

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

Telephone No. 922-8600-16 Website: http://www.mof.gov.jm Email: info@mof.gov.jm

Ref No.:12732

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

KINGSTON JAMAICA

May 20, 2022

Circular No.: 8

Accountant General's Department And Approved Agencies

### Government Pensioner's Administrative Services Only (GPASO) Health Scheme Improved Benefits - July 1, 2022

Cabinet has approved the award of a contract to Sagicor Life Jamaica Limited for the provision of Administrative Services for the Government Pensioners' Administrative Services Only (GPASO) Health Scheme. The benefits to the pensioners have been improved with effect from December 1, 2021 (pro-rated to July 1, 2022) and are set out in the attached Benefit Schedule. These revisions resulted in no increase to the usual monthly subscriptions. The subscription rates are set out below:

Dlan Tymo	Existing Subscription Rates 80%/20%		
Plan Type	Pensioners \$	Government \$	
Individual	847.40	3,389.60	
Family	1,492.60	5,970.40	

Please be reminded that the pensioner's portion of the subscription is to be deducted in the usual manner and paid over to the Administrator, Sagicor Life Jamaica Limited, on a monthly basis by the 5th working day after the deduction was taken. The usual Summary Forms and deduction listings are to be forwarded to Sagicor Life Jamaica Limited and copied to the Ministry of Finance & the Public Service.

The Accountant General's Department and the Ministry of Finance & the Public Service will continue to pay the employer's portion of subscription for the approved pay sites in the usual manner.

Additionally, effective August 30, 2022, GPASO claims reimbursements will be made via Electronic Fund Transfer (EFT) only. All pay sites are to ensure that their respective pensioners (see the list attached for your respective location) submit their commercial banking information to Sagicor Life Jamaica Limited via the GPASO Customer Information Form before August 30, 2022.

Kindly ensure that this circular is brought to the attention of the approved locations attached.

Darlene Morrison Financial Secretary

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## **Government Pensioners' Administrative** Services Only (GPASO) Health Scheme

Schedule of Benefits for Pensioners & their Dependents - Effective July 1, 2022 Plan Period - December 1st to November 30th

MAJOR MEDICAL (MM) per person, per contract year	J\$
PRE-AUTHORIZATION REQUIRED, EXCEPT FOR EMERGENCY	<i>(</i>
Hospital Room & Board (max per day)	1,000
Radiotherapy (per session, max. 10 sessions per disability p.a.)	80% of Cost up to a max of \$100,000 p.a
Chemotherapy (per contract year)	80% of Cost up to a max of \$300,000 p.a.
Renal Dialysis (2 sessions per week, per year)	80% of R&C up to a max of \$10,000 per session
HOSPITAL SERVICES per person, per contract year	
Room & Board (max per day) max 120 days per disability	\$2,000
Hospital Miscellaneous (max. per disability)	\$20,000
Hospital Out-patient Services (max. per disability)	\$5,000
Intensive Care (per day, max. 5 days per disability)	\$25,000
Private Duty Nurse (per 8 hours shift, max 15 shifts per disability)	\$1,200
Ambulance per trip (max. per round trip) In-hospital visit (per day, max. 120 per disability)	\$4,500 \$1,200
SURGICAL BENEFITS per person, per contract year	
Surgeon's fee (up to)	\$45,000 + MM
Assistant Surgeon's Fee (40% of Surgeon's fee)	\$20,000 + MM
Anesthesit (40% of Surgeon's fee)	\$20,000 + MM
LIFETIME MAXIMUM (LOCAL) per person	\$2,500,000
Maximum per claim (per disability)	\$750,000
Deductible (per contract year)	\$5,000
FULLHOUSE BENEFITS (Combined Benefit pensioner & dependence)	lent)
Prescription Drugs, Optical and Dental (20% co-payment)	
Individual	\$20,000
Family	\$40,000
DOCTOR'S VISIT per person, per contract year	
Home Visit (per visit, emergency only)	\$1,200
Office Visit (per visit, max 10 visits per disability)	\$1,200
° Consultation Visit (per visit, 1 visit per disability, 4 visits per contract year)	\$2,500
Specialist's Visit (per visit, max. 5 sessions per disability)	\$2,000
Physiotherapy (per visit max. 15 sessions per disability)	\$1,500
Psychiatry (per visit)	50% of cost up to \$1,300
DIAGNOSTIC SERVICES per person, per contract year	
Max Screening services are not covered	
Lab, X-ray & ECG/EKG	\$10,000 + MM
MDL CT CC AN 9 Liltracound	000/ - 1000 ( 001100 0 1



MRI, CT SCAN & Ultrasound 80% of R&C from GEASO Schedule



#### **OVERSEAS EMERGENCY - Pensioner Only**

Per trip for 30 days (maximum ONCE per annum) Contact GMMI within 48 hours of the emergency Contact information located on the back of your benefit card **US**\$100,000



# Government Pensioners' Administrative Services Only (GPASO) 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) Sagicor policy. For dependent spouses who are found on mulitple 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):

Sagicor Toll Free Number: 855-705-8809 Sagicor Local Number: 954-334-7029 Email: SagicorTeam@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@sagicor.com

#### **WAITING PERIOD**

- Please see below the waiting period for acessing 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.

# MINISTRY OF FINANCE & THE PUBLIC SERVICE & SAGICOR LIFE JAMAICA LIMITED GPASOMONTHLY SUMMARY FORM

NAME OF ENTITY	
CONTACT PERSON	
JOB TITLE	
EMAIL ADDRESS TELEPHONE	
ACCOUNT/GROUP NUMBER	
NAMES ADDITIONS NAMES CANCELLATIONS	S
INDIVIDUAL FAMILY INDIVIDUAL FAMILY	
TRANSFERS	
PLAN	
	DATE D/MM/YY

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

SUBSCRIBER INFORMATION		Individual	
		Plan	Family Plan
NO. OF SUBSCRIBERS PREVIOUS MONTH			
ADJUSTMENTS			
ADDITIONS			
CANCELLATIONS			
TRANSFERS (GROUP)			
TRANSFERS (PLAN)			
TOTAL SUBSCRIBERS C	URRENT MONTH		
RATES			
TOTALS			
REMARKS:			
	PAYMENT INFORI	MATION	
BANK DETAILS			
CHEQUE/EFT NO.			
DATE			
AMOUNT			
PRINCIPAL FINANCE O	FFICER/BURSAR/FINANCIAL CO	NTROLLER/ACCOU	 NTANT
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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



#### **Customer Information Form**

Pensioners Name:  FIRST NAME  TRN: Fmail		SURNAME (as reflected on your pension slip)	
DOB.:/ Gender: N	И <u></u>	Mobile. No.:	
Current Mailing Address:			
GOJ Pension Paysite: Accountant Genera	l (AGD)	Sagcior Life (EBA) Guardian Life	
Policy/Cardholder No.: <u>0000920000 -</u> - Pension No.:			
ELECTRONIC FUND TRANSFER – This will s	solely be used	for the purpose of health claims payment:	
BANK DATA - COMMERCIAL BANK INFO ONLY			
Name of Commercial Bank			
Name of Account Holder:			
Branch:			
Address of Bank:			
Account Number:			
Account Type:	Savings:	Chequing:	
Pensioner's Signature:		Date:	

The form is to be returned to any Sagicor Life Jamaica Limited office - to the attention of :

Mrs. Kaydeen Morgan Simpson
Team Lead - Maintenance & Reconciliation Unit
Group Insurance Services
Sagicor Life Jamaica Limited
R. Danny Williams Building
28-48 Barbados Avenue, Kingston 5