

SAGICOR CARE SHIELD PLAN

Affordable Insurance for
**Sagicor Bank Credit
Cardholders.**



Sagicor

OVERVIEW

Sagicor Bank has partnered with Sagicor Life to provide access to a range of **insurance coverage to Sagicor Bank credit cardholders**, at an affordable rate, in the event of a medical emergency, critical illness or death.



The Sagicor Care Shield Insurance Plan can be purchased depending on the cardholder's needs. It covers the following:



Critical Illness



Hospital Care



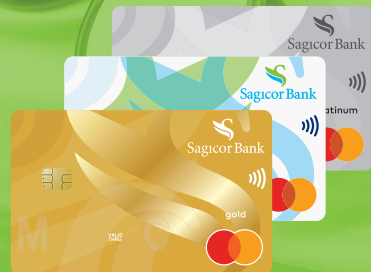
Comprehensive Care

Eligibility

All Sagicor Bank personal credit card holders are eligible to enroll. Cardholders may cover their dependents (spouse and dependent children under the age of 26 years) under their policy.

You are required to submit proof of relationship for dependent children who are enrolled (birth certificate). Documents can be uploaded electronically on Sagicor Connect or emailed to SLJ_GroupInsuranceOffers@sagicor.com.

The maximum age of entry for the plan is 70 years.





ENROLL NOW!

Enrollment

The Open Enrollment period will run from June 1 - August 31.

You can enroll online by visiting <https://sagicor.info/CareShield>.

When Will it Start?

Your coverage will become effective on the 1st of the month following receipt of the enrollment form and the first month's premium.

Premium Payments

Premiums are payable monthly, and are based on the rates reflected in the Schedule of Benefits.

Premiums can be paid online, through the Sagicor Connect portal, with your Sagicor Bank credit card when enrolling and for subsequent payments.

This plan is renewed each year, and rates are valid for twelve (12) months.

Annually, Sagicor has the right to review the experience of the plan and set new premium rates.

Any rate change will be communicated to you in writing, at least forty-five (45) days prior to becoming effective.

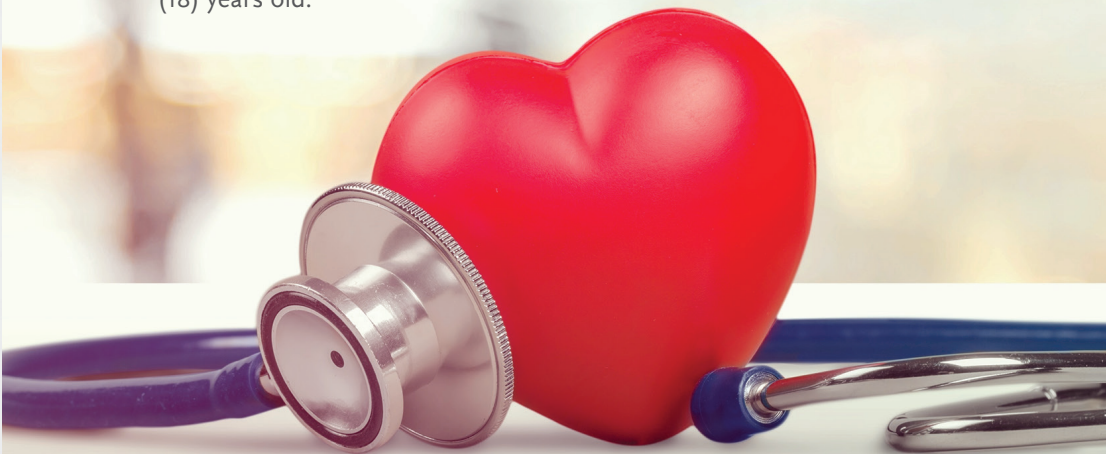
Health Cards/Certificates

Health cards, Life Insurance and Critical Illness certificates will be available on the Sagicor Connect portal.

You will be notified by SMS/email once your card and/or certificate is ready.

Beneficiary

You are required to designate a beneficiary or beneficiaries for your Life Insurance and Critical Illness plans. A trustee must be assigned for beneficiaries under the age of eighteen (18) years old.



