

FREQUENTLY ASKED QUESTIONS **GEASO**

**Government Employees'
Administrative Services Only
(GEASO)
Health Scheme**



UNDERSTANDING MY BENEFITS

Who is eligible?

All government full-time employees in the central and local government ministries, departments and agencies. Contractual and temporary employees (i.e. employees must work a 5 day, 40 hours per week and have at least a one year contract) may be allowed to enroll on the scheme upon approval from their HR departments and receipt of three (3) consecutive premium payments. Three (3) months premiums must be paid before any claims can be made by the member.

How can I enroll?

You can enroll by completing an enrollment and a salary deduction authorization forms and submitting a copy of your birth certificate. These forms can be obtained through your HR departments or at our Business Centre's island-wide. Please note that all enrollment and salary deductions forms must be submitted through your HR department. No enrollment forms will be accepted directly from you at our Business Centres. **For individual enrolment**, the employee is the only person covered while **family enrolment** covers; you the employee, your spouse (married or unmarried), your biological or legally adopted or spouse's child/children (step-children) under 17 years old. A birth certificate and/or marriage certificate is required for your spouse and only a birth certificate is required for your child/children. In the event, your child was adopted; a copy of the Legal Adoption Certificate will be required for enrollment.

Can I change my spouse at any time?

NO. The Plan accommodates change of spouse between the periods July 1st to October 31st, of each year. Please note that this was changed in keeping with your current anniversary of August 1st. Please note, only (1) change of spouse will be allowed during a plan year, except in the case of marriage.

What is the current Anniversary date of the GEASO health plan?

YES. The Anniversary Date is August 1st.

I just got married; can I add my spouse to my health plan?

YES. If you are already on the Family plan, then your spouse can be added immediately. The Subscriber Change Request form, Spouse's Birth Certificate and a copy of your Marriage Certificate must be submitted. If you are on an Individual plan, you will be required to upgrade to the family plan and submit the documents above.

I am solely responsible for my grandchild/godchild/niece/nephew/little brother/little sister. Can I put them on my card?

They can be put on only if you have legally adopted these children (i.e. you have adopted the child through the Court). **No legal guardianship/legal custodianship allowed.**

Can I put my mother and father on my health card?

NO. Parents, grandchildren and guardians are not considered eligible dependents by the plan.

FULL HOUSE BENEFITS

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. 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.

If I don't 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.

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. August 1 every year). Once the amount for the full-house benefit is exhausted, no top-ups will be given until the benefits are refreshed on August 1st. Please note that your Major Medical does not cover prescription drugs.

How often can my card be used for Lens/Frames or Dental Services?

- Lens – every 12 months from the last service date.
- Frames – every 24 months from the last service date.
- Dental Cleaning – every 6 months from the last service date.

When is the Full house benefit refreshed?

This amount will be refreshed on August 1st annually.

Does the Full house benefits go into major medical?

NO. Once this benefit is exhausted, the member or their dependents cannot access the benefit until it is refreshed.

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

There are no balances on dependent Full house. The amount on the Fullhouse benefit is allocated for the use of the entire family for the plan year.

Why are over the counter drugs excluded?

The scheme was not designed to facilitate the purchase of drugs and/medication which is accessed over the counter, but rather those which are dispensed from the prescription area.

SURGICAL BENEFITS

As a new member, I am schedule to do a surgical procedure, am I automatically eligible for coverage?

NO. You are required to serve the mandated six (6) months waiting period for Surgery, Major Diagnostics (MRI, CAT scan) and Hospitalization.

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. You can swipe for both the MRI and CT Scan benefits.

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

Your surgeon will be required to submit an invoice which should include an estimate of the charges, the

type of procedure and the diagnosis to Sagicor's Preauthorization 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 \$750,000 per disability.

LIFETIME MAXIMUM OR 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 current Lifetime Maximum?

It is currently \$5,000,000. 00 per person.

I was told of a deductible to be satisfied before reimbursement is done from the major medical. What is a deductible? What is the GEASO deductible amount? What benefits goes into Major Medical?

