

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

Schedule of Benefits for approved Senior Government Executives & their Dependents
Effective August 1, 2025

MAJOR MEDICAL (MM) BENEFITS per person, per contract year	J\$
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	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's Fee (40% of Surgeon's fee)	33% of Surgeon's R&C + MM
	Anesthetist (40% of Surgeon's 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	\$5,000,000
	Deductible (per contract year)	\$10,000
	Lifetime for Psychiatry	\$50,000


OTHER BENEFITS per person, per contract year	J\$
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	MATERNITY BENEFITS	
	Normal Childbirth	\$60,000
	Caesarian Section	\$100,000
	Miscarriage	\$50,000

	DENTAL & OPTICAL BENEFITS	
	Dental (80% of cost to the maxium of the annual limit)	\$60,000
	Optical (80% of cost to the maxium 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)	\$5,000
	Office Visit (per visit, max 10 visits per disability)	\$5,000
	Consultation Visit (REFERRAL ONLY - 2 visits per contract year)	\$7,000
	Specialist's Visit (per visit, max. 8 sessions)	\$6,000
	Physiotherapy (per sess. max. 10 sessions)	\$3,000
	Occupational Therapy (per sess.max. 10 sessions)	\$3,000
	Podiatrist/Chiroprator (REFERRAL ONLY, 2 visits per contract year)	\$3,000
	Direct Gynae/Urologist - 2 visits per contract year	\$6,000
	Direct Pediatrician (max. age 13)	\$5,000
	Psychiatry (per visit)	\$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	80% of the cost up to \$60,000 + MM
	Per contract year	(Up to the max. of \$500,000 p.a.)

	DIAGNOSTIC SERVICES per person, per contract year	
	Lab, X-ray & ECG/EKG	
	MRI, CT SCAN & Ultrasound	80% of R&C

	OVERSEAS EMERGENCY - Employee Only	
	Limited to 30 days overseas (maximum 90 days per annum) per trip. Contact GMMI within 48 hours of the emergency Contact information located on the back of your benefit card	USD 100,000 per plan contract

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 \$600.00.
- 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

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 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.