



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

Telephone No. 922-8600-15
Website: <http://www.mof.gov.jm>
Email: info@mof.gov.jm

Ref. No. 51440

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

21 June 2022

Circular No. 11

Permanent Secretaries
Heads of Departments
Office of the Services Commissions
Executive Agencies

Re: Senior Government Executive Health Plan – Change of Insurer

Permanent Secretaries, Heads of Departments, Parliamentarians and other Senior Executives are advised that resulting from a tender process, group health insurance coverage for the 'Senior Executive Group' will be changed from the current insurer Guardian Life Limited to **Sagicor Life Jamaica Limited**, effective August 1, 2022.

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

Plans	Existing Monthly Premiums 30/70%		Revised Monthly Premiums 30/70%	
	Subscribers \$	Government \$	Subscribers \$	Government \$
Family	11,280.60	26,321.40	15,000.00	35,000.00
Individual	4,287.30	10,003.70	5,850.00	13,650.00

The subscriber's portion of the premium is to be deducted from the salaries of the officers enrolled on the Health Scheme and paid over to the insurer (**Sagicor Life Jamaica Limited**). The government portion of the rates will be paid by the Ministry of Finance and the Public Service, as usual.

The subscriptions are payable monthly, in advance. Consequently, the new rates for August 2022 are to be paid from July 2022 salary and should be sent electronically to **Sagicor Life Jamaica Limited** as per the banking information attached. Deduction listings are to be submitted monthly, within five (5) working days after pay day to **Government Business Department at Sagicor Life Jamaica Limited**, email: slj_geaso@sagicor.com and copied to the **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 Sagicor Life Jamaica Limited, it will be necessary to conduct an enrolment exercise. Kindly ensure that all the current subscribers complete the attached Enrolment Form and return by **July 7, 2022** to: **Mrs. Lorna Phillips, Principal Director, Employee Relations Branch, 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 and their dependents.

Darlene Morrison
Financial Secretary



SENIOR GOVERNMENT EXECUTIVES - ASO ENROLLMENT FORM

PLEASE COMPLETE IN BLOCK CAPITALS

NAME OF SUBSCRIBER (EMPLOYEE BIRTH CERTIFICATE MUST ACCOMPANY THE ENROLLMENT FORM):

FIRST NAME		MIDDLE NAME		SURNAME (AS SEEN ON PAY SLIP)	
EMP #:	TRN:	GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>		DATE OF BIRTH: MM / DD / YY	
CELL NO.: (876)		HOME NO.: (876)		PLAN TYPE: INDIVIDUAL <input type="checkbox"/> FAMILY <input type="checkbox"/>	
MAILING ADDRESS:					
PARISH		EMAIL ADDRESS:			
EMPLOYEE PAY SITE:					

ELECTRONIC FUND TRANSFER (COMMERCIAL BANKING INFORMATION ONLY):

Name of Account Holder(s):	
Name of Bank:	
Branch:	
Account Number:	
Account Type:	Savings: <input type="checkbox"/> Current/Chequing: <input type="checkbox"/>

DEPENDENT INFORMATION (BIRTH & MARRIAGE CERTIFICATE MUST ACCOMPANY FORMS)

Spouse (Married or Unmarried) and Children 17 years and under:

FULL NAME (i.e. First, Middle Initial & Last)	RELATIONSHIP	Date of Birth MM / DD / YY	TRN

I authorize the release of information (Personal, Family, Bank and Tax Registration Number) to the Plan Administrator. I certify that the above information is correct and fully completed to the best of my knowledge. Failure to complete the form in its entirety will delay my enrollment with no refund. I confirm that I understand the conditions as stated above:

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



**SENIOR GOVERNMENT EXECUTIVES -
ADMINISTRATIVE SERVICES ONLY HEALTH
INSURANCE PLAN**

Administered by
SAGICOR LIFE JAMAICA LIMITED

EMPLOYEE DEDUCTION AUTHORIZATION FORM
(Please fill form in block capital)

I _____
CHRISTIAN NAME MIDDLE NAME SURNAME

do hereby authorise the Ministry/Department/Agency/
School to deduct monthly from my salary, the amount
stated below or the amount as may be determined from
time to time in accordance with the Contract between
Sagicor Life Jamaica Limited and the Government of
Jamaica, for benefits under the Government held health
scheme/plan as indicated hereunder:

EMPLOYER : _____
NAME OF MINISTRY/DEPARTMENT/AGENCY

LOCATION: _____
NAME OF CURRENT PAY-SITE

LOCATION: _____
PARISH

TRN: _____ - _____ - _____

Telephone No: _____

Individual \$ _____ Family \$ _____

EMPLOYEE NUMBER: _____

SIGNATURE: _____











DATE: _____
DD /MM /YY

Senior Government Executive Health Scheme Banking Information – Sagicor Life

Bank Name	Sagicor Bank Jamaica Limited
Bank code	081
Transit No.	1414
Branch code	00021
Bank Branch	17 Dominica Drive, Kingston 5
Bank Account	5504815268
Type of Account	Chequing
TRN on RTGS	Extension: 000-137-243-0041
Name on TRN	Sagicor Life Jamaica Limited
Name on Account	SAGICORLIFEJAMAICA(ILTL) – SGE ASO

Senior Government Executives - Admin. Services Only (SGE-ASO) Health Plan

Schedule of Benefits for approved Senior Government Executives & their Dependents
Effective August 1, 2022

