Sagicor Life

SAGICOR AGRI-CARE PLAN

Life & Health Insurance

for Farmers & Fisherfolk

Ministry of Agriculture and Fisheries Farmer & Fisherfolk Insurance Plan

Farmers and Fisherfolk, Sagicor Life has designed **Agri-Care Insurance Plan** for you and your families giving you a range of coverage options to choose from to ensure you are properly covered. Select the plans that best suit your needs. You can choose one , all or mix and match a few of the following options to ensure you and your family are fully covered in the event of an untimely death, a cancer diagnosis, or a disability from a serious accident.

PLAN OPTIONS:

Hospital Care Plan

A plan designed to help you cover the costs of large expenses relating to Surgery or Hospitalization that may be as a result of serious illness and/or severe accidents. This plan also covers Chemotherapy, Radiation and Dialysis.

Primary Care Health Plan

This plan provides a bundle of money that can be utilized to purchase or access specific primary care benefits such as Drugs, Dental & Vision, Doctor visits and Consultation.

Comprehensive Care Plan

A comprehensive health plan designed to help cover your medical expenses. This includes benefits such as prescription drugs, doctor visits, diagnostic services, surgical procedures, In-hospital and Out-Patient benefits, as well as, Dental & Vision benefits.

Life Insurance Plan

This coverage provides lump sum payment upon the death of the insured member to the designated beneficiary to cover family obligations, final expenses or provide your family with short term income.

Critical Illness

This plan provides you with a living benefit and pays you a lump sum in the event you are diagnosed with certain critical illnesses such as Cancer, Heart Attack, Stroke, Blindness etc.

Personal Accident

Provides the insured member or their beneficiaries with additional protection in the event of accidental death or dismemberment (the loss of use of body parts or functions e.g., limbs, eyesight, hearing and speech).

WHO CAN APPLY?

Farmers who are registered with Rural Agricultural Development Authority (RADA)and Fisherfolks who are registered with the Fisheries Resource Authority, and are under the age of seventy-five (75) years along with their family (spouse and eligible children)can apply for Sagicor Agri-Care Plan.

*Proof of relationship is required for dependent coverage (birth certificates for dependent children, marriage certificates where applicable).

Apply now! No medical needed

If you apply during the three (3) month Open Enrollment period, you will not be required to submit any medical evidence. No enrollments will be accommodated outside of this defined period.

You can pay your premiums by using one of the following options:

- Our online payment gateway- Sagicor Connect (https://www.sagicorconnect.com/)
- Any paymaster location islandwide or paymaster-online.
- Sagicor Life branches cashiers.

Payment Schedule/ Payment Due Dates:

- Quarterly (March 1, June 1, September 1, December 1)
- Semi-Annually (March 1, September 1)
- Yearly (March 1)

To make payment you will need the following information:

- Group number (63010)
- Member number i.e. (RADA registration number or Fisheries registration number)

Health Cards

Health cards can be collected at the Sagicor Life branch offices, your select RADA Parish Office or Fisheries Office within two weeks of Sagicor receiving your application (enrollment) form and payment.

Enrollment

The Open Enrollment period runs from March 1 to May 31. Late applications will not be accepted.

You can enroll online by:

- Visiting sagicoragricare.com

OR

Collect and Sign up an enrollment form from:

- All RADA Parish and Extension Offices
- All Fisheries Offices and Outposts
- Any Sagicor Life Branch Islandwide
- Your Sagicor Advisor

SCHEDULE OF BENEFITS HOSPITAL CARE PLAN

Prescription drugs (covered only when hospitalised)	Hospital Care 1	Hospital Care 2
Credit Limit - Without Continuous Swipe	Paid as Hospital Miscellaneous	Paid as Hospital Miscellaneous
Laboratory & X-Ray Services(Includes ECG/EKG, Pap Smears, Ultrasounds)	Paid as Hospital Miscellaneous	Paid as Hospital Miscellaneous
Diagnostic Services - Cat Scans, MRI	Paid as Hospital Miscellaneous	Paid as Hospital Miscellaneous
SURGERY BENEFITS (Pre-authorization required)	(Subject to R&C schedule)	(Subject to R&C schedule)
Maximum Surgeon's Fee	80% of R&C	80% of R&C
Maximum Assistant Surgeon's Fee	33.33% of Surgeon's Fee	33.33% of R&C
Maximum Anaesthetist Fee	40% of Surgeon's Fee	40% of R&C
Root Canal Surgery	80% of R&C	80% of R&C
HOSPITALIZATION SERVICES		
Daily Room & Board (semi-pvt.rates) No. of Limitations	100% of R&C 120 days per disability	100% of R&C 120 days per disability
Public Hospital Ward	100% of Cost up to Max. $1,000 per day	100% of Cost up to Max. $1,000 per day
In – Hospital Misc. Charges	100% of R&C	100% of R&C
Out Patient Misc. Charges	100% of R&C	100% of R&C
Treatment of Decompression Illness	80% of R&C	80% of R&C
Doctor's In – Hospital Visit	100% of R&C	100% of R&C
Intensive Care	80% of R&C	80% of R&C
Private Nursing (per 8hr shift; requires Pre-authorization)	80% of R&C	80% of R&C
Local Ground Ambulance (per trip)	80% of R&C	80% of R&C
Renal Dialysis	80% of R&C	80% of R&C
Chemotherapy / Radiotherapy	80% of R&C	80% of R&C
Physiotherapy sessions (No. of visits per disability)	80% of R&C (only if hospitalized)	80% of R&C (only if hospitalized)
MAJOR MEDICAL BENEFITS		
Co – Insurance payment		
Local deductible – per person, per year	$30,000	$50,000
Room & Board: Local Deductible- per person per year	N/A	N/A
Major Medical Annual Maximum	$2,500,000	$2,500,000

