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
Strategic Human Resource Management Division
30 NATIONAL HEROES CIRCLE
P.O. BOX 512
KINGSTON 4
JAMAICA

Circular No. 8

Ref. No. 51440

May 16, 2019

To: Permanent Secretaries
Heads of Departments
Office of the Services Commission
Executive Agencies

Senior Government Executive Health Plan – Change of Insurer

Permanent Secretaries, Heads of Departments and Parliamentarians are advised that resulting from a tender process, group health insurance coverage for the 'Senior Executive Group' will be changed from the current insurer Sagicor Life Jamaica, to **Guardian Life Limited (Guardian Health)**, effective August 1, 2019. The health plan will also be changed from an Indemnity to an **Administrative Service Only plan.**

The applicable schedule of benefits is enclosed and the monthly premiums are as outlined below:

Plans	Existing Monthly Premiums		Revised Monthly Premiums GUARDIAN HEALTH	
	Subscribers $	Government $	Subscribers $	Government $
Family	8,949.00	20,881.00	11,280.60	26,321.40
Individual	4,755.90	11,097.10	4,287.30	10,003.70

The subscriber's portion of the premium is to be deducted from the salaries of the officers enrolled on the Scheme and paid over to the insurer. The rates under Government are to be paid by the Ministry of Finance and the Public Service.

Premiums are payable monthly in advance. Consequently, the new rates for August 2019 are to be paid from July 2019 salary and should be sent electronically to **Guardian Life** (see banking information attached). Deduction listing are to be submitted monthly, within seven (7) working days after pay day to Guardian Life and copied to; **Director Public Service Accounts, Ministry of Finance and the Public Service. Email:** geasomof@mof.gov.jm

In order to ensure a smooth transition and accuracy of the information provided to Guardian Life, it will be necessary to conduct an enrolment exercise. Kindly ensure that all the subscribers complete the attached Enrolment Form and return by June 14, 2019 to: **Lorna Phillips, Principal Director Compensation Management and Implementation, Ministry of Finance and the Public Service, 30 National Heroes Circle Kingston 4. Email:** lorna.phillips@mof.gov.jm

Please also ensure that the enclosed information and the relevant attachments are brought to the attention of all subscribers and attendant pay stations and that the returns meet the requested deadline. Failure to do so will result in the loss of health coverage to individuals.

Darlene Morrison
Financial Secretary

Guardian HEALTH

Guardian Group

MINISTRY OF FINANCE AND PUBLIC SERVICE
SENIOR GOVERNMENT EXECUTIVES

Summary of Benefits

	Coverage
DOCTOR'S VISIT	
Office Visit	$2,000
No. of visits per disability/year	*10*
Home Visit	$4,000
No. of visits per disability	*10*
Wellness check-up (1 per policy year)	$3,000
Consultant's Fee - on referral	$4,000
No. of visits per disability	*2*
Specialist Visits	$3,000
No. of visits per disability	*8*
Executive Profile Check-up (1 per policy year)-Employee Only	$10,000
Direct Access Paediatric Visit (to age 13)	$3,000
Direct Access Gynaecological Visit	$3,000
No. of visits per disability	*2*
Psychiatry *(per visit) Maximum Lifetime benefit $50,0000*	50% of cost up to $3,000
Psychology	$1,800
No. of visits per disability	*10*
Ophthalmologist Visit	$3,000
No. of visits per year	*1*
Dietician (On referral)	$3,000
No. of visits per year	*2*
Podiatrist (reimbursement only)	$2,500
No. of visits per year	*2*
Chiropractor (reimbursement only)	$2,500
No. of visits per year	*2*
DIAGNOSTIC PROCEDURES	
Laboratory & X-ray, Ultra-sound:	
Annual Limit per Member	80% of UCR
CT Scan, MRI & Other Specialised Tests	80% of UCR
PRESCRIPTION DRUGS	
Annual Limit per Member	80% up to $60,000 + MM
HOSPITALISATION	
Hospital R & B (Semi-private room)	80% up to $5,000
No. of Days per Disability	*Unlimited*
Public Hospital Ward	100% up to $1,000
Hospital Miscellaneous	80% up to $50,000+MM
Emergency Accident and Outpatient	80% up to $4,000+MM
In Hospital Doctor's Visit (non-surgical)	$3,000
No. of Days per Disability	*Unlimited*
Private Nursing (per 8 hour shift)	$3,000
Intensive Care (per day)	$40,000
No. of Days per Annnum	*5*

