# GPASO BENEFITS
## Frequently Asked Questions & Answers - April 2014

## Eligibility

**Who is eligible for this benefit?**

*The GPASO health scheme is open to government employees who are about to retire and will receive or are currently receiving pension from the Accountant General's Department or Local Government Agencies. Pensioners must be over the* ***age of 55 years****.*

*This age limit for eligibility is waived for persons who have retired on the grounds of ill-health from the Government. A medical report and or the letter from the medical board/Ministry should be attached to your application form. No enrolment will be done without the supporting documents.*

*Three (3) months premiums must be paid before any claims can be made by the pensioner.*

**I am a widow and I am currently receiving my husbands' pension from the Accountant General's Department, am I eligible to be enrolled to the GPASO Health Plan?**

**YES.** *If a pensioner who is enrolled on the GPASO health scheme dies and his widow/widower is* ***over 55 years of age*** *and is eligible for a pension, then that widow/widower may enroll on an Individual plan, if he or she wishes to be covered under the health plan.*

**I am currently enrolled on GPASO as a widow; can I add a new spouse to my health plan?**

**NO.** *Widow/Widower's who are eligible for pension and are over the age of 55 years can only be enrolled on an Individual plan.*

## Understanding My Benefits

**When is the Anniversary date of the GPASO health plan?**

*The Anniversary Date is December 1st. As such the plan year runs from December 1st - November 30th each year. Your plan benefits will be refreshed on December 1st annually. Please note no new swipe card will be issued annually as there is no expiry date on the cards.*

**I am a GPASO cardholder scheduled to do a surgery that costs $800,000. How much of this expense will be covered by your health plan?**

*Ask your surgeon will be required to submit an invoice indicating the estimate of the charges, the procedure and the diagnosis to Sagicor's Pre-authorization Unit. We will inform your surgeon of the coverage amount within three (3) to five (5) working days.*

*The maximum payable for surgical expenses is $500,000 per disability. Please note that this amount covers:*

- *Room & Board*
- *Hospital Miscellaneous (i.e. lab/drugs/disposables etc.)*
- *Surgeon/Assistant Surgeon/Anesthetist*
- *Pre and Post testing, as well as follow-up visits relating to the condition.*

**What is the difference between a Consultation and a Specialist visit?**

*A Consultant visit is initiated by a letter of referral from a General Practitioner. A Consultant visit has a limitation of two (2) visits per disability per annum. During any one contract year, a plan member may access six (6) Consultation visits thus limiting the member to three (3) paid areas per plan year e.g. Cardiology and Oncology.*



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*When Specialist visits succeed Consultation visits, they are limited to six (6) visits in the particular area of specialization. A member who goes directly to a Specialist without first going to a Consultant, may access eight (8) visits for which the service is paid. Thereafter, the benefit payment will revert to Office Visit payment for the same illness or disability.*

***Explain what is meant by "per disability".***
*This means that the associated benefit recognizes more than one illness being covered on your health plan.*

## *Full-House*

***I have been told that I have "Full-house" benefits. What does this mean?***
*The term "Full-house" describes the benefit that features one limit that is shared by the combination of dental, optical and prescription drug benefits.*

*The total amount can be used for dental services or optical services or prescription drugs.*
*You can use all the benefits in any combination that you may need or find most useful.*

*Please note that under the Family plan, this benefit is a shared benefit. As such, one amount is allotted for the use of all members of the family on the scheme.*

*The total amount on the Full-house benefits can be used by one member of the family; or you can manage the benefit in any combination that you or your family may need or find most useful.*

***When is the Full house benefit refreshed?***
*This amount will be refreshed on the first of December annually.*

***Can my Major Medical be used for drugs when the money on the swipe card is exhausted?***

***NO.*** *Your full house benefit is replenished on an annual basis (i.e. December 1 every year). Your Major Medical does not cover prescription drugs. Once the amount for the full-house benefit is exhausted, no top-ups will be given until the benefits are refreshed on December 1st.*

## *Lifetime Maximum /Major Medical*

***What is a Lifetime Maximum?***
*The Lifetime Maximum, otherwise known as "Major Medical" is a predetermined sum of money which establishes a limit to the amount to be utilized during the lifetime of a subscriber and/or dependent.*

***What is the Lifetime Maximum?***
*The Lifetime Maximum is $500,000.*

***If the lifetime maximum amount (Major Medical) is exhausted what happens to the plan?***
*The plan will still be effective as basic benefits will remain accessible. However, procedures and/or treatment which require Major Medical coverage will be denied.*

## *Dependents*

***Who can I add to my Pension Health Plan if I am paying for the family?***
*You are able to enroll your immediate spouse by submitting his/her birth certificate and/or a challenged child provided you supply his/her birth certificate along with a detailed Medial Report from his/her physician.*



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***Can I put my children and grandchildren on my health card?***

***NO.*** *Children, grandchildren and guardians are not considered eligible dependents on GPASO.*

***I am solely responsible for my challenged child. Can I put him/her on my card?***

*Challenged children can be added to the GPASO health plan,* ***if proof of the child's disability from a medical doctor is presented upon enrollment.***

## Claims

***My Benefit Card states that I am covered for $700.00 of each office visit but my doctor charges $3,000.00 for each visit. Can I submit a claim for the $2,300.00 I paid?***

