

JTA PROTECT PLUS SUPPLEMENTAL HEALTH INSURANCE PLAN

For JTA Members &
Administrative Staff





JTA Protect Plus Supplemental Health Insurance

is part of a Supplemental Benefits programme offered to JTA members & administrative staff that will complement/enhance your existing employee benefits. The programme offers benefits that enable members to choose coverage that meets their individual or family needs at preferential rates.

ELIGIBILITY

JTA Protect Plus Supplemental Health Insurance is offered to all JTA members & administrative staff and their dependents who are currently enrolled under an existing Health plan. All eligibility requirements for enrollment under the Health plan will apply.

New members and/or dependents must first enroll under a Group Health plan, before being eligible to enroll under a JTA Protect Plus Supplemental Health Insurance Plan.

ENROLLMENT

There will be an open enrollment period following the agreement between the JTA and Sagicor. During this period, all enrollments will be approved without medical evidence of insurability.

If enrollment occurs after this period, the member will be required to provide evidence of insurability acceptable to Sagicor.

COMMENCEMENT OF COVERAGE

Coverage will become effective following receipt of the enrollment form and the first month's premium through salary deduction.

HEALTH BENEFITS

The Schedule of Benefits outlines the details of the benefits and supplements those benefits that exist under your Employer Sponsored (Base Health) Plan.

PRE-EXISTING CONDITIONS

Benefits are payable after six (6) months for conditions known prior to the effective date of the member. Claims related to newly diagnosed conditions will be eligible for benefits from the effective date of the coverage.

EXPLANATION OF BENEFITS

LIFETIME BENEFIT is the maximum amount which Sagicor will pay for the health care of a covered member.

COMPLICATIONS OF PREGNANCY: If maternity benefit is not covered under your plan, In-hospital expenses incurred for the treatment of the following conditions only, shall be considered as Complications of Pregnancy and are therefore covered:

- a) Hyperemesis Gravidarum
- b) Management of Pre eclampsia and Eclampsia
- c) Extrauterine Pregnancy
- d) Gestational Diabetes

REASONABLE & CUSTOMARY (R&C) CHARGES are set at the general level of fees usually charged for similar services or materials by professionals or institutions within the community where such fees are charged.

OVERSEAS CARE: Coverage will only be extended if the treatment of the condition does not exist in Jamaica. In this instance, the benefit will be paid on a reimbursement basis and limited to the cost of care accessed in Jamaica.

HOW BENEFITS ARE PAID

EXAMPLE OF SURGICAL PROCEDURE PAID WITH JTA PROTECT PLUS SUPPLEMENTAL HEALTH	
Surgeon's Fees	\$ 400,000.00
Asst. Surgeon Fees	\$ 133,000.00
Anaesthetist's Fee	\$ 160,000.00
Room & Board	\$ 50,000.00
Hospital Misc	\$ <u>150,000.00</u>
Total Charges	\$ 893,000.00
SAGICOR PAYMENT	\$ 452,260.00
Additional payment from the Supplemental Plan	\$ 402,325.00
Revised Balance to member	\$ 38,415.00

COORDINATION OF BENEFITS

If you or your dependents are covered under another health insurance policy, benefits may be coordinated to further reduce your co-payments. Please indicate on the space provided on the claim form whether or not you have coverage under another health insurance policy to facilitate automatic co-ordination of your benefits.

Benefits will be co-ordinated in the following sequence:

- 1. Benefits will be processed first for the Base Plan under which the insured is the Employee
- 2. Benefits will then be processed for the Base Plan under which the insured is the Dependent
- 3. Benefits will finally be processed under the JTA Protect Plus Supplemental Health Insurance plan

CASH DEDUCTIBLE

This is the initial amount which you must pay before you are eligible for benefits under the JTA Protect Plus Supplemental Health Insurance plan. This may be a one time payment or an accumulation of payments over the policy year. After the deductible is paid, the remaining expenses are covered, up to the Maximum Lifetime benefits which applies to each insured member as shown in the schedule of benefits.



PLAN EXCLUSIONS

This plan excludes benefits excluded under your base health plan.

TERMINATION

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

- Upon death of the member
- Termination of eligibility under the existing Health plan

- The date the dependent child ceases to be a dependent under the Employer Health plan
- Discontinuation of salary deductions
- Discontinuation of JTA membership

This plan may not be converted to an individual health policy upon termination.

PREMIUM PAYMENTS

This is a voluntary programme in which the member may elect to participate. A participating member will be required to pay the full monthly premium through salary deduction, which is authorized by the member on the enrollment form.

Upon each policy anniversary, Sagicor will review the utilization of the plan to ensure adequate pricing to cover future claims.

Any rate change agreed with the employer will be communicated to members prior to becoming effective. These rate changes will automatically apply to all members unless written notification of termination is received by Sagicor.

