



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

Only Available to members enrolled prior to 2026

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.



Drug + Hospital Care Plan

This plan is designed to cover major medical expenses such as: Surgery and hospitalization, Chemotherapy, Radiation and Dialysis. It also includes a Drug benefit to cover the cost of prescribed drugs



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 National Fisheries Authority (NFA), and are under the age of seventy-five (75) years along with their family (spouse and eligible children) can apply for Sagikor Agri-Care Plan.

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

Apply now!

Only applications submitted within the three (3) month open enrollment period will be eligible for coverage. No enrollments will be accepted outside of this defined period.

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

- Our online payment gateway- Sagikor Connect (<https://www.sagikorconnect.com/>)
- Any Paymaster location islandwide or paymaster-online.
- Sagikor 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 Sagikor Life branch offices, your select RADA Parish Office or Fisheries Office within two weeks of Sagikor receiving your application (enrollment) form and payment.

Enrollment

The Open Enrollment period may vary depending on the plan effective date.

- March 1 effective date: March 1 to May 31
- June 1 effective date: June 1 to August 31
- September 1 effective date: September 1 to November 30

You can enroll online by:

- Visiting sagicorlifeja.sagicor.com/agricare/
- 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 AND RATES FOR AGRI CARE PLAN OPTIONS

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)

SCHEDULE OF BENEFITS HOSPITAL CARE PLAN CONT'D		
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	80% of Cost	80% of Cost	80% 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	\$7,500	\$10,000
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
Ophthalmologist 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	5,000	\$7,500	\$10,000
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

DIAGNOSTIC SERVICES (Includes: Cat Scans, MRI, etc)

Credit Limit	40,000	45,000	50,000
Corridor Deductible	30,000	35,000	40,000
Continuous Swipe after Corridor deductible	Yes	Yes	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) HPV Vaccine - Female only (ages 12-26) - Reimbursement Tubal Ligation/Vasectomy	80% of Cost, Max \$2,000 80% of cost, Max \$5,000 / vaccine 80% of cost, Max. \$15,000	80% of Cost, Max \$2,000 80% of cost, Max \$5,000 / vaccine 80% of cost, Max. \$15,000	80% of Cost, Max \$2,000 80% of cost, Max \$5,000 / vaccine 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	<ul style="list-style-type: none"> • 500,000 • 750,000 • 1,000,000 	Group Life	<ul style="list-style-type: none"> • 500,000 • 750,000 • 1,000,000 	Personal Accident	<ul style="list-style-type: none"> • 500,000 • 750,000 • 1,000,000

SCHEDULE OF BENEFITS DRUGS + HOSPITAL CARE PLAN

Prescription drugs (Outside of Hospital)	Drugs + Hospital Care 1	Drugs + Hospital Care 2
Absolute Annual Limit	70% of Cost Maximum \$30,000	70% of Cost Maximum \$50,000
Credit Limit	\$15,000	\$15,000
Generic Drugs	70% of Cost	70% of Cost
Brand Name Drugs (Where no generic exists)	60% of Cost	60% of Cost
Brand Name Drugs (Where generic exists)	not covered	not covered
Corridor Deductible	\$10,000	\$10,000
SURGERY BENEFITS (Pre-authorization required)	(Subject to R&C schedule)	(Subject to R&C schedule)
Maximum Surgeon's Fee	70% of R&C	70% 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	70% of R&C	70% of R&C
Permanent Crowning (as a result of a root canal)	not covered	not covered

HOSPITALIZATION SERVICES

Daily Room & Board (semi-pvt.rates) No. of Limitations	70% of R&C 120 days per disability	70% of R&C 120 days per disability
Public Hospital Ward	70% of Cost up to Max. \$1,000 per day	70% of Cost up to Max. \$1,000 per day
In – Hospital Misc. Charges	70% of R&C	70% of R&C
Out Patient Misc. Charges	70% of R&C	70% of R&C
Doctor's In–Hospital Visit	70% of R&C	70% of R&C
PRESCRIPTION DRUGS (Prescribed when hospitalized)	Paid as Hospital Miscellaneous	Paid as Hospital Miscellaneous
Plan Pays	70% of cost	70% of cost
DIAGNOSTIC SERVICES (When hospitalized)	Paid as Hospital Miscellaneous	Paid as Hospital Miscellaneous
Plan Pays	70% of R&C	70% of R&C
Laboratory & X-Ray Services (Includes ECG/EKG, Pap Smears, Ultrasounds)	Paid as Hospital Miscellaneous	Paid as Hospital Miscellaneous
Plan Pays	70% of cost	70% of cost
Intensive Care	70% of R&C	70% of R&C
Private Nursing (per 8hr shift; requires Pre-authorization)	70% of R&C	70% of R&C
Local Ground Ambulance (per trip)	70% of R&C	70% of R&C
Treatment of Decompression Illness	70% of R&C	70% of R&C



SCHEDULE OF BENEFITS DRUGS + HOSPITAL CARE PLAN

Prescription drugs (Outside of Hospital)	Drugs + Hospital Care 1	Drugs + Hospital Care 2
MATERNITY		
Normal childbirth	Not covered	Not covered
Caesarian Section	Not covered	Not covered
Miscarriage	Not covered	Not covered
OTHER MEDICAL SERVICES		
Supplemental Accident	Not covered	Not covered
Psychiatry/Clinical Psychologist (No. of Limitations)	Not covered	Not covered
Renal Dialysis	70% of Cost	70% of Cost
Chemotherapy / Radiotherapy	70% of Cost	70% of Cost
Hearing Aid (Payable every 3 years)	Not covered	Not covered
Physiotherapy Sessions (No. of visits per disability)	70% of R&C (only if hospitalized)	70% of R&C (only if hospitalized)
Occupational Therapy (No. of Limitations)	Not covered	Not covered
Speech Therapy Sessions (No. of visits per disability)	Not covered	Not covered
Inoculations up to 13th birthday	Not covered	Not covered
HPV Vaccine (Human Papillomavirus)	Not covered	Not covered
Tubal Ligation / Vasectomy	Not covered	Not covered
Overseas Services (embedded benefit)		
Non Emergency Overseas- Reimbursable	Covered under Major Medical	Covered under Major Medical
Emergency Overseas- Reimbursable	Covered under Major Medical	Covered under Major Medical
MAJOR MEDICAL BENEFITS		
Co – Insurance payment Local deductible – per person, per year	\$50,000	\$50,000
Room & Board - Overseas	70% up to a max. of US\$100.00 per day	70% up to a max. of US\$100.00 per day
Overseas Services (embedded benefit)		
Non Emergency Overseas- Reimbursable	70% of R&C	70% of R&C
Emergency Overseas- Reimbursable	70% of R&C	70% of R&C
Major Medical Annual Maximum	\$3,000,000	\$3,000,000

NOTES

