CARIBBEAN COMMUNITY OF RETIRED PERSONS
CCRP
COMPREHENSIVE GROUP HEALTH INSURANCE PLAN

1. WHO CAN JOIN THE PLAN?
Any bona fide member of CCRP and their dependents residing in Jamaica.

2. WHO IS THE INSURER?
The health insurance plan is underwritten by Sagicor Life Jamaica Ltd and managed by Gallagher Insurance Brokers Jamaica Ltd.

3. HOW MANY HEALTH PLANS DOES CCRP OFFER?
There are two (2) group health plans that the CCRP currently offer to their members. There is a comprehensive group health plan #46339-01 and a Group Major Medical plan #45759. The difference between both plans is that the comprehensive group health plan offers complete medical insurance coverage including prescription drugs, dental and optical benefits. While the Major Medical plan offers only coverage for major occurrences being surgery, hospitalization & diagnostic services. Additionally the major medical plan carries an annual deductible of $100,000 that a member must satisfy before being able to access coverage.

4. CAN I TRANSFER FROM THE COMPREHENSIVE PLAN TO THE MAJOR MEDICAL PLAN?
Yes, existing members currently covered under the CCRP comprehensive plan (46339-01) can transfer to the major medical health plan (45759).

5. WHY WERE THE PREMIUMS INCREASED FOR THE COMPREHENSIVE GROUP HEALTH PLAN #46339
On an annual basis the insurer reviews the claims utilization of the scheme and assess if the premium rates are adequate to sustain the plan for the upcoming policy year. The claims usage report for the review period was extraordinarily high and consequently premium rates were increased to ensure that the health plan remains viable.

6. HOW, WHEN & WHERE DO I PAY PREMIUMS?
Premiums are payable quarterly, semi-annually or annually basis. There are several options to remit premium payments. Payments can be made at Gallagher Insurance Brokers Ja. Ltd, Paymaster Ltd or online bank transfer. We accept debit/credit cards, cheque or cash.

Premiums become due on the following dates, however members can remit premiums prior to the due date:

PAYMENT PERIOD	PREMIUM DUE DATE
Quarter One (Dec – Feb)	December 1st
Quarter Two (Mar – May)	March 1st
Quarter Three (Jun – Aug)	June 1st
Quarter Four (Sep – Nov)	Sept 1st

7. WHAT HAPPENS IF I CANNOT MAKE PREMIUM 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 and kept up-to-date.

8. 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.

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9. 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% in some benefits of the plan.

10. WHAT DOES MM DEDUCTIBLE MEAN?

This is the initial amount which you must pay after benefits have been exhausted under the basic plan, thereby making you eligible for benefits under Major Medical. This may be a one-time payment or an accumulation of payments over the policy year. The deductible is paid to the provider during the normal course of accessing services, should as prescription drugs or diagnostic services.

11. 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%. However for Prescription drugs, the plan will pay a co-insurance of 60%-40% when in major medical.

12. 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.

13. WHAT IS MEANT BY A 'CAP' ON SURGERY BENEFITS & WHY?

This is the maximum amount that the insurer will pay for any one surgery, including surgeon fees, assistant surgeon & anaesthetist. The insurer will apply the reasonable and customary charges up to a maximum of $1,500,000 per surgery. This has been implemented to assist with the sustainability of the health plan.

14. WHAT IS MEANT BY PRE-AUTHORIZATION?

Pre-Authorization is the written approval granted by the insurer confirming that they will undertake payment of a specific medical procedure. A quotation is usually submitted to the insurer by a provider seeking authorization of said procedure and the amount the insurer would reimburse.

15. HOW DO I MAKE A CLAIM?

Members can submit a completed health claim form and original receipt directly to the insurer or they may submit their claims to Gallagher Insurance Brokers. Claims can also be submitted electronically by email to Gallagher. We encourage members to ensure that the claim form is thoroughly completed including their name, policy number, diagnosis and signature with receipt attached.

16. ELECTRONIC REIMBURSEMENT OF CLAIMS / ELECTRONIC FUNDS TRANSFER FORM (EFT)

To facilitate speedy claims settlement the insurer has implemented electronic funds transfer (EFT) of health claims' reimbursement. This means that all payments made by the insurer are directly deposited to the member's bank account. Kindly ensure that an EFT form is completed and submitted to Gallagher Insurance Brokers.

17. NATIONAL HEALTH FUND (NHF) / JAMAICA DRUGS FOR ELDERLY PROGRAMME (JADEP)

The NHF Card Programme provides subsidies to every person living in Jamaica at any age for the treatment of 17 chronic illnesses. The NHF Card helps you to pay for a select list of prescription drugs, respiratory devices, diabetic supplies and diagnostic tests via their participating pharmacies, laboratories or doctors' offices. The NHF covers a fixed amount of the total cost, and CCRP members only pay the balance. The NHF Card can also be combined with your CCRP health insurance card to cover prescription costs. The NHF is always the first payer, and after the first amount is paid your health insurance will be applied to the balance allowing you to pay even less out of pocket. *(https://www.nhf.org.jm/the-nhf-card/about-the-nhf-card)*

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INFORMATION FOR NEW APPLICANTS

18. WHEN CAN I JOIN THE HEALTH SCHEME?

Valid CCRP members are eligible to apply for enrollment on the scheme at the beginning of a quarter. Deadlines for submitting applications are as follow:

ENROLLMENT EFFECTIVE DATE	APPLICATION SUBMISSION DEADLINE
Quarter 1 ***(Renewal)*** – December 1st	October 31st
Quarter 2 – March 1st	January 31st
Quarter 3 – June 1st	April 30th

Please note that no new application will be accepted for the last quarter of the policy year (i.e. September 1st)

19. 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 be eligible to apply for the group health coverage. The maximum entry age for CCRP members who wish to enroll on the scheme is 80 years old. Members over age 80 will not be eligible to join the scheme.

20. WHAT IS THE APPLICATION PROCESS?

All new applicants 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 approval is given and coverage 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 (3) months of their 50th birthday.

21. CAN I ADD DEPENDENTS TO MY HEALTH PLAN & WHO ARE ELIGIBLE DEPENDENTS?

Yes a member can add dependent(s) to their health plan. 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. HOW DOES THE SCHEME OPERATE?

This scheme offers full comprehensive group health insurance coverage with benefits such as **(i)** Doctor's visits **(ii)** Prescription drugs **(iii)** In hospital expenses **(iv)** Surgical benefits **(v)** Specialists/Consultation Visits **(vi)** Lab and Diagnostic Services and the usual range of other related medical benefits including dental and optical. There is also a major medical limit that is renewed annually.

23. WILL A SWIPE CARD BE AVAILABLE?

Yes, new members are 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. In the case of major surgeries and hospitalization, pre authorization applies.

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

There is a waiting period of six (6) months for all pre-existing medical conditions. This means that there will be no coverage for conditions deemed pre-existing for the first six (6) months from the effective date of joining the plan.

25. IS THERE A MAXIMUM BENEFIT PAYABLE?

Yes, the group health policy has a major medical-plan year maximum of J$3,500,000 per annum which is renewable on the anniversary of the policy.

26. IS THERE LIFE INSURANCE COVERAGE/ DEATH BENEFIT AVAILABLE?

Yes, CCRP members are also offered the option of life insurance coverage of $500,000 per person, with **quarterly premium of $7,380.00 per person.** There is a waiting period of twelve (12) months from the effective date of coverage before any benefit will be payable, except for Accidental Death