MAJOR MEDICAL (MM) BENEFITS per person, per contract year		J\$
 PRE-AUTHORIZATION REQUIRED, EXCEPT FOR EMERGENCY		
Radiotherapy (per contract year)		80% of Cost up to a max of \$1,100,000 p.a. for either Radiotherapy and/or Chemotherapy
Chemotherapy (per contract year)		
Renal Dialysis (2 sessions per week, per year)		80% of R&C up to a max of \$17,000 per session
 HOSPITAL SERVICES per person, per contract year		
Room & Board (max per day) max 120 days per disability		80% up to \$5,000
Hospital Miscellaneous (max. per disability)		80% up to \$50,000+MM
Hospital Out-patient Services (max. per disability)		80% up to \$4,000
Intensive Care (per day, max. 5 days per disability)		\$40,000
Private Duty Nurse (per 8 hours shift, max 15 shifts per disability)		\$4,000
Ambulance per trip		\$10,000
In-hospital visit (per day, max. 120 per disability)		\$3,000
 SURGICAL BENEFITS per person, per contract year		
Surgeon's Fee (up to)		\$40,000 + MM
Assistant Surgeon Fee		33% of Surgeon's R&C + MM
Anesthetist Fee		40% of Surgeon's R&C + MM
Root Canal Surgery		80% of R&C (max. 3 p.a.)
Permanent Crown (as a result of Root Canal Treatment)		80% of R&C (max. 2 p.a.)
 LIFETIME MAXIMUM (LOCAL) per person		
Deductible (per contract year)		\$5,000,000
Lifetime for Psychiatry		\$10,000
		\$50,000
OTHER BENEFITS per person, per contract year		J\$
 MATERNITY BENEFITS		
Normal Childbirth		\$60,000
Caesarian Section		\$100,000
Miscarriage		\$50,000
 DENTAL & OPTICAL BENEFITS		
Dental (80% of cost to the maximum of the annual limit)		\$60,000
Optical (80% of cost to the maximum of the annual limit)		\$60,000
 DOCTOR'S VISIT per person, per contract year		
Home Visit (per visit, emergency only, max 10 visits per disability)		\$4,000
Office Visit (per visit, max 10 visits per disability)		\$4,000
Consultation Visit (REFERRAL ONLY - 2 visits per contract year)		\$5,000
Specialist's Visit (per visit, max. 8 sessions per disability)		\$5,000
Physiotherapy (per sess. max. 10 sessions per disability)		\$3,000
Occupational Therapy (per sess. max. 10 sessions per disability)		\$3,000
Podiatrist/Chiropractor (REFERRAL ONLY, 2 visits per contract year)		\$2,500
Direct Gynae/Urologist - 2 visits per contract year		\$3,000
Direct Pediatrician (max. age 13)		\$3,000
Psychiatry (per visit)		50% of cost up to \$3,000
Sleep Apnea (reimbursable only) - includes sleep assessment and CPAP Machine		80% of the cost up to \$120,000
 PRESCRIPTION DRUGS per person, per contract year		
Per contract year		80% of the cost up to \$60,000 + MM (Up to the max. of \$400,000 p.a.)
 DIAGNOSTIC SERVICES per person, per contract year		
Lab, X-ray & ECG/EKG		
MRI, CT SCAN & Ultrasound		80% of RC
 OVERSEAS EMERGENCY - Employee Only		
Limited to 30 days overseas (maximum 90 days per annum) per trip. Contact GMMI within 48 hours of the emergency		USD100,000 per plan contract
Contact information located on the back of your benefit card		



Senior Government Executives - Administrative Services Only (SGE-ASO) Information Sheet

HEALTH CARDS

- Protect your health plan by reporting lost/stolen/misplaced cards immediately via our **Contact Centre** at 876-929-8920-9 Option 3. We will issue a new card on completion of the Replacement Form and payment. The replacement cost per card is \$300.00.
- Don't allow your cards to be used by anyone else. Your health plan is based on you and is not transferable. To put it in perspective, if you allow others to use your health cards, **you are in fact committing fraud**. This type of fraud leads to distorted medical history and increased premiums.
- You can coordinate your benefits, once you maintain an active status as a member/dependent. Please include the policy number(s) for each plan on your claim form and submit both cards for use at each Provider visit.

DEPENDENTS

- Dependent spouses can only be covered under one (1) Sagikor policy. For dependent spouses who are found on multiple policies, the individual will be contacted to select one policy and will be terminated from the others.

PRE AUTHORIZATION

- For all surgical/major medical procedures, a request for pre-authorization should be submitted at least two weeks prior to the elective surgery.
- Pre-authorization is not required for emergency service obtained overseas. When overseas, members are required to contact Global Medical Management Inc (GMMI) within 24-48 hours of the emergency (critical cases only). Please see the FAQ for the definition of Overseas Emergency Services.

GMMI contact details are as follows

(a copy of this can also be found on the back of your benefit card):

Sagikor Toll Free Number: 855-705-8809

Sagikor Local Number: 954-334-7029

Email: SagikorTeam@GMMI.com

CLAIMS

- The submission period for all claim(s) is 90 days (from the original date of service). Failure to submit the claim(s) within the 90 day period will result in the non-payment of the claims.
- When signing a claim form, ensure the Provider completes the form with your correct information, including the diagnosis, the card number and the amount you were required to pay if applicable. Claims can be submitted by email to slj_healthclaims@sagikor.com

WAITING PERIOD

- Please see below the waiting period for accessing your benefits:
 - (a) **Dental - Dental Prophylaxis (cleaning):** every 6 months & Examination: every 12 months
 - (b) **Optical - Lens:** every 12 months, Frames: every 24 months & Examination: every 12 months
 - (c) **Major Medical/Surgical/Hospitalization:** 6 months from the effective date of the enrollment.For optical and dental services, the waiting periods are applied based on your last date of service.