ANY REPLY OR SUBSEQUENT REFERENCE SHOULD BE ADDRESSED TO THE **FINANCIAL SECRETARY** AND THE FOLLOWING REFERENCE NUMBER QUOTED:-

Telephone No. 92-28600-16
Website: http://www.mof.gov.jm
Email: info@mof.gov.jm

MINISTRY OF FINANCE & THE PUBLIC SERVICE
30 NATIONAL HEROES CIRCLE
P.O. BOX 512
KINGSTON
JAMAICA

August 16, 2016

CIRCULAR NO.: 19

Ref. No. 11180/4

Permanent Secretaries
Heads of Departments/Agencies/Schools

Cabinet has approved the award of a contract to Sagicor Life Jamaica Limited for the provision of Administrative Services for the Government Employees' Administrative Services Only (GEASO) health scheme. Accordingly, benefits to subscribers have been revised with effect from August 1, 2016 and are set out on the attached schedule. These include Full House coverage, Overseas Emergency Services as well as Personal Accident coverage limited to Accidental Death and Dismemberment.

Consequently, there have been increases to subscription rates as indicated hereunder as at August 1, 2016:

Plans	Existing Subscription Rates		Revised Subscription Rates	
	Employees $	Government $	Employees $	Government $
Individual	359.20	1,436.80	547.40	2,189.60
Family	1,055.92	4,223.68	1,611.40	6,445.60

The employees' portion of the subscription is to be deducted in the usual manner and paid over to the insurer, Sagicor Life Jamaica Limited on a monthly basis by the 10th day after the deduction has been made. The attached **Summary Form** must be completed and submitted along with the payment. Failure to comply will result in termination of entities from the GEASO scheme.

Payments to Guardian Life Limited in respect of the GEASO health scheme should be discontinued with immediate effect, in light of the reassignment of the Personal Accident coverage to Sagicor Life Jamaica Limited.

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As you are aware, subscriptions are paid in advance and payment of the revised rates should have commenced month ending July 2016, consequently, the following table sets out the schedule of payment for the revised rates and the arrears:

Pay Month	September			October			November and until further advised	
Plan	Arrears for month ending July 2016	New rates effective August 1, 2016	**Total Deduction**	Arrears for month ending August 2016	New rates effective August 1, 2016	**Total Deduction**	New rates effective August 1, 2016	**Total Deduction**
Individual	**188.20**	**547.40**	**735.60**	**188.20**	**547.40**	**735.60**	**547.40**	**547.40**
Family	**555.48**	**1,611.40**	**2,166.88**	**555.48**	**1,611.40**	**2,166.88**	**1,611.40**	**1,611.40**

The Ministry of Finance and the Public Service will continue to pay the employer's portion of subscriptions in the usual manner.

Each subscriber is required to complete the attached **Customer Information** and **Beneficiary Designation** forms for submission through their Human Resource Management Departments to Sagicor Life Jamaica Limited, by **October 31, 2016**, for the updating of their beneficiary and other data. It should be also that effective **November 1, 2016**, Sagicor Life has been instructed that **no cheques for claims payment** are to be drawn on the GEASO Account; instead all claim reimbursements will be made via Electronic Fund Transfer (EFT) only.

Kindly ensure that this circular is brought to the attention of all members of staff.

Everton McFarlane
Financial Secretary (Assigned)

GOVERNMENT EMPLOYEES' ADMINISTRATIVE SERVICES ONLY (GEASO) AUGUST 2016

Schedule of Benefits for Members
Effective August 1, 2016

HOSPITAL SERVICES per person, per contract year	J$
Room & Board (max per day) max 120 days per disability	3,000 +MM
Hospital Miscellaneous (max. per disability)	30,000
Hospital Out-patient Services (max. per disability)	15,000
Intensive Care (per day, max. 5 days per disability) Private	30,000
Duty Nurse (per 8 hour shift, max 15 shifts per dis.)	1,600
Ambulance per trip (max per round trip)	3,500

