

UNDERSTANDING MY BENEFITS

Who is eligible?

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 a Government Sponsored Pension Scheme. **Pensioners and Widows/Widowers must be over the age of 65 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 60 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 60 years can only be enrolled on an Individual plan.

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

YES. The Anniversary Date is December 1st

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 Medical Report from his/her physician.

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 the Declaration of Dependent Disability Form is presented upon enrollment.**

How can I enroll?

You can enroll by completing an enrollment, a salary deduction authorization form and submission 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 pension 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 pensioner is the only person covered while **family enrolment** covers; you the pensioner, your spouse (married or unmarried). A birth certificate and/or marriage certificate is required for your spouse.

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. December 1st every year). Once the amount for the full-house benefit is exhausted, no top-ups will be given until the benefits are refreshed on December 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 December 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 Full-house 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

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

I am a GPASO 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 Pre-authorization Unit. We will inform your surgeon of the coverage amount within three (3) to five (5) working days.

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.

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.

I was told of a deductible to be satisfied before reimbursement is done from the major medical. What is a deductible? What is the GPASO 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. 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.

CLAIMS

Why is my claim not covered when my premium is up to date?

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.

My Benefit Card states that I am covered for \$1,500.00 of each office visit but my doctor charges \$3,000.00 for each visit. Can I submit a claim for the \$1,500.00 I paid?

NO. The difference you pay is called your "co-payment". The benefit of \$1,500 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.

Am I covered for Overseas Emergency?

Yes This is a covered benefit under the GPASO health plan for the pensioner only.

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.

Why is GCT not covered?

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

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.

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 long does it take for my reimbursement to be deposited in my account?

Deposits are usually made within 3-5 business days after the claim has been processed.

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 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.

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.

NON-PAYMENTS OF PREMIUMS

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.

GENERAL INFORMATION

Is there a cost for the replacement of health cards?

YES. The cost is \$300.00 for each. (i.e. Benefit and Swipe Card).

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.

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.

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.

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

Winchester Business Customer Service Centre

Sagicor Life Jamaica Limited
Shop #24, Winchester Business Centre 15
Hope Road, Kingston 10
Tel.: (876) 975-6364-9

Sagicor Life Jamaica Limited

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

Frequently Asked Questions

GPASO



Sagicor Life

Government Pensioners'
Administration Services Only