To Submit a Claim

You will need to submit:

- A completed Claim Form
- Original receipt confirming proof of payment (where payment has been made)
- A confidential Medical Certificate (Attending Physician Report) where applicable
- Proof of the first diagnosis of the covered Critical Illnesses

***Health Insurance claims should be submitted within ninety (90) days of receiving services.**

Pre-existing Conditions

Pre-existing conditions refer to any disease, injury, illness or condition for which you or your dependents received treatment, services or advice, or took prescribed medicine within six (6) months prior to the commencement of coverage.

Benefits become payable after six (6) months for conditions known prior to the effective date of coverage for the member. Claims related to newly diagnosed conditions will be eligible for benefits from the effective date of coverage.

Termination

These benefits terminate on the earlier of:

- i. Death of the member
- ii. First diagnosis of a critical illness (for the Critical Illness benefit)
- iii. Non-payment of premiums
- iv. Maximum amount of insurance paid
- v. Attainment of the maximum age
 - Critical Illness: seventy-five (75) years

*Please note there is no refund of premium on termination, unless first diagnosis of Critical Illness in 180 days and death within 12 months.

Any creditor life coverage provided terminates upon termination of the Life Insurance benefit.



PLAN OPTIONS



Hospital Care

The Hospital Indemnity Plan pays a cash benefit directly to you, whenever you or your covered dependent is admitted to the hospital. Under this Plan, you will receive a fixed cash benefit for each day you are confined to a hospital.

The Hospital must be a licensed institution that functions in accordance with the Laws of Jamaica and falls within one of three (3) classifications of providing beds for patients and continual medical service on a 24 hour basis (Type A,B or C) as set out by the relevant authority.

Please refer to the Schedule of Benefits for details of the coverage as coverage may vary depending on the option you choose.

Explanation of Benefits

Annual Limit: This is the maximum amount which Sagicor will pay for the health care of a covered member for each plan year. This amount is refreshed at the beginning of each new plan year.

The Daily Hospital Confinement Benefit Amount: Based on the Plan Option selected in the Schedule of Benefits, is the amount paid per day if a covered person is confined in a Hospital for a period of no less than twenty (20) hours, where such confinement is medically necessary, because of an illness or injury.

The Daily Hospital Confinement Benefit: Payable up to the maximum period outlined in the Schedule of Benefits. If a covered person is confined and discharged and confined again for the same or related condition within ninety (90) days of discharge, the later confinement will be treated as a continuation of the previous confinement.

The Outpatient Benefit Amount: Payable for the following treatments received in an outpatient department of a hospital or an Outpatient Clinic, for which a charge is incurred:

- Radiotherapy
- Chemotherapy

This benefit is limited to the maximum amount per treatment per contract year as outlined in the Schedule of Benefits.

Coordination of Benefits (COB)

If you are covered under another health insurance policy, benefits may be coordinated to further reduce your co-payments.

Please note: This plan is secondary to all other plans and will be processed last.

Plan Exclusions

This plan excludes the following conditions and benefits: -

- All non-covered outpatient procedures.
- Mental and Nervous Disorder confinement without demonstrable organic disease.

Overseas Care is not covered under this Plan



Critical Illness provides you with a living benefit that will pay a lump sum in the event of being diagnosed with any of the eleven (11) covered illnesses:

- Heart Attack
- Stroke
- Cancer
- Paralysis
- Major Burns
- Blindness
- Loss of Speech
- Deafness
- Brain Injury
- Multiple Sclerosis
- Coma

The sum insured is paid directly to the member on the first diagnosis of any of the covered illnesses, provided that the diagnosis does not occur during the first 180 days (6 months) after the Effective Date of the member's coverage.

If an insured member is diagnosed during the first 180 days after the effective date of the member's coverage, a refund of premiums will be provided and the plan terminated. In the event that a claim is submitted but death occurs before the benefit is paid, the sum insured will be made payable to the named beneficiary. For covered dependents, the sum insured will be paid to the member.

Coverage for the Critical Illness benefit is provided up to the maximum age of seventy-five (75) years.