SCHEDULE OF BENEFITS - PRIMARY CARE PLAN

	PRIMARY CARE 1	PRIMARY CARE 2
PRESCRIPTION DRUGS	80% of cost, up to the Block Maximum	80% of cost, up to the Block Maximum
Dental & Vision	80% of cost, up to the Block Maximum	80% of cost, up to the Block Maximum
Annual Block Maximum	$30,000	$50,000
DOCTOR'S VISITS		
Office Visits	$2,000	$2,000
No. of Limitations	5 visits per Annum	5 visits per Annum
Specialist Consultation – referred	$3,000	$3,000
No. of Limitations	2 visits per Annum	2 visits per Annum

COMPREHENSIVE CARE SCHEDULE OF BENEFITS

Description of Benefits	Comprehensive Care 1	Comprehensive Care 2	Comprehensive Care 3
PRESCRIPTION DRUGS			
Credit Limit	10,000	12,000	15,000
Generic Drugs	85% of Cost	85% of Cost	85% of Cost
Brand Name Drugs (Where no generic exists)	80% of Cost	80% of Cost	80% of Cost
Brand Name Drugs (Where generics exists)	60% of Cost	60% of Cost	60% of Cost
Corridor Deductible	5,000	5,000	5,000
Continuous Swipe after Corridor deductible	Yes	Yes	Yes
Absolute Annual Limit	80% of Cost, Maximum $30,000	80% of Cost, Maximum $40,000	80% of Cost, Maximum $50,000
DOCTOR'S VISITS			
Office Visits No. of visits per disability	$1,000 6	$1,300 6	$1,600 6
Home Visits (Emergencies Only) No. of visits per disability	$1,000 Unlimited	$1,300 Unlimited	$1,600 Unlimited
Consultation - On Referral No. of visits per disability	$1,800 2	$2,000 2	$2,200 2
Direct Access Paediatrician (up to age 13) No. of visits per disability	$1,800 Unlimited	$2,000 Unlimited	$2,200 Unlimited
Direct Access Gynaecologist/Urologist No. of visits per disability	$1,800 2	$2,000 2	$2,200 2
Opthalmologist No of visits per year	$1,800 2	$2,000 2	$2,200 2
Dietician/Nutritionist, Podiatrist, Chiropractor (on referral) reimbursement only No. of Limitations/visits per disability	$1,800 2	$2,000 2	$2,200 2
Psychiatry/Clinical Psychologist: 1st 4 Visits	$1,800	$2,000	$2,200
Next 10 Visits	$1,000	$1,300	$1,600
LAB & DIAGNOSTICS SERVICES (Includes ECG/EKG, Pap Smears, Ultra Sounds)			
Credit Limit	10,000	12,000	15,000

COMPREHENSIVE CARE SCHEDULE OF BENEFITS (CONT'D)