SURGICAL BENEFITS per person, per contract year	
Surgeon's Fee (up to)	50,000 +MM
Assistant Surgeon's Fee (40% of Surgeon's fee)	20,000 +MM
Anesthetist (40% of Surgeon's fee)	20,000 +MM

MATERNITY (FAMILY COVERAGE ONLY - waiting period is 9 months)	
Normal Delivery (primigravida)	52,500
Normal Delivery (multipara)	47,500
Caesarean Section	65,280
Miscarriage (pathology report required)	41,300

DOCTOR'S VISIT per person, per contract year	
Home Visit (per visit, emergency only)	1,300
Office Visit (per visit, max 10 visits per disability)	1,500
Executive Profile Check-up (Employee only, once per contract year)	10,000
In-hospital Visit (per day, max. 120 per disability)	1,800
Consultation Visit (per visit, 2 visits per disability, 6 visits per contract year)	2,500
Specialist's Visit (per visit, max. 8 visits per disability)	2,500
Physiotherapy (per visit, max. 15 sessions per disability)	2,000
Psychiatry (per visit)	1,800
Psychology (per session, max. 10 sessions per disability)	1,600

DIAGNOSTIC SERVICES per person, per contract year mass screening services not covered	
Lab, X-ray, ECG/EKG, Ultrasound	10,000 +MM
MRI, CT SCAN	80% of GEASO Schedule

FULLHOUSE BENEFITS **Combined Benefit**	J$
Prescription Drugs, Optical and Dental (20% co-payment)	
Individual	40,000
Family	80,000

MAJOR MEDICAL (MM) per person, per contract year (20% co-payment) PRE-AUTHORIZATION REQUIRED, EXCEPT FOR EMERGENCY	
Hospital Room & Board (max per day)	1,500
Radiotherapy (per session, max. 15 sessions per disability)	15,000
Chemotherapy (per contract year)	80% of Cost up to a max of $500,000 p.a.
Renal Dialysis 1 session per week, with a max of 52 weeks per year	80% of Cost up to a max of 15,000

LIFETIME MAXIMUM per person	5,000,000
Maximum per claim	750,000
Deductible (per contract year)	2,000

OVERSEAS NON-EMERGENCY **Employee Only** PRE-AUTHORIZATION REQUIRED	J$
Lifetime Maximum	5,000,000
Maximum amount (per disability) Deductible (per disability)	1,500,000 6,000
Hospital Room & Board (per day)	7,000
Air Transport (max. 2 trips per annum @)	10,000 each
Diagnostics in Hospital (per disability) Medical & Surgical Services (max. per claim)	15,000 80% up to a max 120,000

OVERSEAS EMERGENCY (see CMN information) **Employee Only**	US$100,000
Contact CMN within 48 hours of the emergency	per trip for 30 days

ACCIDENTAL DEATH AND DISMEMBERMENT Employee Only	J$500,000

Sagicor Life

MINISTRY OF FINANCE AND THE PUBLIC SERVICE
SAGICOR (GEASO) MONTHLY SUMMARY FORM
FOR MONTH ENDING _____ 20___

NAME OF ENTITY .....

CONTACT PERSON .....

JOB TITLE .....

EMAIL ADDRESS ..... TELEPHONE .....

ACCOUNT/GROUP NUMBER .....