Coverage

The member may opt for individual or dependent/family coverage option. The family option provides dependent coverage as follows

- Spouse – same as the member's coverage
- Child(ren) – 25% of the member's coverage

Definitions

Heart Attack: The death of a portion of heart muscle as a result of an inadequate blood supply to the relevant area as evidenced by symptoms of typical chest pain, new electrocardiograph changes and by elevated cardiac enzymes.

Cancer: The uncontrolled growth and spread of malignant cells and invasion of tissue as evidenced by definite histology, and includes leukemia, lymphoma and Hodgkin's disease but excludes non-invasive cancers in their point of origin, Kaposi's sarcoma and skin cancers except malignant melanomas.

Stroke: Diagnosis of a cerebrovascular incident producing permanent neurological sequelae caused by hemorrhage, infarction of brain tissue or an embolus from an extra-cranial source. Evidence of permanent damage must be produced. Transient ischaemia attacks are not covered.

Paralysis: The complete and permanent loss of use of two or more limbs for a continuous period of ninety days following the precipitating event, during which time there has been no sign of improvement. All psychiatric related causes are specifically excluded.

Major Burns: Third degree burns covering at least 20% of the body surface area with survival for at least 30 days.

Blindness: Permanent loss of sight in both eyes, as confirmed by a licensed and practicing Ophthalmologist. The corrected visual acuity must be worse than 20/200 in both eyes, or the field of vision must be less than 20 degrees in both eyes. Blindness caused from diagnosed and untreated glaucoma is specifically excluded.

Loss of Speech: The total and irreversible loss of the ability to speak as the result of physical injury or disease which must be established for a continuous period of at least 180 days. All psychiatric related causes are specifically excluded.

Deafness: The permanent loss of hearing in both ears with an auditory threshold of more than 90 decibels, as confirmed by a licensed and practicing Otolaryngologist.

Coma: A state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of four days. A coma which results directly from alcohol or drug use is excluded.

Multiple Sclerosis: A diagnosis by a neurologist of definite Multiple Sclerosis, characterized by well-defined neurological abnormalities persisting for a continuous period of at least six months or with evidence of two separate clinically documented episodes. Multiple areas of demyelination must be confirmed by MRI scanning or imaging techniques generally used to diagnose multiple sclerosis.

Traumatic Brain Injury: Death of brain tissue due to traumatic injury, resulting in permanent neurological deficit with persisting clinical symptoms. The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric origin
- Traumatic Head Injury secondary to alcohol or drug abuse



Life Insurance

A lump sum in the amount reflected on the Schedule of Benefits is payable upon death of the member, to the designated beneficiary, to cover family obligations, final expenses, children's education or inheritance for loved ones. If you are the sole provider in your household, it may also provide your family with a short-term income. If death occurs within the first twelve (12) months after the Effective Date of the member's coverage, a full refund of premiums will be paid to the named beneficiary.

Coverage

The member may opt for individual or dependent/family coverage option. The family option provides dependent coverage as follows

- Spouse – same as the member's coverage
- Child(ren) – 25% of the member's coverage

Terminal Illness

In the event that you have been diagnosed as terminally ill, where the prognosis is no more than six (6) months to live, after twelve (12) months of the commencement of coverage – Sagicor will immediately pay fifty percent (50%) of the sum insured.

Creditor Life Insurance

A portion (10%) of any life insurance purchased will be provided by the bank as creditor life coverage to cover a portion of any outstanding credit card balance, in the event of death.

The fixed amount provided will be used to repay a portion of any outstanding indebtedness up to the maximum of the outstanding credit card balance.

This benefit terminates upon termination of the Life Insurance benefit.



Comprehensive Care

The Comprehensive Care Plan is designed to help cover your medical expenses. This includes benefits such as prescription drugs, doctors' visits, diagnostic services, surgical procedures, In-hospital and Out-Patient benefits, as well as, Dental & Vision benefits.

Explanation of Benefits

Annual limit: This is the maximum amount which Sagicor will pay for the health care of a covered member for each plan year. This amount is refreshed at the beginning of each new plan year.

Deductible: This is the initial amount which you must pay before accessing the benefits under this plan. This may be a one-time payment or an accumulation of payments over the plan year.

