Government Employees' Administrative Services Only (GEASO) Health Plan

Schedule of Benefits for Y`][]VY Government Employees & their Dependents Effective November 1, 2023 (Plan Year - August to July)

	J\$
PRE-AUTHORIZATION REQUIRED, EXCEPT FOR EMERGENCY	
Radiotherapy (per contract year)	80% of Cost (to a max of \$600,000)
Chemotherapy (per contract year)	80% of Cost (to a max of \$800,000)
Renal Dialysis (2 sessions per week, per year)	80% of R&C (to a max of \$15,000 p.
HOSPITAL SERVICES per person, per contract year	•
Room & Board (max per day) max 120 days per disability	80% up to \$5,500
Hospital Miscellaneous (max. per disability)	80% up to \$30,000+MM
Hospital Out-patient Services (max. per disability)	80% up to \$20,000
Intensive Care (per day, max. 5 days per disability)	\$30,000
Private Duty Nurse (per 8 hours shift, max 15 shifts per disability)	\$3,000
Ambulance per trip	\$10,000
In-hospital visit (per day, max. 120 per disability)	\$2,500
SURGICAL BENEFITS per person, per contract year	•
Surgeon's fee (up to)	\$50,000 + MM
Assistant Surgeon's Fee (40% of Surgeon's fee)	\$20,000 + MM
Anesthetist (40% of Surgeon's fee) Root Canal Surgery & Permanent Crown (as a result of	\$20,000 + MM MM
Root Canal Surgery & Permanent Crown (as a result of Root Canal Treatment)	80% of cost to the maximum
	of \$80,000 p.a.
LIFETIME MAXIMUM (LOCAL) per person	\$6,500,000
Deductible (per contract year)	\$8,000
Lifetime for Psychiatry	\$50,000
Maximum per Claim per Disability	\$1,000,000
OTHER BENEFITS per person, per contract year :I @@cCI G9`69B9: +I'fdfYgW]dhjcb`Xfi [žcdhjWU`UbX`XYbHJŁ	\$L
=bX]j]Xi U`fIYa d`cmYY'cb`mL	\$70,000
: Ua]mifl/a d`cmYYžXYdYbXYbhspouse/children)	\$140,000
MATERNITY BENEFITS	0
Normal Childbirth	\$70,000
Caesarian Section	\$100,000
Miscarriage	\$45,000
DOCTOR'S VISIT per person, per contract year	
Home Visit (emergency only, max 10 visits per disability)	\$2,000
Office Visit (max 10 visits per disability)	\$3,000
Wellness Check-up (EMPLOYEE ONLY - 1 visit per contract year)	\$3,000
Consultation Visit (REFERRAL ONLY - 2 visits per disability (max 8 p.a.)	\$4,000
Specialist's Visit (per visit, max. 8 sessions per disability)	\$4,000 \$2,500
Physiotherapy (per sess. max. 15 sessions per disability)	\$2,500 \$3,000
Occupational Therapy (per sess.max. 4 sessions per disability) Podiatrist/Chiroprator (REFERRAL ONLY, 2 visits per contract year)	\$3,000 \$3,000
Podiatrist/Chiroprator (REFERRAL ONLY, 2 visits per contract year) Psychology (max. 10 sessions per disability)	\$2,000
Psychiatry (per visit)	50% of cost up to \$2,500
Executive Profile Diagnostic Test (EMPLOYEE ONLY - 1 per contract year)	\$12,000
Sleep Apnoea (REIMBURSABLE ONLY) - includes sleep test and CPAP Machine	80% of the cost up to \$120,000
DIAGNOSTIC SERVICES per person, per contract year	•
Lab, X-ray & ECG/EKG	\$15000 + MM
MRI , CT SCAN & Ultrasound	80% of GEASO R&C
• OVERSEAS EMERGENCY - Employee Only	•
Limited to 30 days overseas per trip. Contact GMMI within 48	
hours of the emergency Contact information located on the back of your benefit card.	USD\$ 100,000
OVERSEAS NON-EMERGENCY - Employee Only	
Lifetime Maximum (Overseas)	\$5,000,000
	¢1 500 000
Maximum per Disability	\$1,500,000
	\$1,500,000 USD\$1,000

ACCIDENTAL DEATH & DISMEMBERMENT - Employee Only

\$650,000



Government Employees' Administrative Services Only (GEASO) 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 (submission of a photo identification) 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 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 **as a "dependent spouse"** under one (1) Sagicor health plan at a time. For dependent spouses who are found on mulitple policies, the individual will be contacted to select one policy and will be terminated as dependent spouse from the other plans.

PRE AUTHORIZATION

- For all surgical/major medical procedures, a request for pre-authorizaton should be submitted at least two weeks prior to the elective surgery.
- Pre-authorization is not required for emergency services obtained overseas. When overseas, members/employees 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 or delivery by hand. Please utilize only one option (i.e. delivery or email) per submission.

WAITING PERIODS

• 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.

(d) Maternity:

12 months from the effective date of the enrolment.