School Companion

A Health Plan for students of Educational Institutions in Jamaica

Sagicor Life

PRODUCT OVERVIEW

School Companion is a health plan which provides coverage for medical expenses, based on the Schedule of Benefits, for students of educational institutions in Jamaica.

ELIGIBILITY

All full time students, up to age twenty-one (21), enrolled in an approved institution at the commencement of the school year.

ENROLLMENT

Parents or Guardians will be required to complete an enrollment form, on behalf of the student; this can be completed online or by filling out a physical form. Physical forms must be submitted to any Sagicor Life branch. Enrollments must be completed within three (3) months after the commencement of the school year.

COMMENCEMENT OF COVERAGE

Coverage will commence once the premium has been received. The coverage is effective as at the Plan Effective Date of September 1, and eligible benefits are payable from that date.

WAITING PERIOD

A three (3) month waiting period is applicable for diagnostic services (MRI, CT Scan) surgery and hospitalization services (except in cases of emergency) for all new enrollments.

HEALTH CARDS

Each member will be provided with a magnetic swipe card (Fast Card). Your Fast Card is used at pharmacies and lab & x-ray centres. Please report lost or stolen card immediately. Your Fast Card will be replaced at a nominal charge.

UNAUTHORISED USE OF YOUR CARD CONSTITUTES FRAUD

PREMIUM PAYMENTS

Premiums are paid annually or semi-annually at the beginning of each school year. Annual payments and the first installment of the semi-annual premium should be paid in full by the end of the three (3) month enrollment period. Annual payments are due by September 1 and Semi-Annual payments are due on September 1 and March 1 respectively. Premiums can be paid online at sagicorconnect.com or at any Paymaster and Sagicor Life locations Island wide. At the end of each year, Sagicor will review how the benefits have been used, participation levels and the level of benefits, to determine the new premium rates for the following school year.

Any rate change applicable to the subsequent school year will be communicated to the educational institution and the members (parents) prior to the end of the current school year. These rate changes will automatically apply to all members unless written notification of termination is received by Sagicor.

Please Note: There is no refund of premiums upon termination of this plan.

TERMINATION OF COVERAGE

Coverage under this plan will terminate on the earliest of the following:

- Termination of group policy
- Termination of eligibility of the member
- Non-payment of premiums
- Death of member

EXPLANATION OF BENEFITS

REASONABLE & CUSTOMARY CHARGES "R&C": means charges which do not exceed the general level of fees usually charged for similar services or materials by other professionals or institutions within the community where the fee is charged.

MEDICAL BENEFITS

IN-HOSPITAL SERVICES

Surgical benefit is subject to a surgical schedule and reasonable customary (R&C) charges.

PRESCRIBED DRUGS

Membership cards must be presented when filling prescriptions. Please ensure that you retain your copy of the print-out that you receive once your Fast Card has been swiped and the transaction approved.

OUT-PATIENT CARE

Bring your membership card and a valid picture ID with you to your doctor's appointments to ensure your access to the allowed coverage.

SPECIALIST CONSULTATION

Specialist consultation fees will be paid only for those visits where the member has been referred by a general practitioner.

PRE-AUTHORIZATION

A report from your doctor, including costs, is required for stated benefits in order to obtain certification and approval prior to treatment. Failure to follow this procedure for those benefits which require pre-authorization could result in your claim being ineligible. Pre-authorization is not required in emergencies.

DIAGNOSTIC SERVICES

Some specialized diagnostic procedures require pre-authorization, EXCEPT IN CASES OF EMERGENCY.

DENTAL BENEFITS

Dental charges not covered:

(a) Orthodontics
(b) Fixed bridgework including inlays and crowns used as abutments
(c) Replacement of existing bridgework or addition of teeth to existing bridgework

OPTICAL BENEFITS

Covered Charges:

(a) All eye glasses obtainable by prescription, ordered by an ophthalmologist or optician, and purchased from and dispensed by an optician/optometrist
(b) Contact lenses in lieu of lenses and frames
(c) Frames - One every 24 months
(d) Lenses - One pair every 12 months
(e) Eye examinations - once per 12 month period

No payment will be made for charges incurred for orthoptics, vision training or subnormal vision aids.

ANNUAL MAXIMUM

This is the maximum amount which Sagicor Life Jamaica will pay for the health care of a covered member. This amount is refreshed at the start of the new plan year.

PRE-EXISTING CONDITIONS

Pre-existing condition refers to any disease, injury, illness or condition for which the member received treatment, services or advice or took prescribed medicine within three (3) months prior to the commencement of coverage. Medical benefits for pre-existing conditions are not covered until the insured has been continuously covered under the plan for 3 months.

CASH DEDUCTIBLE

This is the initial amount which the member must pay after benefits have been exhausted under the basic plan, thereby making the member eligible for benefits under major medical. This may be a one-time payment or an accumulation of payments over the policy year.