LAB & DIAGNOSTICS SERVICES CONT'D			
Corridor Deductible Continuous Swipe after Corridor deductible	5,000 Yes	5,000 Yes	5,000 Yes
Absolute Annual Limit	80% of Cost, Maximum $30,000	80% of Cost, Maximum $40,000	80% of Cost, Maximum $50,000
DIAGNOSTIC SERVICES (Includes: Cat Scans, MRI, etc)			
Credit Limit	40,000	45,000	50,000
Corridor Deductible Continuous Swipe after Corridor deductible	20,000 Yes	25,000 Yes	30,000 Yes
Absolute Annual Limit Diagnostic Services	80% of Cost, Maximum $100,000	80% of Cost, Maximum $100,000	80% of Cost, Maximum $100,000
SURGERY BENEFITS			
Surgeon's Fee	80% of R&C up to 30,000 + MM	80% of R&C up to 30,000 + MM	80% of R&C up to 30,000 + MM
Assistant Surgeon's Fee	80% of R&C up to $9,000 + MM	80% of R&C up to $9,000 + MM	80% of R&C up to $9,000 + MM
Anaesthetist Fee	80% of R&C up to $12000 + MM	80% of R&C up to $12000 + MM	80% of R&C up to $12000 + MM
HOSPITAL BENEFITS			
Daily Room & Board (Semi-Pvt. room) No. of days per disability`	80% of R&C, Max $2500 Unlimited	80% of R&C, Max $3,000 Unlimited	80% of R&C Unlimited
Public Hospital Ward Hospital Miscellaneous	100% of Cost, Max. $2,500 Per Day 80 % of R&C up to 20,000+ MM	100% of Cost, Max. $2,500 Per Day 80 % of R&C up to 20,000+ MM	100% of Cost, Max. $2,500 Per Day 80% of R&C
Hospital Out-Patient	80 % of R&C up to $10,000+MM	80 % of R&C up to $10,000+MM	80% of R&C
Treatment for Decompression Illness	80% of R&C	80% of R&C	80% of R&C
Doctor's In-hospital Visit (non-surgical) No. of visits per disability	80% of R&C Unlimited	80% of R&C Unlimited	80% of R&C Unlimited
Private Nursing (per 8 hour shifts) - requires PreAuthorization	80% of R&C	80% of R&C	80% of R&C
Intensive Care (per day) No. of days per annum	80% of R&C up to $30,000 30	80% of R&C up to $30,000 30	80% of R&C 30

COMPREHENSIVE CARE SCHEDULE OF BENEFITS (CONT'D)

MATERNITY BENEFITS

Normal Delivery	$30,000	$30,000	$30,000
Caesarian Section	$40,000	$40,000	$40,000
Miscarriage	$20,000	$20,000	$20,000

OTHER BENEFITS

Physiotherapy No. of visits per disability	80% of R&C, max $2,000 10	80% of R&C 10	80% of R&C 10
Speech Therapy - excludes congenital disorder, congenital disease or birth defect, existing at or before birth regardless of cause. No. of visits per disability	80% of R&C, max $2,000 10	80% of R&C 10	80% of R&C 10
Occupational Therapy No. of sessions per annum	80% of R&C, max $2,000 10	80% of R&C 10	80% of R&C 10
Coverage up to $100,000 per annum is provided for Autistic children – Speech therapy	Yes	Yes	Yes
Coverage up to $100,000 per annum is provided for Autistic children – Behavioral Therapy	Yes	Yes	Yes

PREVENTIVE CARE

Immunizations up to age 19 Yrs.	80% of Cost, Max $10,000 / vaccine	80% of Cost, Max $10,000 / vaccine	80% of Cost, Max $10,000 / vaccine
Annual School medical (up to age 19yrs)	80% of Cost, Max $2,000	80% of Cost, Max $2,000	80% of Cost, Max $2,000
HPV Vaccine - Female only (ages 12-26) - Reimbursement	80% of cost, Max $5,000 / vaccine	80% of cost, Max $5,000 / vaccine	80% of cost, Max $5,000 / vaccine
Tubal Ligation/Vasectomy	80% of cost, Max. $15,000	80% of cost, Max. $15,000	80% of cost, Max. $15,000
Renal Dialysis/Radiotherapy /Chemotherapy	80% of R&C	80% of R&C	80% of R&C
Hearing Aid (Payable every 3 years)	Max. $48,000, $24,000 / Ear	Max. $48,000, $24,000 / Ear	Max. $48,000, $24,000 / Ear
Local Ground Ambulance (max per trip)	80% of R&C	80% of R&C	80% of R&C

COMPREHENSIVE CARE SCHEDULE OF BENEFITS

MAJOR MEDICAL BENEFITS

Major Medical up front Deductible (applicable to Surgery & Hospitalization)	$50,000	$50,000	$50,000
Co-Insurance payment	80% / 20%	80% / 20%	80% / 20%
PLAN YEAR MAXIMUM refreshes at the beginning of each plan year	$1,250,000	$1,500,000	$2,500,000
Dental & Vision Services	$15,000 Combined	$17,500 Combined	$20,000 Combined

SCHEDULE: CRITICAL ILLNESS & LIFE PRODUCTS

Product	Coverage	Product	Coverage	Product	Coverage
Critical Illness	• 500,000 • 750,000 • 1,000,000	Group Life	• 500,000 • 750,000 • 1,000,000	Personal Accident	• 500,000 • 750,000 • 1,000,000

