canopy health insurance

PHARMACEUTICAL SOCIETY OF JAMAICA LIMITED

PLAN 2 - 75802577

Schedule of Benefits: Effective July 1, 2025

BASIC BENEFITS - (YEARLY RENEWAL)	INSURANCE PAYS LIMITS	
PRESCRIPTION DRUGS DENTAL & OPTICAL COMBINED		
CONTINUOUS SWIPE (1) Generic drug, plan pays 90% (2) NHF eligible but not enrolled, plan pays 70%		
Oral Exam, Prophylaxis, Scaling & Cleaning of teeth		1 in a 6-month period
X-rays (Full Mouth)		1 every 3 years
X-ray (Bitewing)		1 in a 6-month period
Lenses (includes contact lenses)		1 set per 12-month period
Frames		1 every 24 Month period
Individual	$25,000	
Family (Each family member will get the individual amount)	$25,000	
DIAGNOSTIC PROCEDURES		
Laboratory & X-ray Services	80% of UCR	Up to $5,000 + MM
DOCTOR'S VISITS	**PER VISIT**	
Office Visit	$1,000	Unlimited
Home Visit - (Emergency Only)	$1,000	Unlimited
Specialist Consultation (on referral)	$2,000	Unlimited
Specialist Consultation (with no referral)	$1,000	Unlimited
Direct Access Paediatric Visit (to age 13)	$2,000	2 visits per disability
Direct Access Gynaecologist	$2,000	2 visits per disability
Direct Access Urologist	$2,000	2 visits per year
Psychiatric Care	$2,000 $1,000	1st 4 Visits Next 20 Visits
Ophthalmologist/Optometrist Visit	$2,000	1 Visit per year
Dietician (On referral/reimbursement only) *	$2,000	2 visits per disability
Podiatrist, Chiropractor (On referral/reimbursement only) *	$2,000	2 visits per disability
MATERNITY	**PER POLICY YEAR**	
Normal Delivery: (as per breakdown below)	100% of Cost	Up to benefit maximum $20,000 per pregnancy
Ante-natal visits	$1,000	Per visit max of 6 visits per pregnancy
Lab & Diagnostic services	$4,000	
In-Hospital Expenses & other Expense*	$10,000	
Caesarean Section: (as per breakdown below)	100% of Cost	Up to benefit maximum $40,000 per pregnancy
Ante-natal visits	$1,000	Per visit max of 6 visits per pregnancy
Lab & Diagnostic services	$4,000	
In-Hospital Expenses & other Expense*	$30,000	
Miscarriage	100% of Cost	Up to benefit maximum $10,000 per pregnancy
HOSPITALISATION *	**PER POLICY YEAR**	
Hospital Miscellaneous *	80% of UCR	Up to $25,000 + MM
Emergency Accident and Outpatient *	80% of UCR	Up to $12,500 + MM
In-Hospital Doctor's Visit (non-surgical) *	$2,000	Unlimited
Public Hospital Ward	100% of Cost	Up to $2,500
MISCELLANEOUS	**PER POLICY YEAR**	
Physiotherapy (per session) - On referral only	80% of UCR	Unlimited
Speech Therapy **(excludes congenital disorder, congenital disease or birth defect, existing at or before birth regardless of cause)**	80% of UCR	Unlimited
Occupational Therapy - reimbursement only	80% of UCR	10 visits per policy year
Hearing Aid	80% of Cost	Up to $24,000-Each Ear - Once every 3 years
Autism & Developmental Disorders	80% of Cost	Up to $250,000
Tubal Ligation/Vasectomy	80% of Cost	
Annual School Medical (dependent children below 18 yrs)	$3,000	1 visit per year
PREVENTATIVE CARE	**PER POLICY YEAR**	
Immunization (to age 13)	N/A	
Adult inoculations	N/A	
HPV Vaccine (ages 12-26 years) - reimbursement only *	80% of Cost	Up to $15,000 (per vaccine)
Routine Medical (Emp. & Covered Spouse)	$1,000	1 visit per policy year
Wellness/Preventative (incl PAP Smears, Mammograms, PSA)	$6,000	1 visit per policy year
Colonoscopy * (see conditions)	80% of UCR	Up to $150,000 per year

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MAJOR MEDICAL BENEFITS	INSURANCE PAYS	LIMITS
MAJOR MEDICAL ANNUAL MAXIMUM		$4,000,000
LOCAL DEDUCTIBLE		$5,000
PRESCRIPTION DRUGS	80% of Cost	
LOCAL - Room & Board	N/A	
DIAGNOSTIC PROCEDURES		
Laboratory & X-ray Services	80% of UCR	
CT Scan, MRI, Other Specialised Tests	80% of UCR	
HOSPITALISATION		
Hospital Room & Board (Semi-private room) *	80% of UCR	Unlimited
Hospital Miscellaneous *	80% of UCR	
Emergency Accident and Outpatient *	80% of UCR	
Private Nursing	80% of UCR	Per 8hrs shift, 3 shifts per day
Intensive Care (per day) *	80% of UCR	
Local Ground Ambulance	80% of UCR	
SURGERY		
Maximum Surgeon's Fee **	80% of UCR	
Maximum Assistant Surgeon's Fee **	30% of UCR	
Maximum Anaesthetist's Fee **	40% of UCR	
Root Canal **	80% of UCR	
Permanent Crown as a result of Root Canal **	80% of UCR	2 per year (6 month waiting period after Enrollment)
MISCELLANEOUS		
Radiotherapy	80% of Cost	
Chemotherapy	80% of Cost	
Renal Dialysis	80% of Cost	
Psychiatry (Only if hospitalized)	80% of UCR	
Supplemental Accident	N/A	
MEDICAL CRITICAL ILLNESS	$500,000	
OVERSEAS EMERGENCY	N/A	
OVERSEAS NON-EMERGENCY		
Deductible – Overseas (Non-Emergency) **	US $1,000	
Daily Room & Board Maximum **	US $100	
Other Medical Expenses **	80% of UCR	
Air Transportation	N/A	

Child dependent coverage ceases on their 27th birthday

Maximum enrolment age for all individuals is 75 years

Conditions for colonoscopy

Patient with Family History:

- Once per 5 years, minimum age 45 years, interval - 5 to 7 years depending on the level of risk identified, e.g. genetic marker or degree of relative.
- Preventative colonoscopy paid at 80% of UCR up to $150,000
- Approval should be granted based on referral from a consulting gastroenterologist
- Colonoscopy must be performed by a qualified Gastroenterologist

Patient without Family History:

- Colon screening once per 10 years, age range 45 to 75 years
- Preventative colonoscopy paid at 80% of UCR up to $150,000 - upon submission of Gastroenterologist findings to substantiate the need for the colonoscopy procedures
- Canopy reserves the right to review the findings and make an approval or rejection decision.
- Colonoscopy must be performed by a qualified Gastroenterologist.

Schedule of Benefits: Effective June 1, 2025

GLOSSARY:	
* Non swipe able Benefits - Paper Claims Submission ** Preauthorization Required	
Basic Benefits	Basic Benefits are covered benefits with stated Maximum Amounts, and renewable every year/policy period if member is active.
UCR	UCR (Usual, Customary, and Reasonable) The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service
Deductible	A deductible is a once per year out of the-pocket expense borne by the insured before the major medical benefit is accessible/payable.
Major Medical:	
Annual Maximum	The maximum dollar amount that can be utilized from Major Medical within a policy year. This amount is refreshed annually at policy renewal.
Lifetime Maximum	The maximum dollar amount that can be utilized from Major Medical during the lifetime of the insured. Refer to Major Medical benefit line above for applicable plan maximum