



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](mailto:info@mof.gov.jm)

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

**Ref No.:12732**

May 20, 2022

**Circular No.: 9**

*Chief Executive Officer*  
*University Hospital of the West Indies*

*President*  
*National Water Commission*

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

Cabinet has approved the award of a contract to Sagikor 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. This revision resulted in no increase to the monthly subscriptions set out below:

<b>Plan Type</b>	<b>Existing Subscription Rates 100%</b>
Individual	\$4,237.00
Family	\$7,463.00

The pensioner's portion of the subscription is to be deducted in the usual manner and paid over along with the government's portion (80%) to the Administrator, Sagikor Life Jamaica Limited, on a monthly basis by the 5<sup>th</sup> working day after the deduction was taken. The usual Summary Forms and deduction listings are to be forwarded to Sagikor Life Jamaica Limited and copied to the Ministry of Finance & the Public Service.

**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 Sagikor 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**

# 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

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)	\$4,500
In-hospital visit (per day, max. 120 per disability)	\$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
Anesthetist (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 & dependent)

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

### OVERSEAS EMERGENCY - Pensioner Only

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

# 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 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):

Sagicor Toll Free Number: 855-705-8809

Sagicor Local Number: 954-334-7029

Email: [SagicorTeam@GMMI.com](mailto: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](mailto:slj_healthclaims@sagicor.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.

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

**GPASO 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
<b>TRANSFERS</b>			
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		
<b>ADJUSTMENTS</b>	.....	.....
ADDITIONS	.....	.....
CANCELLATIONS	.....	.....
TRANSFERS (GROUP)	.....	.....
TRANSFERS (PLAN)	.....	.....
TOTAL SUBSCRIBERS CURRENT MONTH	.....	.....
RATES	.....	.....
TOTALS	.....	.....

**REMARKS:** .....

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PAYMENT INFORMATION	
<b>BANK DETAILS</b>	.....
<b>CHEQUE/EFT NO.</b>	.....
<b>DATE</b>	.....
<b>AMOUNT</b>	.....
.....	
<b>PRINCIPAL FINANCE OFFICER/BURSAR/FINANCIAL CONTROLLER/ACCOUNTANT</b>	

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](mailto: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](mailto:slj_geaso@sagicor.com) Tel. No: 929-8920-9 Option 3 or 936-7678



# Customer Information Form

Pensioners Name: \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL SURNAME (as reflected on your pension slip)

TRN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

DOB.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F  Mobile. No.: \_\_\_\_\_  
MM DD YY

Current Mailing Address: \_\_\_\_\_

GOJ Pension Paysite: Accountant General (AGD) Sagcor Life (EBA) Guardian Life

Policy/Cardholder No.: 0000920000 - \_\_\_\_\_ - \_\_\_\_\_ Pension No.: \_\_\_\_\_

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

BANK DATA - <small>COMMERCIAL BANK INFO ONLY</small>	
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**