RATE SHEET: HEALTH PRODUCTS

*Only one product applicable	*Only one product applicable		*Only one product applicable				
Product >>	Hospital Care 1	Hospital Care 2	Primary Care 1	Primary Care 2	Comprehensive Care 1	Comprehensive Care 2	Comprehensive Care 3
Coverage	*See Benefit Schedule		30,000.00	50,000.00	*See Benefit Schedule		
Product >>	Hospital Care 1	Hospital Care 2	Primary Care 1	Primary Care 2	Comprehensive Care 1	Comprehensive Care 2	Comprehensive Care 3
Member Only							
Quarterly	$7,200.15	$6,548.10	$10,563.90	$16,560.00	$15,721.65	$17,829.60	$22,324.95
Semi-Annual	$14,400.30	$13,096.20	$21,127.80	$33,120.00	$31,443.30	$35,659.20	$44,649.90
Annual	$28,800.60	$26,192.40	$42,255.60	$66,240.00	$62,886.60	$71,318.40	$89,299.80
Member + Child							
Quarterly	$14,400.30	$13,096.20	$21,127.80	$33,120.00	$31,443.30	$35,659.20	$44,649.90
Semi-Annual	$28,800.60	$26,192.40	$42,255.60	$66,240.00	$62,886.60	$71,318.40	$89,299.80
Annual	$57,601.20	$52,384.80	$84,511.20	$132,480.00	$125,773.20	$142,636.80	$178,599.60
Member + Spouse							
Quarterly	$14,400.30	$13,096.20	$21,127.80	$33,120.00	$31,443.30	$35,659.20	$44,649.90
Semi-Annual	$28,800.60	$26,192.40	$42,255.60	$66,240.00	$62,886.60	$71,318.40	$89,299.80
Annual	$57,601.20	$52,384.80	$84,511.20	$132,480.00	$125,773.20	$142,636.80	$178,599.60
Member + Family							
Quarterly	$20,234.25	$18,402.30	$29,687.25	$46,533.60	$44,180.70	$50,104.35	$62,510.55
Semi-Annual	$40,468.50	$36,804.60	$59,374.50	$93,067.20	$88,361.40	$100,208.70	$125,021.10
Annual	$80,937.00	$73,609.20	$118,749.00	$186,134.40	$176,722.80	$200,417.40	$250,042.20

*Gct Included

RATE SHEET: CRITICAL ILLNESS & LIFE PRODUCTS

Product≫	Critical Illness			Group Life			Personal Accident		
Coverage	500,000	750,000	1,000,000	500,000	750,000	1,000,000	500,000	750,000	1,000,000
Member only									
Quarterly	$675.00	$1,014.00	$1,350.00	$747.00	$1,119.00	$1,491.00	$281.25	$421.88	$562.50
Semi-Annual	$1,350.00	$2,028.00	$2,700.00	$1,494.00	$2,238.00	$2,982.00	$562.50	$843.75	$1,125.00
Annual	$2,700.00	$4,056.00	$5,400.00	$2,988.00	$4,476.00	$5,964.00	$1,125.00	$1,687.50	$2,250.00
Member + Child									
Quarterly	$843.75	$1,267.50	$1,687.50	$933.75	$1,398.75	$1,863.75	$351.56	$527.34	$703.13
Semi-Annual	$1,687.50	$2,535.00	$3,375.00	$1,867.50	$2,797.50	$3,727.50	$703.13	$1,054.69	$1,406.25
Annual	$3,375.00	$5,070.00	$6,750.00	$3,735.00	$5,595.00	$7,455.00	$1,406.25	$2,109.38	$2,812.50
Member + Spouse									
Quarterly	$1,350.00	2,028.00	$2,700.00	$1,494.00	$2,238.00	$2,982.00	$562.50	$843.75	$1,125.00
Semi-Annual	$2,700.00	$4,056.00	$5,400.00	$2,988.00	$4,476.00	$5,964.00	$1,125.00	$1,687.50	$2,250.00
Annual	$5,400.00	$8,112.00	$10,800.00	$5,976.00	$8,952.00	$11,928.00	$2,250.00	$3,375.00	$4,500.00
Member + Family									
Quarterly	$1,856.25	$2,788.50	$3,712.50	$2,054.25	$3,077.25	$4,100.25	$773.44	$1,160.16	$1,546.88
Semi-Annual	$3,712.50	$5,577.00	$7,425.00	$4,108.50	$6,154.50	$8,200.50	$1,546.88	$2,320.31	$3,093.75
Annual	$7,425.00	$11,154.00	$14,850.00	$8,217.00	$12,309.00	$16,401.00	$3,093.75	$4,640.63	$6,187.50

Sagicor Life