

OVERSEAS CARE: (Reimbursable)

[Pre-authorization required]
Overseas Emergency – N/A
Deductible–Overseas(Non-Emergency)–US \$1,000
Daily Room&Board Maximum – US \$100
Other Medical Expenses– 80% of UCR
Air Transportation – N/A
Non-Emergency refers to a condition for which no form of treatment is available in Jamaica and treatment is being sought overseas.

Medical Emergency means a serious dysfunction or impairment to a bodily organ or part or to vital bodily functions, caused by injury or the sudden or unexpected onset of sickness of such a severe nature that immediate medical care must be given to the Covered Person

WHO ARE ELIGIBLE DEPENDENTS?

- One Spouse of the opposite sex, including common-law spouse;
- Children, step-children, legally adopted children or children for whom you have court-appointed guardianship. Coverage is available from birth up to age 27.

BCMG Insurance Brokers should be notified of ALL changes – name changes, as well as changes to your marital status and changes to dependent coverage, that is, additions and terminations. Change of Spouse as a result of marriage will be done immediately. A New Common Law Spouse may only be added 6 months after the previous Spouse was removed

CARD REPLACEMENT

Please report lost or stolen cards immediately. Swipe cards will be replaced at a cost of \$500 each while the Benefit card will cost \$300 each. If you terminate the plan you MUST return your cards and those of your dependents to Indies Pharma Jamaica Limited.

MAKING A CLAIM

Some health care providers, in particular Specialists, do not extend credit facilities, that is, they do not accept any health cards. In instances where the provider does not accept the Guardian Health card, you will be required to pay up-front for the services and make a claim for reimbursement from Guardian Life Limited. Your medical provider must complete the relevant sections of the Claim form making sure to indicate the Diagnosis; his/her name and address; the name of the referring physician (if any), the charge for the service(s), and the amount paid. **The provider MUST also stamp, sign and date the Claim Form.**

Please ensure that you receive a receipt for the amount paid and affix it to the Claim Form. You are required to complete Section 1 of the Claim Form, sign and date the relevant section.

CLAIMS MUST BE SUBMITTED WITHIN NINETY (90) DAYS OF THE DATE OF SERVICE. FAILURE TO DO SO WILL RESULT IN YOUR CLAIM BECOMING INVALID.

ELECTRONIC FUNDS TRANSFER (EFT)

You are encouraged to receive your reimbursement through an electronic transfer of funds directly to your bank account. This is safe, convenient and speedy.

HOW TO ACCESS GUARDIAN SERVICES

- Access to 24 hours Help Desk – dial 1-888- 633-3287
- Online access to Benefit Balances at www.myguardiangroup.com
- Access to online Provider Directory at www.myguardiangroup.com
- Track claim payments online at www.myguardiangroup.com

Once you have received your new Guardian Health card, please go to www.myguardiangroup.com, navigate to the member's page, and click on the Register Now link. Complete the registration information to gain access to an exciting array of features and information.



GROUP HEALTH INSURANCE

HEALTH BENEFITS FOR PLAN 2

Bulwark Insurance Agency Ltd
17 Tangerine Place
876-613-0416
876-613-6829

WhatsApp: 876-317-3469



www.bulwarkja.com

Insured By:



GUARDIAN LIFE LIMITED
12 TRAFALGAR ROAD
KINGSTON 5
Tel: (876) 927-4105
Fax: (876) 978-8241



Tel: (876) 978- 4473
Fax: (876) 927 - 4732

About Us

Bulwark Insurance Agency Ltd was launched July 1, 2018, through an overwhelming desire to provide the highest level of customer satisfaction through uniquely tailored income replacement benefit solutions aimed at satisfying unforeseen accidents or illnesses for its clients. The coverage with Guardian Life, Guardian Health commenced on August 1, 2021. This leaflet has been prepared to help you and your dependents understand the benefits provided under the Guardian Group Health Insurance Plan.

Your Health Card

Each member will be provided with 2 health cards – a magnetic Swipe card and a Benefits card. Your Swipe Card may be used at all Guardian participating providers – Pharmacies, Lab & X-Ray centers, Dental, Optical, and General Practitioners. You are required to present both cards; where the provider's charge is higher than your benefit you are required to pay the difference.