Guardian HEALTH

Guardian Group

MINISTRY OF FINANCE AND PUBLIC SERVICE
SENIOR GOVERNMENT EXECUTIVES

Summary of Benefits

	Coverage
SURGERY	
Maximum Surgeon's Fee	$40,000 + MM
Maximum Assistant Surgeon's Fee	$40,000 + MM
Maximum Anaesthetist's Fee	$40,000 + MM
Root Canal	80% of UCR
Permanent Crown (as a result of root canal)	2 Per year @ 80% of UCR
MATERNITY - In lieu of all other Benefits	
NORMAL DELIVERY	
In- Hospital Expenses	$30,000
Other Expenses including Pre & Post Natal Care	$30,000
CAESAREAN SECTION	
In- Hospital Expenses	$30,000
Other Expenses including Pre & Post Natal Care	$70,000
Miscarriage	$50,000
MISCELLANEOUS	
Physiotherapy/Speech Therapy - *on referral*	$3,000
No. of visits per disability	*15*
Occupational Therapy - reimbursement only	$2,500
No. of visits per year	*10*
Immunization (to age 13) - *per contract year*	N/A
HPV Vaccine (ages 12-26 years) - reimbursement only	N/A
Tubal Ligation	N/A
Vasectomy	N/A
Radiotherapy	80% of cost (up to a max of $500,000 per year)
Chemotherapy	80% of cost (up to a max of $500,000 per year)
Renal Dialysis (maximum 2 sessions per week)	80% of cost up to $17,000
Hearing Aid - Each Ear - Once every 3 years	80% of cost to $24,000
Local Ambulance	$3,000
MAJOR MEDICAL LIFETIME MAXIMUM	**$5,000,000**
Local Deductible	$5,000
Room & Board - Local	$300
OVERSEAS EMERGENCY	US$100,000
OVERSEAS NON - EMERGENCY CARE	
(Preauthorisation required)	
Overseas Non-Emergency Care - Lifetime Maximum	$1,500,000
Deductible - Overseas (Non - Emergency)	US $2,000
Daily Room & Board Maximum	$7,000
Other Medical Expenses/Diagnostics in Hospital (per disability)	80% of UCR
Air Transportation	$10,000
DENTAL OPTICAL & DRUGS	
DENTAL	80% of cost up to $50,000
OPTICAL	80% of cost up to $50,000

Guardian Group
Guardian Life Limited

MEMBER ENROLLMENT & ELECTRONIC FUNDS TRANSFER FORM EB (Ministry of Finance)

12 Trafalgar Road, Kingston 5, Jamaica W. I.
Tel: (876) 978-4473 Fax: (876) 927-4732
Toll Free: 1-888-MEDECUS Website: www.medecus.com
MedeCus HEALTH

FOR EMPLOYER USE

POLICY No. | Div. No. | EMPLOYER/COMPANY NAME

LOCATION | EMPLOYMENT DATE | EFFECTIVE DATE* | NEW HIRE (Y / N)

REMARKS

MEMBER NAME (First) [3] | MI[3] | (Last)[3]

MEMBER No.[1] | OCCUPATION

DATE OF BIRTH | PROOF OF AGE ☐ Birth Certificate attached ☐ Other | GENDER M F | MARITAL STATUS* Ma Sl Di Wi Se Co

*Ma – Married; Sl – Single; Di – Divorced; Wi – Widowed, Se – Separated, Co – Common law

TRN [2] | Home Tel. No. | Work Tel. No. | Cellular No.

HOME ADDRESS

E-mail Address

PREMIUM ALLOCATION % EMPLOYER | EMPLOYEE

GROUP HEALTH ONLY

DEPENDENTS

SURNAME	FIRST NAME	MI	SEX	RELATIONSHIP	DATE OF BIRTH	TRN
			M F			
			M F			
			M F			
			M F			
			M F			

GROUP LIFE

SALARY P.A.

