



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

Telephone No. 92-28300-18
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

September 14, 2020

Circular No. 19
Ref. No. 11180/4

**Cabinet secretary
Permanent Secretaries
Heads of Departments/Agencies**

Re: Increased Benefits and Rates for the GEASO Health Scheme

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, 2020 and are set out on the attached schedule. These include Full House coverage, Overseas Emergency Services, Personal Accident coverage limited to Accidental Death and Dismemberment as well as other new benefits which will be retroactively updated on October 1, 2020. Consequently, there have been increases to subscription rates as indicated hereunder as at August 1, 2020:

Plans	Existing Subscription Rates		Revised Subscription Rates	
	Employees \$	Government \$	Employees \$	Government \$
Individual	547.40	2,189.60	688.20	2,752.80
Family	1,611.40	6,445.60	2,025.80	8,103.20

As you are aware, subscriptions are paid in advance and payment of the revised rates should have commenced month ending July 2020. Consequently, the retroactive amounts should be recovered within a three (3) month period. The following table therefore sets out the schedule of payments for the arrears and the revised rates:

Pay Month	October, November & December 2020			January 2021 and until further advised	
Plan	Monthly Arrears for July, August & September	New rates effective August 1, 2020	Monthly Deduction for October, November & December 2020	New rates effective August 1, 2020	Monthly Deduction For January 2021 until further advised
Individual	140.80	688.20	829.00	688.20	688.20
Family	414.40	2,025.80	2,440.20	2,025.80	2,025.80

Please be reminded that all monthly payments must be sent to the GEASO bank account via electronic transfer by the 5th working day of the month following the deduction. Please see Circular No. 18 Ref. No. 11180/4 dated September 1, 2020 for the banking information.


The attached Summary Form **must** be completed and submitted electronically along with the payments to Sagicor at slj_geaso@sagicor.com and the Ministry of Finance and the Public Service at geasomof@mof.gov.jm. Failure to comply will result in termination of entities from the GEASO scheme. The fillable version of this form can be obtained by contacting the above mentioned email addresses.

Each pay site is to ensure that all subscribers complete the electronic Customer Information Form for submission through their Human Resource Departments to Sagicor, this will facilitate updating of their beneficiary information and other data. Sagicor has provided the electronic link for dissemination to the employees enrolled under the GEASO Health Scheme for completion of the form vide Circular No 18 Ref No 11180/4 dated September 1, 2020. Please ensure that your respective IT departments provide the necessary access to accommodate emails from the Sagicor email address – slj_geaso@sagicor.com, as well as the respective GEASO health links.

It should also be noted that effective September 1, 2020 **no cheques will be issued for claim reimbursements** from the GEASO Fund, instead all claim reimbursements will be made via **Electronic Fund Transfer (EFT)** only.

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

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



Darlene Morrison
Financial Secretary

**MINISTRY OF FINANCE & THE PUBLIC SERVICE & SAGICOR LIFE JAMAICA LIMITED
(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

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/EFT NO.	
DATE	
AMOUNT	
PRINCIPAL FINANCE OFFICER/BURSAR/FINANCIAL CONTROLLER/ACCOUNTANT	

Please return completed form to both MOFPS and Sagicor Life Jamaica Limited:
 Director, Public 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
 &
 Group Insurance Maintenance & Reconciliation-GEASO, 28-48 Barbados Avenue, Kingston 5.
 Email address: slj_geaso@sagicor.com Tel. No: 929-8920-9 Option 3 or 936-7678