Your Benefits Explained

HOSPITALIZATION:

Room & Board (semi-private room)
- 80% up to \$2,500 (days per disability unlimited)
Public Hospital Ward – 100% up to \$1,000
Intensive Care- 80% of UCR up to \$30,000
*Hospital Miscellaneous – 80% up to \$25,000 + MM
EM, Accident- 80% up to \$12,500 +MM
In-Hospital Doctor's visit (non-surgical)–\$1,400
Private Nursing (per 8 hour shift) – \$1,600
*Hospital Miscellaneous include drugs, dressings, operating theatre fees, lab, X-ray and all other medical services related to in-hospital care.

SURGERY:

Surgeon – 80% of UCR up to \$30,000 + MM
Assistant Surgeon – 33% of UCR up to \$30,000 + MM
Anesthetist – 25% of UCR up to \$30,000 + MM
Root Canal (per tooth) – 80% of UCR
Permanent Crown – 2 per year @ 80% UCR

PRESCRIBED DRUGS:

Annual Limit per member - 80% up to \$25,000

Drug Reimbursement on the following basis:

- Generic Drugs- 80% of Cost
- Brand Name Drugs- 50% of Cost

Please remember to use your NATIONAL HEALTH FUND (NHF) cards where applicable

DOCTORS' VISITS:

Doctors' Office - \$1,600

(Number of days per disability) - Unlimited

Home Visit (Emergency Only) – \$1,600

(Number of days per disability) – Unlimited

Specialist Consultation - \$2,200

No. of visits per disability) - Unlimited

Specialist Consultation (no ref) - \$1,600

No. of visits per disability) - 2

Direct Access Pediatric Visit (to age 13) – \$2,000

No. of visits per disability - 2

Direct Access Gynecologist/ Urologist– \$2,200

No. of visits per disability - 1

No referral is required for these specialists.

Psychiatric Care/Clinical Psychologist:

1st 4 visits: \$2,000

Next 20 visits: \$1,000

Psychological Disorders- \$2,200

No. of visits per year- 20

Wellness Preventative - \$6,000

No. of visits per year - 1

Routine Medical (1 visit per policy year) - \$1,600

DENTAL/OPTICAL

Dental-80% of Cost up to \$10,000

Optical- 80% of Cost up to \$10,000

MATERNITY:

Normal Delivery:

• In Hospital Expenses \$15,000

• Other expenses Including Pre & Post Natal Care: \$15,000

Caesarean Section:

• In-Hospital Expenses \$15,000

• Other Expenses Including Pre & Post Natal Care \$45,000

Miscarriage \$15,000

MAJOR MEDICAL:

Annual Maximum - \$3,000,000

Room & Board – Local – N/A

Local Deductible – \$4,000

MM –Major Medical provides the extra coverage required to assist with large expenses resulting from catastrophic illnesses, accidents, or complications of pregnancy.

MISCELLANEOUS SERVICES:

Physiotherapy- \$1,200

No of days per disability - Unlimited

Speech Therapy- \$2,000

No of days per disability- Unlimited

Occupational Therapy reimbursement only – \$1,200

Radiotherapy – 80% of Cost

Chemotherapy – 80% of Cost

Renal Dialysis - 80% of Cost

HPV Vaccine (ages 9 – 26) reimbursement only – 80% of cost to \$5,000

Tubal Ligation/Vasectomy – 80% of cost up to \$5,000

Immunization (to age 13) per contract year– 80% of Cost up to \$3,000

Autism & Developmental Disorders – \$250,000 per contract year

Hearing Aid-(Each Ear) per year - 80% of Cost up to \$24,000

Local Ambulance – 80% of UCR

Annual School Medicals Dependents under 18 years only – \$2,200

No of visits per year – 1

DIAGNOSTIC SERVICES:

Lab/X-Rays/Ultra Sound – 80% of up \$7,000 + MM

CT Scans/MRI/Specialized Tests - 80% of Cost

VIRGIN PULSE:

A new health initiative, being offered to the Indies Pharma Jamaica Limited Family. Details to follow.