



CGM Gallagher

INSURANCE BROKERS JAMAICA LIMITED

NEW COMPREHENSIVE GROUP HEALTH INSURANCE SCHEME FOR CCRP MEMBERS

1. WHO CAN JOIN THE PLAN?

Any bona fide member of CCRP residing in Jamaica

2. WHAT DOES THE OPEN ENROLLMENT PERIOD MEAN?

This means the first three (3) months period during which all members (ages 50 & over) may enter without evidence of insurability. (i.e., the insurer will not assess the member's current medical status)

3. WHAT HAPPENS AFTER THE OPEN ENROLLMENT PERIOD?

New members may be enrolled but will be subject to proof of insurability. (i.e. each new applicant will be required to complete a medical questionnaire and will be assessed by the insurer before coverage can be granted). However new members just joining the CCRP at **age 50** will be allowed to enroll on the group health plan without proof of insurability if done within the first three months of their membership.

4. WHO IS THE INSURER?

This scheme will be underwritten by Sagicor Life Jamaica Ltd

5. HOW WILL THE SCHEME OPERATE?

The benefits available will follow the standard coverage, in that it will include **(i)** Doctor's visits **(ii)** Prescription drugs **(iii)** In hospital expenses **(iv)** Surgical benefits **(v)** Consultants fees **(vi)** Lab and Diagnostic fees and the usual range of other related costs including dental and optical. There will also be a major medical limit that will be renewed annually.

6. WILL A SWIPE CARD BE AVAILABLE?

Yes, members will be provided with both a benefit card and a swipe card. Cards will be used to cover the usual expenses including dental and optical but subject to the limits in the schedule of benefits. However, in the case of major surgeries and hospitalization, the usual pre authorization will apply.

7. WILL THERE BE A DEATH BENEFIT AVAILABLE?

CCRP Members are also offered the option of life insurance coverage of \$500,000 per person – **Monthly premium of \$2,460.00 per person**. There is a waiting period of twelve (12) months, except for Accidental Death.

8. HOW SOON CAN I ENROLL?

CCRP members can begin enrollment on August 14, 2019 – We encourage all members to enroll during the open enrollment period that will run for three (3) months, August 14, 2019 to November 30, 2019. The plan will officially commence on December 1, 2019 – and the policy renewal date will operate annually.

9. WHAT HAPPENS IF I CANNOT MAKE PAYMENTS ON TIME?

Regrettably, you will be taken off the scheme and can only be reinstated subject to proof of insurability. It is very important to ensure payments are made on time.

10. HOW DOES THE INSURER TREAT PRE-EXISTING CONDITIONS?

There is a waiting period of SIX (6) months for all pre-existing conditions. This means that any benefits will only start after that period.

11. IS THERE A MAXIMUM BENEFIT PAYABLE?

The group health policy will have a major medical-plan year maximum of J\$5,000,000 per annum which will be renewable on the anniversary of the policy.

12 HOW WILL PREMIUMS BE PAYABLE?

Premiums will usually be payable on a quarterly basis but provision can be made to pay semi-annually or annually.



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13 HOW CAN PAYMENTS BE MADE?

Payments can be made to CGM Gallagher and Sagikor Life by direct deposit, debit/credit card, cheque or cash.

14 HOW DO I JOIN AFTER THE OPEN ENROLLMENT PERIOD HAS ENDED?

CCRP members may join the group health scheme after the open enrollment period has ended, however they will be required to complete a medical questionnaire and will be assessed / medically underwritten by Sagikor Life Jamaica before coverage can be granted. Coverage for each new member will take effect at the beginning of the next quarter.

15 WHAT IS THE AGE LIMIT TO JOIN THE GROUP INSURANCE SCHEME?

An individual is eligible to become a member of CCRP at the age of 50 years or over and will then become eligible for the group health scheme. The maximum entry age for CCRP members who wish to enroll after the open enrollment period is 80 years old. Members over age 80 will not be eligible to join the scheme.

16 CAN THERE BE COVERAGE FOR MEMBERS IN HOSPITALS/ NURSING HOMES?

Members become eligible once they leave those institutions and coverage will be subject to plan terms outlined above.

17. WHAT DOES 'MM' MEAN?

The abbreviation 'MM' stands for Major Medical – Major Medical is the provision of additional protection to meet the expenses of serious illnesses and accidents. These benefits are combined with the basic plan benefits to offer a more comprehensive coverage for major illnesses and accidents without which an insured would incur significant out of pocket expenses. Major Medical extends to coverage of all reasonable medical expenses and operates on a coinsurance basis, with the plan covering 80% of costs and the insured meeting the balance of 20%.

18. WHAT DOES CO-INSURANCE MEAN?

This means that your comprehensive health plan typically covers 80% of most medical expenses and the insured is responsible for the balance of 20%.

19. WHAT DOES R&C MEAN?

This is an abbreviation of Reasonable & Customary charges, which is applied by each Insurance Company primarily to surgical, hospitalization & major medical charges. It refers to a charge for medical care which is considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred when furnishing comparable treatment or services, to individuals of the same sex and comparable age, for a similar disease or injury.

20. WHAT WILL HAPPEN WITH CURRENT MEMBERS ON THE CCRP MAJOR MEDICAL HEALTH PLAN WITH SAGICOR?

Existing members currently covered under the CCRP Major Medical Health plan with Sagikor will have the option to purchase the comprehensive health plan while retaining their existing plan, or they will have the option to transfer to the comprehensive health plan in its entirety. The insurer will waive waiting periods for these members.

21. WHO ARE ELIGIBLE DEPENDENTS?

A dependent is classified as the spouse (opposite sex), married or unmarried of a member, and children of the union, step-children, foster children and legally adopted children to maximum age of 26 years.

22. WHAT HAPPENS WHEN A MEMBER LEAVES AN AGE BAND WITHIN THE POLICY YEAR?

The member will be transferred to the next age band category at the policy renewal / anniversary date and premium adjusted accordingly.