

## Services Offered

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

For further information about your health plan please contact:

### Employee Benefits Division

Delroy Stephenson

Sagicor Life Jamaica

28-48 Barbados Avenue

Kingston 5

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## Sagicor Life Jamaica Limited

H.O.: R. Danny Williams Building  
28-48 Barbados Avenue, New Kingston  
P.O. Box 439, Kingston 5  
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# GROUP HEALTH INSURANCE PLAN

SAGICOR IS PLEASED TO EXTEND COVERAGE TO  
**Jamaica National Members  
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 26<sup>th</sup> 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 2 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. You can reach us at:

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

## 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.**

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

**DOCTOR'S VISIT**

Office Visits (unlimited)	\$ 1,400
Home Visit – <b>Emergency only</b> (unlimited)	\$ 1,400
Routine Medical (1 visit per year)	\$ 1,400
Specialist Consultation– <b>on referral</b> (unlimited)	\$ 2,000
Specialist Consultation– <b>without referral</b> (unlimited)	\$ 1,400
Paediatrician up to age 13 (unlimited)	\$ 2,000
Direct Access: Gynaecologist (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 (in hospital stay per annum Max. 10 days)	First 3 visits \$2,000 Next 17 visits \$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
Anaesthetist	40% of R&C

SERVICES cont'd	MAXIMUM BENEFITS
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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 ear) 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 to \$5,000

**Overseas Services (non-emergency)**

Daily R&B	US\$100
Overseas deductible	US\$1,000
Co-Insurance	20%
<b>Air Trans.-Round trip</b>	<b>J\$10,000</b>

**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, 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**

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 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.