



FREQUENTLY ASKED QUESTIONS

● HOW CAN I BECOME A MEMBER OF THIS HEALTH PLAN?

You only need to be a Covenant insured, complete the enrollment forms and pay the corresponding premiums

● WHO CAN I ADD AS MY DEPENDENT?

Your dependent is your spouse (married or unmarried) and children/step-children, legally adopted, or children for whom you were court appointed as their guardian. Coverage is available from birth to age 26.

● WILL I BE ELIGIBLE FOR SURGERIES WHEN I ENROLL?

New enrollees to the plan have to wait 6 months before being eligible for Major Medical benefits, and 9 months for Maternity.

● WHAT IS THE PROCEDURE IF I NEED TO DO A SURGERY?

Ask your Physician to provide you with a Proforma stating the name of the procedure and a breakdown of the charges. Submit same to us at Covenant for confirmation of the amount payable.

● HOW OFTEN CAN I HAVE MY TEETH CLEANED AT THE DENTIST?

Oral Examinations & Cleaning —once every 6 months,

● WHEN CAN I CHANGE MY GLASSES AND HAVE MY EYES EXAMINED?

Eye Examination — once every 12 months, Frames — One set in 24 months, Lens—once every 12 months.

● HOW LONG DO I HAVE TO SUBMIT MY CLAIM AFTER A SERVICE?

Claims must be submitted within 90 days after the service

● WHAT HAPPENS IF I LOSE MY CARDS?

Advise us immediately. Swipe cards will be replaced at a cost of \$500 each and the Benefit card costs \$300 each.

We want you to succeed at living your healthiest life.

Our philosophy is to seek and provide the widest coverage for our client's insurance needs, at the most economical rates and reasonable terms.



PREMIUMS

	COVENANT CORE
Member Only	- \$5,518
Member + 1	- \$11,035
Family	- \$15,505

	COVENANT CORE PLUS
Member Only	- \$10,044
Member + 1	- \$20,223
Family	- \$28,467

	COVENANT ADVANTAGE
Member Only	- \$9,420
Member + 1	- \$18,839
Family	- \$25,604

	COVENANT COMPLETE
Member Only	- \$13,800
Member + 1	- \$27,735
Family	- \$38,790

For a cost of \$950 per month, Life, AD&D and Critical Illness coverage is available either separately or with any of the health plans.plans.

- 8 Norwood Road, Kingston 5
- Shop #43, Winchester Business Centre
- Shop #13, 55 Manchester Ave., May Pen
- Shop #6, Neil Plaza, 22a Ward Ave., Mdl.
- Shop #5, 30 North Street, Black River
- Shop #13, Manifest Plaza, Santa Cruz
- 9 Harbour Street, Port Antonio
- Shop #25, Gateway Plaza, Old Harbour

☎ 876-630-1390

✉ info@covenantinsurancebrokersjm.com



NEW

GROUP HEALTH INSURANCE PLAN for C.I.B. Members

ONLY PAY FOR WHAT YOU CHOOSE WITH OUR **C.I.B. Members Health Plan!**
Underwritten by Sagicor Life Jamaica Limited

BENEFITS

COVENANT CORE

HOSPITAL EXPENSES + MAJOR MEDICAL

Room and Board, Per Day	\$4,000
Miscellaneous Expense	\$20,000 + MM
Out Patient Miscellaneous	\$5,000 + MM

SURGERY

Surgeon	80% of R&C
Assistant Surgeon	33% of R&C
Anesthetist	40% of R&C
Root Canal Surgery	80% of R&C
Intensive Care	Covered Under MM
Doctor's in Hospital Visits	\$2,000
Normal Delivery	\$10,000
C-Section	\$20,000
Miscarriage	\$5,000
Private Nursing	Covered under MM
Renal Dialysis/Chemotherapy/Radiotherapy	Covered under MM
Surgery Deductible	\$50,000