NAMES ADDITIONS		NAMES CANCELLATIONS	
INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY

TRANSFERS			
PLAN			
NAMES	FROM	TO	DATE DD/MM/YY

MOFPS SMS Form Aug 2016

TRANSFERS			
GROUP (AGENCY/DEPT/MINISTRY)			
NAMES	FROM	TO	DATE DD/MM/YY

SUBSCRIBER INFORMATION

	Individual Plan	Family Plan
NO. OF SUBSCRIBERS PREVIOUS MONTH		
ADJUSTMENTS		
ADDITIONS		
CANCELLATIONS		
TRANSFERS (GROUP)		
TRANSFERS (PLAN)		
TOTAL SUBSCRIBERS CURRENT MONTH		
RATES		
TOTALS		

REMARKS:

PAYMENT INFORMATION

BANK DETAILS	
CHEQUE NUMBER	
DATE	
AMOUNT	

PRINCIPAL FINANCE OFFICER/BURSAR/FINANCIAL CONTROLLER/ACCOUNTANT

Please return completed form to: **Director Public Service Accounts, Ministry of Finance & the Public Service,**
30 National Heroes Circle, Kingston 4.
Email address: geasomof@mof.gov.jm **Tel. No:** 932-4724-5 **Fax No:** 922-7097 or 932-5978

Copy to: **Sagicor Life Ja. Ltd.**

Sagicor Life

Customer Information Form

Employee Name: _____
FIRST NAME MIDDLE INITIAL MAIDEN NAME SURNAME

TRN: _____-_____-_____ Email Address: _____

DOB.: ____/____/____ Gender: M ☐ F ☐ Mobile. No.: _____
DAY MON YR

Current Mailing Address: _____

_____

Name of Ministry & Location: _____

Policy/Cardholder No.: 0000910000 -_____-_____ Emp. No.: _____

ELECTRONIC FUND TRANSFER – This will solely be used for the purpose of health claims payment:

BANK DATA - Commercial Banking Information Only	
Name of Bank/Financial Institution:	
Name of Account Holder:	
Branch:	
Address of Bank:	
Account Number:	
Account Type:	Savings: ☐ Chequing: ☐ Other: _____

Employee's Signature: _____ Date: _____

Witnessed By:

Signature of HR/Accounts Rep.: _____ Date: _____

Name of HR/Accounts Rep.: _____

Sagicor Life

GEASO PERSONAL ACCIDENT - AD&D BENEFICIARY DESIGNATION FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

Name of Subscriber:

_____ FIRST NAME _____ MIDDLE INITIAL _____ MAIDEN NAME _____ SURNAME

Policy No.: 910000 - __ __ __ __ __ - __ __ __ __ __ __ __ __ __ __ TRN: __ __ __ - __ __ __ - __ __ __ EMP #:_____
ACCOUNT # CARDHOLDER #

MAILING ADDRESS_____

EMAIL ADDRESS: _____ CELL NO.: (876) __ __ __ - __ __ __ __

NAME OF MINISTRY/AGENCY/DEPARTMENT/SCHOOL:_____

LOCATION: _____

I do hereby revoke any previous designation or appointment of beneficiary(ies) with respect to the said Government Employees Administrative Services Only (GEASO) Personal Accident (AD&D) Group Policy and subject to the conditions set forth below, I designate and appoint the following beneficiary(ies):

BENEFICIARY INFORMATION :

FULL NAME (i.e. First, Middle and Last)	DATE OF BIRTH	RELATIONSHIP (i.e. SPOUSE/CHILD/ RELATIVE)	ALLOCATION (%)
	____/____/____ MM DD YY		
	____/____/____ MM DD YY		
	____/____/____ MM DD YY		
	____/____/____ MM DD YY		

CONTINGENT BENEFICIARY

Except as otherwise directed (A) the proceeds are to be divided among all persons who are named as Primary Beneficiary and who survived the insured, but if name survive, equally among all persons who are named as Contingent Beneficiary and who survive the insured and (B) the right to change the beneficiary is reserved.

TRUSTEE FOR MINORS

*Name of Trustee:*_____ *Date of Birth:*____/____/____
(i.e. First, Middle and Last) MM DD YY

EMPLOYEE'S SIGNATURE: _____ DATE: ____/____/____
MM DD YY

WITNESS NAME & SIGNATURE: _____ _____
NAME SIGNATURE