This amount is refreshed at the start of the new plan year.

REIMBURSEMENT

Some health care providers, e.g. most specialists, do not offer credit on the services that they provide. This will apply for all health care practitioners that are not listed as Sagicor providers. In those circumstances members will have to pay up-front for the provider's services and personally claim for reimbursement against the benefit outlined in the schedule. Your medical provider must complete the relevant sections of the claim form making sure to indicate the diagnosis(es), the name and address of the provider offering the service(s), the name of the referring physician (if any), the charge for the service(s) and the amount paid. The provider **MUST** also stamp, sign and date the claim form. **Please ensure that you receive a properly stamped receipt for the amount paid**.

When submitting a claim make sure to affix the original receipt to the claim form. Ensure that all of section 1 of the claim form has been completed and that you sign and date that section.

CLAIMS SHOULD BE SUBMITTED WITHIN NINETY DAYS OF RECEIVING SERVICE (S)

LIMITATIONS AND DISCLAIMER

THIS BROCHURE IS IN NO WAY INTENDED TO BE A COMPLETE EXPLANATION OF ALL CONDITIONS, TERMS, LIMITATIONS, EXCLUSIONS AND OTHER PROVISIONS OF THE CONTRACT. THIS BROCHURE IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT INTENDED TO BE A CONTRACT OF INSURANCE.

SCHEDULE OF BENEFITS

BENEFIT SCHEDULES - SCHOOL COMPANION

DESCRIPTION OF BENEFITS	OPTION 1	OPTION 2	OPTION 3	OPTION 4
	BASIC BENEFITS	BASIC BENEFITS	BASIC BENEFITS	BASIC BENEFITS
EFFECTIVE: SEPTEMBER 1, 2023				
	PLAN PAYS			
PRESCRIPTION DRUGS (ONLY)				
Generic Drugs	70% of cost up to Annual Maximum of $15,000	70% of cost up to Annual Maximum of $25,000	70% of cost up to Annual Maximum of $25,000	70% of cost up to Annual Maximum of $30,000
Brand name drugs Where no generic Alternative	70% of cost up to Annual Maximum of $15,000	70% of cost up to Annual Maximum of $25,000	70% of cost up to Annual Maximum of $25,000	70% of cost up to Annual Maximum of $30,000
Brand name drugs Where a generic Alternative	60% of cost up to Annual Maximum of $15,000	60% of cost up to Annual Maximum of $25000	60% of cost up to Annual Maximum of $25,000	60% of cost up to Annual Maximum of $30,000
DOCTOR'S VISIT				
Office Visits No. of Limitations	$1,100 10 visits per annum	$1,200 10 visits per annum	$1,300 10 visits per annum	$1,300 10 visits per annum
Specialist Consultation – on referral No. of Limitations	$1,800 3 visits per annum	$1,800 3 visits per annum	$2,200 3 visits per annum	$2,200 3 visits per annum
Specialist Consulatation - without referral No. of Limitations	$1,100 3 visits per annum	$1,200 3 visits per annum	$1,300 3 visits per annum	$1,300 3 visits per annum
Gynocolgist No. of Limitations	$1,800 3 visits per annum	$1,800 3 visits per annum	$2,200 3 visits per annum	$2,200 3 visits per annum
Opthalmologist Visits No. of Limitations	$1,800 1 visit per annum	$1,800 1 visit per annum	$2,200 1 visit per annum	$2,200 1 visit per annum
Dietician referral/reimbursement No. of Limitations	$1,800 3 visits per annum	$1,800 3 visits per annum	$2,200 3 visits per annum	$2,200 3 visits per annum
Laboratory & X-Ray Services Includes - X-ray, ECG/EKG, Laboratory Services, Pap Smears, Ultrasounds	80% of R&C up to Annual Maximum of $15,000	80% of R&C up to Annual Maximum of $25,000	80% of R&C up to Annual Maximum of $20,000	80% of R&C up to Annual Maximum of $30,000

