

Government Employees' Administrative Services Only (GEASO) Health Plan

Schedule of Benefits for U.S. Government Employees & their Dependents
Effective August 1, 2026 (Plan Year - August to July)

MAJOR MEDICAL (MM) BENEFITS - per person, per contract year J\$

	PRE-AUTHORIZATION REQUIRED, EXCEPT FOR EMERGENCY	
	Radiotherapy and/or Chemotherapy (per contract year)	80% of the cost to max. of \$1.4M
	Renal Dialysis (2 sessions per week, max 104 sessions)	80% of R&C - max of \$15,000 per session

	HOSPITAL SERVICES per person, per contract year	
	Room & Board (max per day- max 120 days per disability)	80% up to \$7,500
	Hospital Miscellaneous (max. per disability)	80% up to \$30,000
	Hospital Out-patient Services (max. per disability)	80% up to \$30,000
	Intensive & Critical 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	\$15,000
	In-hospital visit (per day, max. 120 per disability)	\$4,000


	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)	\$20,000 + MM
	Root Canal Treatment/Permanent Crown (as a result of RCT)	80% of R&C - max. of \$100,000 p.a.

	LIFETIME MAXIMUM (LOCAL) per person	\$6,500,000
	Deductible (per contract year)	\$14,000
	Maximum per Claim per Disability	\$1,000,000

FULL HOUSE COMINBED BENEFITS - per contract year J\$

	Employee	\$85,000
	Spouse/Children	\$160,000


OTHER BENEFITS - per person, per contract year J\$

	MATERNITY BENEFITS	
	Normal Childbirth	\$80,000
	Caesarian Section	\$120,000
	Miscarriage	\$45,000

	DOCTOR'S VISIT per person, per contract year	
	Home Visit (emergency only, max 10 visits per disability)	\$2,000
	Office Visit (per contract year)	\$4,000
	Wellness Check-up (EMPLOYEE ONLY - 1 visit per contract year)	\$3,000
	Consultation Visit (max. 8 per contract year)	\$6,000
	Specialist's Visit (max. 8 per contract year)	\$5,000
	Physiotherapy (per session)	\$3,000
	Occupational Therapy (per sess.max. 4 sessions per disability)	\$3,000
	Podiatrist/Chiroprator (REFERRAL ONLY , 4 visits per contract year)	\$3,000
	Psychology (max. 10 sessions per disability)	\$3,000
	Psychiatry (per visit)	\$3,500

	DIAGNOSTIC SERVICES per person, per contract year	
	Lab, X-ray & ECG/EKG	80% of R&C to max. \$20,000 + MM
	MRI, CT SCAN & Ultrasound	80% of R&C
	Executive Profile Diagnostic Test (EMPLOYEE ONLY - 1 per contract year)	80% of the cost to max. \$15,000
	Sleep Study Testing/Assessment	80% of R&C
	Sleep Apnea (REIMBURSABLE ONLY) - CPAP Machine	80% of the cost to max. \$150,000

	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
	Maximum per Disability	\$1,500,000
	Deductible (per disability)	USD\$1,000
	Hospital Room & Board (per day)	\$7,000
	Air Transportation (max. 2 round trips per annum)	\$10,000 per round trip

	ACCIDENTAL DEATH & DISMEMBERMENT - Employee Only	\$700,000
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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 \$500.00.
- 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) Sagikor health plan at a time. For dependent spouses who are found on multiple 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-authorization 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):

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 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 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.
 - (d) **Maternity:**
 - 12 months from the effective date of the enrolment.