MAJOR MEDICAL

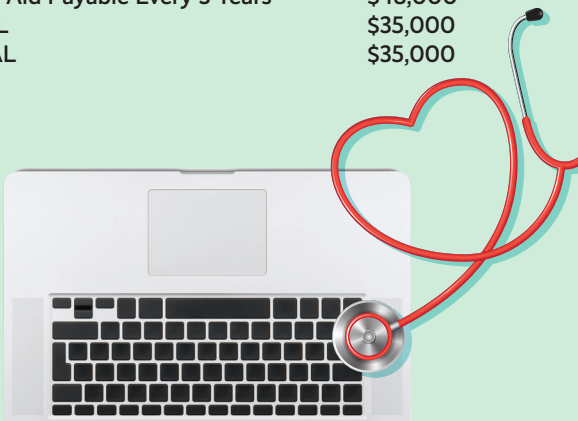
Deductible	\$5,000,000
	\$5,000

COVENANT ADVANTAGE

ALL BENEFITS OF COVENANT CORE

PLAN (Including the following)

Hearing Aid Payable Every 3 Years	\$48,000
DENTAL	\$35,000
OPTICAL	\$35,000



COVENANT CORE PLUS

HOSPITAL EXPENSES + MAJOR MEDICAL

Room and Board, Per Day	\$4,000
Miscellaneous Expense	\$20,000 + MM
Out Patient Miscellaneous	\$5,000 + MM

SURGERY

Surgeon	\$40,000 + MM
Assistant Surgeon	\$13,200 + MM
Anesthetist	\$16,000 + MM
Root Canal Surgery	80% of R&C
Intensive Care	Covered Under MM
Doctor's in Hospital Visits	\$2,000
Normal Delivery	\$10,000
C-Section	\$20,000
Miscarriage	\$5,000
Private Nursing	Covered Under MM
Renal Dialysis/Chemotherapy/Radiotherapy	Covered Under MM
Surgery Deductible	\$50,000

DOCTOR'S VISITS

Office / Home Visits	\$1,500
Specialist Consultation Referred/Unreferred	\$2500/\$1500
Paediatric/Gynaecology/Urologist Visit	\$2,500
Dietician/ Podiatrist/ Chiropractor	\$2,500

LAB & X-RAY + MM

	80% of Cost up to \$7,000 + MM
Specialized services – CT scan, MRI, etc., - requires pre- authorization	80% of Cost

PRESCRIPTION DRUGS

	80% of Cost up to \$7,000 + MM
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MAJOR MEDICAL

Deductible	\$5,000,000
	\$9,000
Wellness/ Preventative (includes PAP Smear, Mamograms, PSA)	\$10,000

COVENANT COMPLETE

HOSPITAL EXPENSES + MAJOR MEDICAL

Room and Board, Per Day	\$4,000
Miscellaneous Expense	\$20,000 + MM
Out Patient Miscellaneous	\$5,000 + MM

SURGERY

Surgeon	\$40,000 + MM
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Private Nursing	Covered Under MM
Renal Dialysis/Chemotherapy/Radiotherapy	Covered Under MM
Surgery Deductible	\$50,000

DOCTOR'S VISITS

Office / Home Visits	\$2,000
Specialist Consultation Referred/Unreferred	\$3,000/\$2,000
Paediatric/Gynaecology/Urologist Visit	\$3,000
Dietician/Podiatrist/ Chiropractor	\$3,000

LAB & X-RAY + MM

	80% of Cost up to \$10,000 + MM
Specialized services – CT scan, MRI, etc., - requires pre- authorization	80% of Cost

PRESCRIPTION DRUGS

	80% of Cost up to \$15,000 + MM
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DENTAL

	\$10,000
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OPTICAL

	\$10,000
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MAJOR MEDICAL

Deductible	\$5,000,000
	\$9,000
Wellness/ Preventative (includes PAP Smear, Mamograms, PSA)	\$10,000