A deductible is an out-of the-pocket expense borne by the insured before the major medical benefit is payable. GEASO deductible per contract year is \$5,000.00. Benefits such as Lab/X-Ray, ECG/EKG, Ultrasound goes into Major Medical once you have utilized the allowance issued on the swipe card. Surgical procedures are also covered under Major Medical.

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.

MATERNITY BENEFITS

Who is eligible for the maternity benefit?

Effective October 1, 2020 - female members (enrolled under the Individual or Family Plan) and/ female spouses enrolled under the GEASO plan and have served a waiting period of nine (9) months. All maternity related expenses, including doctor's visits, prescription drugs, diagnostic tests (i.e. labs, x-rays and ultrasounds) are paid from the maternity benefit.

What is my Antenatal benefit?

Please note that the plan pays approximately 50% to the maximum of \$30,000 of your normal delivery maximum for your antenatal care. This is done to ensure that monies are available for the payment of expenses associated with the delivery.

Is my baby covered under my health plan immediately after birth?

YES. The enrolment information (i.e. birth registration slip and completed Subscriber Change Request Form) should be submitted within 60 days after the birth of your baby. In this case, the effective date of enrolment on the plan will be the child's birth date. If your baby is not enrolled on the plan within 60 days after its birth, then the child's enrolment will take effect on the actual date of enrolment and not from the child's birth date.

Why are dependent children excluded from the maternity benefit?

The maternity benefit is intended for female members and female dependent spouses **ONLY**.

What is the waiting period for the maternity benefit?

Nine(9) months enrollment prior to conception.

CLAIMS

Why does my claim explanation state that the procedure or service was an exclusion?

The service which was given is not a covered benefit under your plan.

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

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

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.

My Benefit Card states that I am covered for \$2,000.00 of each office visit but my doctor charges \$3,000.00 for each visit. Can I submit a claim for the \$1,000.00 I paid?

NO. The difference you pay is called your "co-payment". The benefit of \$2,000 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.

Are my dependents covered for Overseas Emergency or Non-Emergency?

NO. This benefit is only applicable to members /employees.

If I am unconscious and not able to make the call within 48 hours of the emergency overseas, what happens?

You should be sure to carry your travel card with you so that the Providers will know that you have emergency overseas coverage. It is also very important to let your family/friend etc. with whom you are staying know that you have this coverage. In this situation, your host, companion or Health Care Provider should make the call on your behalf within the specified time (i.e. within 48 hours of the occurrence).

Why is GCT not covered on my claim?

GCT is a government tax for which each insured is responsible to pay by law.

Can my claims be submitted online?

YES. Via Sagicor Connect or
slj_healthclaims@sagicor.com

Can I coordinate my health card with another insurance plan?

YES. If you are covered under another health insurance policy, benefits may be coordinated to further reduce your co-payments. If you have health insurance with another insurance company, kindly submit your completed claims forms and original receipts to your primary insurance provider. Please attach a copy of the explanation of benefits from the primary provider, to your secondary provider, upon submission of your claims.

Explain what is meant by “per disability”?

This means that the associated benefit recognizes more than one illness being covered on your health plan.

Explain what is meant by “Executive Profile”?

This refers to a set of chosen diagnostic, laboratory tests ordered by the medical doctor to affirm wellness or confirm a disease process as well as for the provision of treatment (i.e. medical or surgical).

OVER-AGED DEPENDENTS

My daughter is now nineteen and is presently in sixth form; can she remain on my health plan?

YES. A dependent child is terminated from the plan on his/her 19th birthday; if the child is in sixth form, coverage can be extended up to age 20. A status letter from an approved secondary institution is submitted. Thereafter, coverage can continue until their twenty-third (23rd) birthday if: There is no academic break between high school and tertiary institution, up to age 23. A status letter from an approved tertiary institution is submitted annually.

My son is now 20 years old and attending University; but he took a year off to rest and gain some work experience, can he be reinstated on my health plan?

NO. The plan can only accommodate dependents who are full-time students with no academic break between high school and their entry into a tertiary institution.

How often must the school status letter be submitted to Sagicor?

The school status letter must be submitted on an annual/per semester at the beginning of each new academic year/semester.

If I have a child that is challenged, can the child remain on my health plan over the age of nineteen (19) years?