BENEFIT SCHEDULES - SCHOOL COMPANION

DESCRIPTION OF BENEFITS	OPTION 1	OPTION 2	OPTION 3	OPTION 4
	BASIC BENEFITS	BASIC BENEFITS	BASIC BENEFITS	BASIC BENEFITS
DOCTOR'S VISIT				
Diagnostic Services - MRI - CT Scans - Sudden Cardiac Arrest Screening	Up to Limit of $300,000 per annum	Up to Limit of $400,000 per annum	Up to Limit of $350,000 per annum	Up to Limit of $500,000 per annum
SURGERY BENEFITS				
Maximum Surgeon's Fee	80% of R&C, max $10,000 +MM	80% of R&C, max $10,000 +MM	80% of R&C, max $12,500 +MM	80% of R&C, max $12,500 +MM
Maximum Assistant Suegeon's Fee	33% of R&C, max $3,300 +MM	33% of R&C, max $3,300 +MM	33% of R&C, max $4,125 +MM	33% of R&C, max $4,125 +MM
Maximum Anaesthetist Fee	40% of R&C, max $4,000 +MM	40% of R&C, max $4,000 +MM	40% of R&C, max $5,000 +MM	40% of R&C, max $5,000 +MM
HOSPITALIZATION SERVICES				
Daily Room & Board (semi-pvt. rates) No. of Limitations	$1,100 120 days per dis. +MM	$1,200 120 days per dis. +MM	$1,300 120 days per dis. +MM	$1,300 120 days per dis. +MM
Public Hospital Ward (per day)	100% of R&C, Max. $1,000	100% of R&C, Max. $1,000	100% of R&C, Max. $1,500	100% of R&C, Max. $1,500
In - Hospital Misc. charges	$10,000 +MM	$10,000 +MM	$12,000 +MM	$12,000 +MM
Out Patient Misc. Charges	$5,000 +MM	$5,000 +MM	$6,000 +MM	$6,000 +MM
Doctor's In-Hospital Visit No. of Limitations	$1,300 70 days per dis. +MM	$1,300 70 days per dis. +MM	$1,500 70 days per dis. +MM	$1,500 70 days per dis. +MM
Intensive Care	80% of R&C	80% of R&C	80% of R&C	80% of R&C

BENEFIT SCHEDULES - SCHOOL COMPANION

DESCRIPTION OF BENEFITS	OPTION 1	OPTION 2	OPTION 3	OPTION 4
	BASIC BENEFITS	BASIC BENEFITS	BASIC BENEFITS	BASIC BENEFITS

EFFECTIVE: SEPTEMBER 1, 2023

OTHER MEDICAL BENEFITS

Psychiatry No. of Limitations	1st 4 visits - $1,500 Next 20 visits - $600	1st 4 visits - $1,500 Next 20 visits - $600	1st 4 visits - $1,500 Next 20 visits - $600	1st 4 visits - $1,500 Next 20 visits - $600
Renal Dialysis / Chemotherapy / Radiotherapy	80% of cost	80% of cost	80% of cost	80% of cost
Hearing Aid (payable every 3 years)	Max. benefit of $48,000 per person ($24,000 per ear)	Max. benefit of $48,000 per person ($24,000 per ear)	Max. benefit of $48,000 per person ($24,000 per ear)	Max. benefit of $48,000 per person ($24,000 per ear)
Physiotherapy sessions/ Speech Therapy No. of Limitations	$1,000 10 visits per annum	$1,200 10 visits per annum	$1,500 10 visits per annum	$1,500 10 visits per annum
Psychcology & Educational Assessment No. of Limitations	$3,500 2 visits per annum	$3,500 2 visits per annum	$3,500 2 visits per annum	$3,500 2 visits per annum
Counselling No. of Limitations	$1,000 10 visits per annum	$1,200 10 visits per annum	1,500 10 visits per annum	$1,500 10 visits per annum

PREVENTIVE CARE

Immunization	80% of cost $5,000	80% of cost $5,000	80% of cost $7,500	80% of cost $7,500
HPV Vaccine (Human Papillomavirus) (ages 12 – 26 yrs.) -Reimbursement Only	80% of cost, max. $5,000	80% of cost, max. $5,000	80% of cost, max. $7,500	80% of cost, max. $7,500
Annual School Medical	$3000	$3000	$3000	$3000

DESCRIPTION OF BENEFITS	OPTION 1	OPTION 2	OPTION 3	OPTION 4
	BASIC BENEFITS	BASIC BENEFITS	BASIC BENEFITS	BASIC BENEFITS

MAJOR MEDICAL BENEFITS

Co – Insurance Payment	80%/20%	80%/20%	80%/20%	80%/20%
Local Deductible – per person, per year	$5,000	$10,000	$8,000	$15,000
Local Room & Board	80% of R&C	80% of R&C	80% of R&C	80% of R&C
Annual Maximum	$500,000	$1,500,000	$1,000,000	$1,500,000

DENTAL AND VISION BENEFITS

DESCRIPTION OF BENEFITS	OPTION 1	OPTION 2	OPTION 3	OPTION 4
DENTAL & VISION BENEFITS (Combined) – 80% of Cost up to Annual Limit	N/A	N/A	$10,000	$12,000

DESCRIPTION OF BENEFITS	OPTION 1A	OPTION 2A
MEDICAL BENEFITS	As seen in Option 1 basic benefits	As seen in Option 2 basic benefits
DENTAL & VISION BENEFITS (Combined) – 80% of Cost up to Annual Limit	$5,000	$5,000

Sagicor Life

For more details, call
876-936-7874 | 876-936-7542 | 876-936-7950 | 876-936-7087
or email us at slj_groupinsuranceoffers@sagicor.com

sagicor.com