jamaica  
28-48 Barbados Avenue  
Kingston 5  
Tel. 936-7636, 330-6675  
Email: [desmon\\_jangalee@sagicor.com](mailto:desmon_jangalee@sagicor.com)



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## Sagicor Life Jamaica Limited

H.O.: R. Danny Williams Building  
28-48 Barbados Ave., New Kingston  
P.O. Box 439, Kingston 5  
Tel.: 1-888-SAGICOR (724-4267)  
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# GROUP HEALTH INSURANCE PLAN

SAGICOR IS PLEASED TO EXTEND COVERAGE  
TO  
**JAMAICA NATIONAL BUILDING SOCIETY  
MEMBERS' SUPERIOR PLAN**  
and their eligible dependents



## 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. Coverage is extended to new born children from 14 days and up to their 19<sup>th</sup> birthday. Dependent children who are resident in Jamaica and are full time students are covered to their 25<sup>th</sup> birthday. A letter from the School is required as proof of full time enrollment. Student coverage must be requested at least 31 days before the child's 19<sup>th</sup> birthday and proof of student status provided annually thereafter.

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).

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 2 health cards – a plastic magnetic swipe card (Fast Card) and a plastic benefit card. Your Fast Card is used at pharmacies 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. You can reach us at:

**EBD - CUSTOMER SERVICE**  
**28-48 BARBADOS AVENUE, KINGSTON 5**  
**TEL: 929-8920-9: FAX 968-3232**

If you terminate with the company, you MUST return your card and those of your dependents to your Representative.

**UNAUTHORIZED USE OF YOUR CARD CONSTITUTES  
FRAUD**

## 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. **Pre-authorization is not required in emergencies.**

**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. In those circumstances members will have to pay up-front for the provider's services and personally claim for reimbursement against the benefit outlined in the schedule. Your medical provider must complete the relevant sections of the form making sure to indicate the Diagnosis(es), the name and address of the Provider offering the service(s), the name of the referring physician (if any), 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. Ensure that all of Section 1 of the Claim Form has been completed and that you sign and date that section.

**LIFETIME BENEFIT** is the maximum amount which Sagicor Life Jamaica 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
<b>DOCTOR'S VISIT</b>	
Office Visit (Unlimited)	\$1,000
Home Visits ( <b>emergency only</b> ) (Unlimited)	\$1,000
Routine Physical (1 visit p.a.)	\$1,000
Specialist Consultation - referred (Unlimited)	\$1,600
Specialist Consultation – un-referred (Unlimited)	\$1,000
Paediatrician (up to 12 years) (Unlimited)	\$1,600
Gynaecologist (5 visits per disability p.a)	\$1,600
Dietician/Podiatrist/Chiropractor On referral - Reimbursement only (2 visits per disability)	\$1,600
<b>OTHER BENEFITS</b>	
Prescription Drugs*	80% of Cost Up to \$8,000 + MM
Lab & X-ray Includes X-ray, ECG/EKG, Laboratory Services, Pap Smears, Ultrasounds	80% of Cost
Diagnostic Services Incl. CT Scan, MRI ( <b>requires pre-authorization</b> )	80% of R&C
Physiotherapy/Speech Therapy (Unlimited)	\$1,000
Psychiatry (10 days in-hospital stay p.a.)	First 3 visits \$1,600 Next 17 visits \$800
Inoculation - up to age 12 years	80% of Cost
Tubal Ligation/Vasectomy	80% of R&C
Occupational Therapy (Unlimited)	\$1,000
HPV Vaccine (Human Papillomavirus) (ages 12 – 26 years; reimbursement only)	80% of Cost Up to \$5,000
Hearing Aid (Payable every 3 years)	80% of R&C Max. Up to \$48,000
<b>MATERNITY BENEFITS</b>	
Normal Childbirth	\$18,000
C/Section	\$36,000
Miscarriage	\$9,000
Complications	80% of R&C
<b>HOSPITAL BENEFITS</b>	
Daily Room & Board (semi pvt) 120 days per disability p.a.	80% of R&C
Public Hospital Ward (per day)	100% of Cost, Max.\$1,000

SERVICES	MAXIMUM BENEFITS
In-Hospital Miscellaneous	80% of R&C
Out Patient Miscellaneous	80% of R&C
Doctor's In-Hospital (120 days per disability + MM)	80% of R&C
Intensive Care	80% of R&C
Private Nursing Care (per 8hr shift) Requires pre-authorization/15 shifts p.a.	80% of R&C
Local Ground Ambulance	80% of Cost Up to \$5,000
<b>SURGICAL BENEFITS</b>	
Surgeon's Fees	80% of R&C
Asst. Surgeon's Fees	30% of Surgeon's Limit
Anesthetist's Fee	40% of Surgeon's Limit
Chemotherapy	80% of R&C
Radiotherapy	80% of R&C
Renal Dialysis	80% of R&C
<b>MAXIMUM LIFETIME BENEFIT</b>	\$ 5,000,000
Co-insurance	80/20
Over-age Dependent (19-25 years, child must be a full-time Student at a tertiary institution)	YES
<b>Overseas Care</b>	
Non-Emergencies - Reimbursable	
Emergency – Reimbursable	
Daily Room & Board (per day)	USD\$100
Hospital Misc./Surg./Diagnostics	80% of R&C
Air Transportation	J\$10,000/Round Trip
Deductible per trip	USD \$1,000
<b>OVERSEAS EMERGENCY MEDICAL SERVICES (OEMS)</b>	US\$100,000 (Maximum benefit payable at 100% coverage)
<b>DENTAL/OPTICAL COMBINED</b>	\$12,000

## EXPLANATION OF BENEFITS

### 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, Anaesthetist 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

At doctor's appointments bring 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.

### Diagnostic Services

All specialized diagnostic procedures (MRIs, CT Scans, etc) require pre-authorization **EXCEPT IN CASES OF EMERGENCY**.

### 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

**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.

**Covered Trip** means any trip, or portion of a trip, taken by a Covered Person outside of the Jamaica and which begins and ends in Jamaica, during which period this Policy is in force. The portion of any trip taken by a Covered Person outside of Jamaica that exceeds thirty (30) days is not considered to be a Covered Trip.

### Maximum Benefit Payable:

Emergency Medical Services per covered person per Benefit Period	US\$100,000
Emergency Dental Services per covered person per Benefit Period	US\$ 1,000

**YOU MUST USE THE 1-800 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.**

### Dental/Optical Plan Expenses

#### DENTAL BENEFITS

Dental Charges not covered:

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

#### OPTICAL BENEFITS

Covered Charges:

- All eye glasses obtainable by prescription, ordered by an ophthalmologist or optician, and purchased from and dispensed by an optician/optometrist, and
- Contact lenses in lieu of lenses and frames
- Frames – One every 24 months
- 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

### PREMIUMS

SUPERIOR PLAN	RATE	GCT	TOTAL
Member Only	\$12,401.00	\$2,046.17	\$14,447.17
Member + 1 Dependent	\$24,186.00	\$3,990.69	\$28,176.69
Member + Multiple Dependents	\$29,667.00	\$4,895.06	\$34,562.06

### LIMITATIONS AND DISCLAIMER

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