YES. You and your Consultant/Specialist will be required to complete the Declaration of Dependent Disability Form and submit to Sagicor for consideration by the GEASO Monitoring Committee.

What should the school status letter include?

The school status letter should include: Full name of the student, Year of study (i.e. 2020/2021), Course of study(i.e. CAPE or CSEC/ Degree), Field of study (i.e. English, Business, Medicine). The member’s policy number should be affixed to the letter. It should be noted that only full-time students may remain on their parent’s health plan.

ELECTRONIC FUND TRANSFER (EFT)

What is Electronic Fund Transfer (EFT)?

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

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 island wide and complete the Subscriber Change 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.

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.

CHANGE OF PAY SITE

I recently changed pay sites from the Ministry of Tourism to the Ministry of National Security, how can I ensure that health plan is not terminated?

Changing from one pay station or from one Ministry/Department/Agency to another without notifying Sagicor, will likely disrupt your payment record. Sagicor must receive written notifications from the old and new pay-sites along with the effective date of transfer. Please confirm this change via updating the Summary form and submitting it to SL_geaso@sagicor.com for processing.

APPROVED LEAVE OF ABSENCE

I am presently on no-pay leave completing my Master's degree; can I remain on the health plan while studying?

YES. Sagicor must receive written notification from your employer advising the reason for non-payment and the period of the leave of absence. Once this information is received by your assigned Group Insurance Administrator, you may pay the outstanding premium via cash or cheque, at the cashier located at Sagicor's office. **Please note that you will be required to pay 100% of premiums (i.e. the Government -80% and Subscriber-20%).**

Based on the response above, I am now returning to work after seven months no-pay leave, can I be reinstated without paying the outstanding amount?

NO. Reinstatements are only allowed within three (3) months of your effective leave of absence date. You must now re-enrol to access the GEASO benefits. You will be required to serve the waiting periods prior to access to the following benefits:

- Maternity – 9 months
- Major Medical/Surgical – 6 months

NON-PAYMENTS OF PREMIUMS

The Accounts department in error did not deduct my health premiums for a particular month, will my plan be terminated? Can I make the payments over the counter? How do I correct this error?

YES. Your health plan is automatically terminated once payments of premiums cease. **NO.** We cannot accept payments over the counter, as this is only allowed if you are on an approved no-pay leave. This can be corrected by submission of a Commitment Letter from the HR Director or Accountant. This commitment must be sent to the Group Insurance Administrator at Sagicor prior to the next premium payment. Once the information sent is considered satisfactory, the policy will be reinstated immediately upon payment.

My salary was received late for June and no deductions were made for my health plan. I resumed duties in July and only July deductions were made. Will there be any disruption in my services?

YES. Your policy will be automatically terminated for non-payment of premiums. A commitment letter along with payment from your pay site will be required stating the reason for nonpayment and the stipulated period the outstanding funds will be recovered. Once the information received is considered satisfactory, the policy will reinstated immediately.

GENERAL INFORMATION

Can I maintain coverage after termination of employment?

NO. Coverage is only applicable to persons employed on a full-time basis to the Government of Jamaica.

My company recently had a Wellness Day and my card was not accepted by a health provider, why is this?

Wellness Day services are considered as Mass Screening. Mass Screening service is not a covered benefit under your health plan.

Is there a cost for the replacement of health cards?

YES. The cost is \$300.00 for each. (i.e. Benefit and Swipe Card). The completion of the Replacement Card Form will also be required to commence the process.

Is a new swipe card issued annually?

NO. While a new benefit card is issued on renewal at the beginning of a contract period, the swipe card does not have an expiry date and should be retained.

What is the eligibility period?

There is a standard waiting period of three (3) months. Please check with your HR department on the fourth (4) month for collection of your health cards.

For information on the GEASO Health Plan contact any of the following offices:

Sagicor Winchester Business Centre
Shop #24, Winchester Business Centre
15 Hope Road
Kingston 10
Tel.: (876) 975-6863-9

Sagicor Life Jamaica Limited
R. Danny Williams Building
28-48 Barbados Avenue
Kingston 5
Tel.: (876) 929-8920-9 Option 3