SCHEDULE OF BENEFITS

These benefits will apply after a claim has been made under your Company's existing Health BASE Plan.

SERVICES	BENEFITS
PRESCRIPTION DRUGS (ONLY) Credit Limit	Covered under Base Plan
Office Visits No. of Limitations	Covered under Base Plan
Home Visits (emergency only) No. of limitations	Covered under Base Plan
Routine Physical (emp. & covered spouse) No. of Limitations	Covered under Base Plan
Specialist Consultation – on referral No. of Limitations	Covered under Base Plan
Specialist Consultation – without referral No. of Limitations	Covered under Base Plan
Direct Access Paediatrician – to age 12 years No. of Limitations	Covered under Base Plan
Direct Access Gynaecologist No. of limitations	Covered under Base Plan
Ophthalmologist Visits No. of Limitations	Covered under Base Plan
Dietician, Podiatrist, Chiropractor referral/reimbursement No. of Limitations	Covered under Base Plan
Laboratory & X-Ray Services (Deductible does not apply to this benefit) Includes – X-ray, ECG/EKG, Laboratory Services, Pap Smears, Ultrasounds)	100% of balance after payment under base plan
Diagnostic Services (Deductible does not apply to this benefit) – MRI – Cat Scans	Balance of cost up to 100% of R&C

SERVICES	BENEFITS
SURGERY BENEFITS (Deductible apply to this benefit) - Pre-authorization required	
Maximum Surgeon's Fee	Balance of cost up to 100% of R&C
Maximum Assistant Surgeon's Fee	Balance of cost up to 100% of R&C
Maximum Anaesthetist Fee	Balance of cost up to 100% of R&C
Root Canal Surgery	Balance of cost up to 100% of R&C
Permanent Crowns (as a result of a root canal)	Balance of cost up to 100% of R&C

HOSPITALIZATION SERVICES (Deductible apply to this benefit)	
Daily Room & Board (semi-pvt. rates) No. of limitations	Balance of cost up to 100% of R&C
Public Hospital Ward (per day)	Balance of cost up to 100% of R&C
In-Hospital Misc. Charges	Balance of cost up to 100% of R&C
Out Patient Misc. Charges	Balance of cost up to 100% of R&C
Doctor's In-Hospital Visit No. of limitations	Balance of cost up to 100% of R&C
Intensive Care	Balance of cost up to 100% of R&C
Private Nursing (per 8hrs. shift) (requires pre-authorization)	Covered under Base Plan
Local Ground Ambulance (per trip)	Covered under Base Plan

MATERNITY	
Normal Childbirth	\$40,000
Caesarian Section	\$80,000
Miscarriage	\$20,000

OTHER BENEFITS COVERED	
Supplemental Accident	Covered under Base Plan
Psychiatry No. of limitations	Covered under Base Plan
Renal Dialysis / Chemotherapy / Radiotherapy	Balance of cost up to 100% of R&C
Hearing Aid (payable every 3 years)	Covered under Base Plan
Physiotherapy sessions No. of Limitations	Covered under Base Plan
Occupational Therapy No. of Limitations	Covered under Base Plan
Speech Therapy sessions (Excludes congenital disorder, congenital disease or birth defects existing at or before birth regardless of cause) No. of Limitations	Covered under Base Plan

SERVICES	BENEFITS
PREVENTIVE CARE	
Inoculations up to age 12 years	Covered under Base Plan
HPV Vaccine (Human Papillomavirus) (ages 12 – 26 yrs.) -Reimbursement Only	Covered under Base Plan
Tubal Ligation / Vasectomy	Covered under Base Plan

MAJOR MEDICAL BENEFITS		
Local deductible – per person, per year	\$10,000	
Overseas deductible – per person, per year	Covered under Base Plan	
Room & Board:- Local Overseas	Covered under Base Plan Covered under Base Plan	
Overseas Services (embedded benefit) Non Emergency Overseas - Reimbursable Room and Board	When Approval is granted 100% of R&C	No Approval granted 80% of R&C

Additional payments under major medical, after satisfaction of LOCAL deductible	
Renal Dialysis / Chemotherapy / Radiotherapy	See above
Physiotherapy/Speech Therapy	See above
Private Nursing (per 8 hrs. shift)	See above
Intensive Care	See above
Major Medical Lifetime Maximum	\$5,000,000

OVERSEAS EMERGENCY MEDICAL SERVICES	
Maximum benefit payable at 100% coverage	N/A

DENTAL & VISION BENEFITS	
DENTAL- 80% of cost, max. (annual limit)	N/A
VISION- 80% of cost, max. (annual limit)	N/A
Dental/Vision - Combined	N/A
Note: Benefits are paid after base plan.	

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.

Let's talk.

Give us a call at: **888-SAGICOR (724-4267)**

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Sagicor Life