***NO.*** *The difference you pay is called your "co-payment". The benefit of $700.00 and your co-payment cannot be covered under the same plan. However, if you are part of a second health plan, you can coordinate your benefits by also using your second plan to reduce your co-payment.*

***I wish to submit a claim form I received 6 months ago, will it be processed?***

***NO.*** *All claims must be submitted within ninety (90) days of the service except in the case of Maternity where you have the option to submit claims 90 days from your delivery date. The Benefits are subject to exclusions.*

***How long does it take for my claim to be processed?***

*We currently process claim payments within three to five working days from receipt.*

## Electronic Fund Transfer (EFT)

***What is Electronic Fund Transfer (EFT)?***

*Electronic Funds Transfer (EFT) is a system of transferring money from one financial institution directly to another without any paper money or cheques changing hands.*

***What are the advantages of EFT?***

*The advantages to you are:-*

- *It reduces the waiting period to receive payment.*
- *It eliminates the need to visit your bank to encash or lodge claim cheques*
- *It reduces incidents of lost/stale dated cheques which also eliminates the current* ***$600.00*** *replacement charge for stale dated cheques.*
- *It eliminates time and transportation cost lost in collecting cheques.*
- *Provides immediate access to funds as there is no waiting time for cheque clearing.*

***Will Sagicor charge me to have money sent directly to my account?***

***NO.*** *Sagicor will not charge you to send funds to your account and most banks will not charge you for receiving payments by EFT. You can confirm with your particular bank to determine if there are any charges.*

***How do I authorize that my claim payments are sent directly to my account instead via cheque?***

*You can visit any of our branch offices islandwide and complete the EFT request form. Upon receipt, your account information will be added to your policy immediately. Due to the confidentiality of your information, your account information is only accessible by authorized personnel internally.*



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***If you can deposit money into my account, what is to stop you from taking money out?***

*We do not have access to remove cash from your account. The arrangement that we have with the financial institutions is for deposits only. We send the institution an electronic file with your account number, name and payment amount. The institution will in turn deposit the funds to your account.*

***How will I know when my claim reimbursements are deposited to my account?***

*You will receive an alert via email or SMS text message. This message will include the amount and date of the deposit.*

***How long does it takes for my reimbursement to be deposited in my account?***

*Deposits are usually made within 1-3 business days after the claim has been processed.*

## General

***If my spouse who is the Government pensioner dies, will I continue to benefit from the health plan as a dependent?***

***NO**. In the event of the death of the Government pensioner, payment of premiums will cease and no further benefits will be payable to you as spouse.*

***I have not submitted any life certificates to Accountant General's Department in the past year, will my health insurance discontinue?***

***YES**. Pensioners who are enrolled on the health scheme should ensure that their life certificates are submitted promptly. Failure to submit the certificates on time will result in the termination of the payment of premiums by Accountant General's Department on the assumption that the pensioner is deceased. Once the payment of premiums ceases, the health plan is automatically terminated.*

***Can my health plan be reinstated upon submission of the life certificate and the payment of retroactive premiums for the missed periods?***

***YES**. Upon verification of the receipt of the life certificate from the pensioner by Accountant General's Department, a commitment letter will be sent to authorize reinstatement of the health plan. The pensioner is notified of the reinstatement upon completion.*

***If I did not use all the money on my card, can the balance be carried forward to the following year?***

***NO**. There is no provision for carry forward of benefits.*

***My Benefit Card states that I am covered for $700.00 of each office visit but my doctor charges $3,000.00 for each visit. Can I submit a claim for the $2,300.00 I paid?***

***NO.** The difference you pay is called your "co-payment". The benefit of $2,300 and your co-payment cannot be covered under the same plan. However, if you are part of a second health plan, you can coordinate your benefits by also using your second plan to reduce your copayment.*

***If there is a balance on my dependent's card can I use it?***

*There are no balances on dependent Full- house. The amount on the Full-house benefit is allocated for the use of you and your spouse/dependent for the plan year.*

***My doctor asked me to do an MRI and CT scan. Do I have to pay the full cost?***

***NO.** Your health plan will cover a part of the cost. Please ask your Provider to submit an estimate of the charges and also the doctor's*



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*referral to the Pre-Authorization Unit. Please note that the referral should state the reason why this test is necessary.*

### *Can I coordinate my GPASO health card with another insurance plan?*

***YES.*** *If you or your dependents are covered under another health insurance policy or NHF or JADEP, benefits may be coordinated to further reduce your co-payments. Benefits are coordinated in the following order:*

1. *The benefits will be first processed under the* ***NHF/JADEP coverage***
2. *The benefits will then be processed under the* ***Subscriber's*** *health plan.*
3. *The benefits will then be processed under the* ***Dependent's*** *health plan.*

*It is important that you indicate in the space provided on the claim form whether or not you have coverage under another health plan administered by Sagicor in order to facilitate automatic coordination of your benefits. If you have health insurance with another insurance company, kindly attach a copy of the explanation of benefits from the other insurance company upon submitting your claims.*

### *Can I pay more for the Health Plan to benefit from additional benefits?*

*No, your health plan benefits are negotiated by the Ministry of Finance and not individually. Therefore it's the negotiated and approved benefits that all the pensioners will be able to access.*

## *Contact Us*

*If you have any other questions, please feel free to contact your Health Plan Administrator at:*

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*Kingston 5*
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