GOVERNMENT EMPLOYEES' ADMINISTRATIVE SERVICES ONLY (GEASO) – OCTOBER 2020

Revised Schedule of Benefits for Members and Dependents

DOCTOR'S VISIT (per person, per contract year)	JA\$
Home Visit (per visit, emergency only, ax 10 visits per disability)	1,300
Office Visit (per visit, max 10 visits per disability)	2,000
Consultation Visit (per visit, 2 visits per disability, max 8 visits per contract year)	3,000
Specialist's Visit (per visit, max 8 visits per disability)	3,000
Physiotherapy (per session, max 15 sessions per disability)	2,000
Psychiatry (per session)	1,800
Psychology (per session, max 10 sessions per disability)	1,600
Occupational Therapy (REFERRAL ONLY - Cerebral Vascular & other functional job related accidents - max 4 visits per year)	3,000
Podiatrist & Chiropractor (REFERRAL ONLY - max. 2 visits per year)	2,500
Sleep Apnea (includes Sleep Study Test/Assessment and the purchase of CPAP Machine - 80% of the cost to the maximum)	120,000
Executive Profile Checkup (Employee only, once per contract year)	10,000
DIAGNOSTIC SERVICES (per person, per contract year)	
Mass Screening services are not covered	
Lab, X-Ray & ECG/EKG (20% CO-PAYMENT)	15,000+MM
MRI, CT Scan & Ultrasound	80% of GEASO Schedule
FULLHOUSE BENEFIT (COMBINED BENEFIT with members and dependents)	
PRESCRIPTION DRUGS, DENTAL AND OPTICAL (20% CO-PAYMENT)	
Individual	50,000
Family	100,000
MATERNITY (9 months waiting period)	
Normal Delivery	60,000
Caesarean Section	80,000
Miscarriage	45,000
OVERSEAS NON-EMERGENCY (EMPLOYEE ONLY)	
PRE-AUTHORIZATION REQUIRED	
Maximum amount (per disability)	1,500,000
Deductible (per disability)	US\$1,000
Hospital Room & Board (per day)	1,300
OVERSEAS EMERGENCY (EMPLOYEE ONLY)	
PER TRIP FOR 30 DAYS – PLEASE CONTACT GMMI (SEE BENEFIT CARD) WITHIN 48 HRS OF EMERGENCY	
Maximum amount (per trip)	US\$100,000

HOSPITAL SERVICES (per person, per contract year)	JA\$
PRE-AUTHORIZATION REQUIRED, EXCEPT FOR EMERGENCIES	
Room & Board (per day, max 120 days per disability)	3,000+MM
Hospital Miscellaneous (max per disability)	30,000+MM
Hospital Out-patient Services (max per disability)	15,000
In-hospital Visit (per day, max 120 days per disability)	1,800
Intensive Care (per day, max 5 days per disability)	30,000
Private Duty Nurse (per 8-hour shift, max 15 shifts per disability)	1,600
Ambulance (max per round trip)	7,000
SURGICAL BENEFITS (per person, per contract year)	
PRE-AUTHORIZATION REQUIRED, EXCEPT FOR EMERGENCIES	
Surgeon's Fee (up to)	50,000+MM
Assistant Surgeon's Fee (40% of Surgeon's Fee)	20,000+MM
Anaesthetist (40% of Surgeon's Fee)	20,000+MM
Root Canal & Crown (1 Crown per year after 1 Root Canal – 80% of the cost to max per year)	80,000
MAJOR MEDICAL (MM) (per person, per contract year)	
Maximum per disability (Diagnostic, Hospital & Surgical Services only)	750,000
Annual Deductible (per contract year)	5,000
Room & Board (per day, max 120 days per disability)	1,500
Tubal Ligation/Vasectomy (once per lifetime of policy)	10,000
PRE-AUTHORIZATION REQUIRED, EXCEPT FOR EMERGENCIES	80% of Cost up to max of
Radiotherapy (per contract year)	500,000 per contract year
Chemotherapy (per contract year)	750,000 per contract year
Renal Dialysis (2 sess. per week, max 104 sessions per year)	15,000 per session
LIFETIME MAXIMUM (LTM) (Local – per person)	5,000,000
ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	
AD&D Benefit (EMPLOYEE ONLY)	500,000