TRUSTEE – If the designated beneficiary is a minor, it is strongly recommended that you appoint a trustee who will manage the insurance proceeds on behalf of the minor. The trustee may be any competent adult or institution.

BENEFICIARY NAME	RELATIONSHIP	LIFE (%)	DATE OF BIRTH	SEX	TRN
				M F	
TRUSTEE NAME:					
				M F	
TRUSTEE NAME:					
				M F	
TRUSTEE NAME:					
				M F	
TRUSTEE NAME:					
				M F	
TRUSTEE NAME:					

As provided under my Employer's Group Contract with Guardian Life Limited, I elect coverage on behalf of myself and my eligible dependent(s) as listed above (where applicable) and authorize my employer to deduct from my earnings the contributions required (if any) for the coverage.

SIGNATURE OF EMPLOYEE _____ DATE _____

NAME OF AUTHORIZED OFFICER OF EMPLOYER _____ SIGNATURE OF AUTHORIZED OFFICER OF EMPLOYER _____ POSITION OF AUTHORIZED OFFICER OF EMPLOYER _____

COMPANY STAMP _____ DATE _____

(If employee is applying for coverage outside of eligibilityperiod, please complete the Health History Questionnaire on the overleaf)

MEMBER CLAIM SETTLEMENTFORM

All information contained on this form is strictly confidential.

☐ SETTLEMENT BY CHEQUE ☐ SETTLEMENT BY ELECTRONIC FUNDS TRANSFER (EFT)

Please complete the following for health claim settlement by Electronic Funds Transfer (EFT):

Bank Name _____

Branch Name _____

Bank Address _____

_____

Bank Code _____ **Branch Code** _____

Bank Account # _____ **Account Type** _____

Account Name _____

E-mail Address _____

Tel. No. (Cell) _____ **(W)** _____ **(H)**_____

To ensure speedy and efficient processing, please promptly return to us by fax to **927-4732** or e-mail to **support@medecus.com**.

The above represents my instruction to **Guardian Life Limited** with respect to the settlement of health claims submitted by me for payment through EFT.

Please complete the information below

[3]**Member Name:** _____

[1]**Card No.:** _____ [2]**Member TRN:**_____

Company Name: _____

It would be convenient and in my/our interests if Guardian Life Limited (GLL) would remit by way of Electronic Funds Transfer (EFT) any and all monies due and payable to me directly into my/our bank account, details of which are provided above.

In consideration of GLL agreeing to remit payments by EFT to me/us as aforesaid, I/we agree:

1. **THAT** I/we voluntarily and with full knowledge take and assume any and all risk associated therewith;
2. **THAT** GLL shall have no obligation to check or verify authenticity or accuracy of the banking information provided by me/us;
3. **THAT** in acting on the aforesaid banking information GLL shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such banking information may have been incorrect, and I/We shall be bound by any banking information on which GLL may act if GLL has in good faith acted in the belief that such banking information is correct;
4. **THAT** GLL may, in its absolute discretion, decline to act on or in accordance with the whole or any part of the aforesaid banking information pending further enquiry to or further confirmation (whether written or otherwise) by me/us, so however that GLL shall not be under any obligation to so decline in any case, and GLL shall in no event or circumstances be liable in any respect for not so declining;

and

5. **TO** release GLL from and indemnify GLL against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to GLL having acted in accordance with the whole or any part of any banking information or having exercised (or failed to exercise) the discretion conferred upon GLL in Clause 4 above.

Dated this ..... day of ....., 20 _____

Signed by the accountholder(s) with authority to operate the relevant account(s), or (if a company or other corporate body) signed by its duly authorized officer(s) for and on behalf of

..... Name of Accountholder or Authorized Officer

..... Signature of Accountholder or Authorized Officer

..... (Name of company or other corporate body, if applicable)

..... Name of Accountholder or Authorized Officer

..... Signature of Accountholder or Authorized Officer

For Official Use Only: Index Member No., TRN & Name of Member