

FREQUENTLY ASKED QUESTIONS - RENEWAL 2022-2023

CCRP - COMPREHENSIVE GROUP HEALTH INSURANCE PLAN

1. WHAT IS THE LEVEL OF THE PREMIUM INCREASE FOR 2022-2023?

Due to the extraordinarily high claims utilization over the past year of approximately 200%, there will be an increase of approximately 97% on the health insurance premium rates for the new contract year December 1, 2022 to November 30, 2023. Note however, that there will be no change in the life insurance premium rate for the new contract year.

2. WHY IS THE INCREASE SO SIGNIFICANT?

On an annual basis the insurer reviews the claims utilization of the scheme and assesses if the premium rates are adequate to sustain the plan for the upcoming policy year. Over the past year, the insurance company collected premiums of approximately Six Hundred & Twenty Million Dollars (\$620M) but has paid out in excess of One Billion, Two Hundred Million Dollars (\$1.2B) in health claims to members, this has resulted in a claims loss ratio of approximately 193%. With such a high claims utilization, the existing premium rates were consequently increased to ensure that the health plan remains viable.

3. ARE THERE ANY CHANGES TO THE BENEFITS?

No, there has been no change in benefits, all existing benefits will remain the same with the major medical annual limit being refreshed for the new contract year.

4. HOW WILL THE LIMIT FOR PRESCRIPTION DRUGS WORK?

The prescription drug benefit is the highest most utilized benefit of the plan with claim payments of over Two Hundred and Ninety Six Million (\$296,328,125.00) in the past year. In order to maintain cost an absolute limit of \$100,000.00 was implemented at last renewal in addition to the base limit of \$10,000.00.

This means that the maximum benefit payable for prescription drugs will be \$110,000.00 for the policy year. Members are encouraged to sign up and use their NHF and JADEP cards if they have been diagnosed with any of the listed conditions. Coordination of your NHF and Sagicor plans will have a positive impact on claims utilization and consequently reduced premium rates.

5. WERE THERE ANY CHANGES IN DEDUCTIBLE & HOW WILL THEY WORK?

- a. There is no change in the deductible from last renewal. The plan will continue to operate with two deductibles as follow:
 - i. \$20,000.00 – for prescription drugs and diagnostic services (including lab & x-rays)
 - ii. \$100,000.00 – for major medical benefits such as surgery, hospitalization, chemotherapy, renal dialysis etc.
- b. For prescription drugs, members will continue to access the base limit of \$10,000 payable at 80% co-insurance. After exhausting the base limit, you will then be required to satisfy the deductible of \$20,000 (that is pay for drugs out of pocket up to \$20,000) following which access will be given to the absolute limit of \$100,000.00 payable at co-insurance of 60%-40%.
- c. For Major Medical (in 5 a. ii. above) – members will be required to satisfy the first \$100,000 in order to access major medical benefits.

6. IF I AM UNABLE TO RENEW BECAUSE OF THE INCREASE, DO I HAVE ANY OTHER COVERAGE OPTIONS?

Yes, there is the option to transfer to the Major Medical only plan which also has a deductible of \$100,000.00 with coverage for surgery, hospitalization and diagnostic services only. Refer to the Major Medical Brochure and FAQ.

7. WILL I BE ABLE TO CONTINUE TO PAY QUARTERLY, SEMI-ANNUALLY OR ANNUALLY?

Yes for the CHIP but for the major medical plan only two options are available, semi-annual or annual.

8. WILL I BE ABLE TO CONTINUE TO PAY USING THE ONLINE LINK, GALLAGHER'S OFFICE AND PAYMASTER?

Yes, all modes of payment will remain the same. Gentle reminder however that for Paymaster payments the vendor should be Gallagher Insurance Brokers and **NOT** Sagicor Group Insurance.

9. CAN I PAY AT A SAGICOR OFFICE?

Regrettably no, payments are to be done as noted on the payment options in item 8 above.

10. CAN I MAKE MONTHLY PREMIUMS OR PART PAY?

Regrettably no, only full payments will be accepted based on the payment mode.

11. 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/R & C and the insured meeting the balance of 20% in some benefits of the plan.

12. WHAT DOES DEDUCTIBLE FOR MAJOR MEDICAL BENEFITS 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, such as prescription drugs or diagnostic services.

13. WHAT DOES CO-INSURANCE MEAN?

This means that your comprehensive health plan typically covers 80% of the average market rate for 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.

14. 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.

15. 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 may be made using the online payment platform, (link emailed with your renewal notice), additionally you may pay at Paymaster Ltd or at Gallagher Insurance Brokers Ja. Ltd. 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 1 st
Quarter Two (Mar – May)	March 1 st
Quarter Three (Jun – Aug)	June 1 st
Quarter Four (Sep – Nov)	Sept 1 st

16. 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 medical insurability. It is very important to ensure payments are made on time and kept up-to-date.

17. 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.

18. 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.

19. 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 the medical provider seeking authorization of said procedure and the amount the insurer would reimburse.

20. HOW DO I MAKE A CLAIM?

Members can submit a completed health claim form and original receipt directly to the insurer or by email to Sagicor at Health Claims Submission (SLJ_HealthClaims@sagicor.com). We encourage members to ensure that the claim form is thoroughly completed including their name, policy number, diagnosis and signature with receipt attached.

21. 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 at (CGMG_ccrphealth@ajg.com)

22. 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>). We encourage you to utilize your NHF/JADEP cards every time you go to the pharmacy. If you do not have one and you are eligible, please apply through your medical practitioner.

23. SAGICOR ONLINE PORTAL – 'SAGICOR CONNECT'

We encourage members to sign up for Sagicor's online portal, Sagicor Connect. Through the portal you will have access to submit and track your claims status online, view your benefits at your own convenience, request replacement health cards and so much more.

CCRP – MAJOR MEDICAL HEALTH INSURANCE PLAN

1. WHAT IS THE MAJOR MEDICAL PLAN?

CCRP offers Two (2) Group Health Insurance Plans to their members. A Comprehensive plan and a Major Medical only plan.

2. WHAT BENEFITS ARE COVERED UNDER THE MAJOR MEDICAL PLAN?

There are only three (3) benefits offered under the Major Medical plan, Hospitalization, Surgeries and Diagnostic services. Please note that benefits such as prescription drugs, dental and optical benefits are **not** covered under this plan.

3. IS THERE A DEDUCTIBLE FOR THE MAJOR MEDICAL PLAN?

Yes, there is a deductible of \$100,000.00 for the Major Medical plan. This means that the member will be required to cover the first \$100,000.00 before the policy will respond. For surgical and hospitalization services, pre-authorization from the insurer will be required.