Reasonable & Customary (R&C) Charges: These are set at the general level of fees usually charged for similar services or materials by professionals or institutions within the community where such fees are charged.

Explanation of Benefits (Continued)

In-Hospital Care: Surgical benefit is subject to a surgical schedule and Reasonable & Customary (R&C) charges.

Specialist Consultation Fees: Will be paid only for those visits where the member has been referred by a general practitioner.

Pre-Authorization: A report from your doctor, including costs, is required in order to obtain certification.

Coordination of Benefits (COB)

If you are covered under another health insurance policy, benefits may be coordinated to further reduce your co-payments.

Please note: This plan is secondary to all other plans and will be processed last.

Plan Exclusions

This plan excludes the following conditions and benefits:

- All non-covered outpatient benefits
- Mental and Nervous Disorder confinement without demonstrable organic disease

Overseas Care is not covered under this plan

Schedule of Benefits



HOSPITAL CARE

SCHEDULE OF BENEFITS	Option 1	Option 2	Option 3
HOSPITAL CONFINEMENT BENEFITS			
Daily In Hospital Benefit Per confinement	\$50,000/day	\$100,000/day	\$150,000/day
Max. days/confinement	10 days	10 days	10 days
OUTPATIENT BENEFITS			
Radiotherapy	\$50,000/contract year	\$100,000/contract year	\$150,000/contract year
Chemotherapy	\$75,000/contract year	\$150,000/contract year	\$200,000/contract year
Annual Limit	\$2,000,000	\$4,000,000	\$5,000,000
MONTHLY PREMIUM RATES			
Member	\$2,322.00	\$4,226.00	\$6,131.00
Member + One Dependent	\$4,644.00	\$8,452.00	\$12,262.00
Member + Family	\$6,501.60	\$11,832.80	\$17,166.80



CRITICAL ILLNESS & LIFE INSURANCE

Product	Coverage	Product	Coverage
Critical Illness	\$500,000	Life Insurance	\$500,000
	\$1,000,000		\$1,000,000
	\$1,500,000		\$1,500,000
	\$2,000,000		\$2,000,000

PREMIUM RATES: (Monthly)

	Option 1 - \$500,000		Option 2 - \$1,000,000		Option 3 - \$1,500,000		Option 4 - \$2,000,000	
	Critical Illness	Life Insurance	Critical Illness	Life Insurance	Critical Illness	Life Insurance	Critical Illness	Life Insurance
Member	\$365.00	\$430.00	\$730.00	\$860.00	\$1095.00	\$1,290.00	\$1,460.00	\$1,720.00
Member + One Dependent	\$730.00	\$835.00	\$1,460.00	\$1,710.00	\$2,190.00	\$2,565.00	\$2,920.00	\$3,420.00
Member + Family	\$1,010.00	\$1,170.00	\$2,020.00	\$2,340.00	\$3,030.00	\$3,510.00	\$4,040.00	\$4,680.00





Description of Benefits

PRESCRIPTION DRUGS	
Absolute Annual Limit	80% of Cost, Maximum \$50,000
Generic Drugs	80% of Cost
Brand name drugs where no generic exists	80% of Cost
Brand name drugs where generic exists	50% of Cost
Credit Limit	\$15,000
Corridor Deductible	\$5,000
Continuous Swipe	N/A
Continuous Swipe after Corridor deductible	Yes
DOCTOR'S VISITS	
Office Visits	\$1,600
No. of visits per disability	6
Home Visits (Emergency only)	\$1,600
No. of visits per disability	Unlimited
Consultation - On Referral	\$2,200
No. of visits per disability	2
Specialist Consultation – unREFERRED	\$1,600
No. of Limitations	6
Direct Access Paediatrician (up to age 13)	\$2,200
No. of visits per disability	Unlimited
Ante-Natal Visits	\$1,600
No. of visits per disability	6
Direct Access Gynaecologist/Urologist	\$2,200
No. of visits per disability	2
Ophthalmologist	\$2,200
No of visits per year	2
Dietician/Nutritionist, Podiatrist,Chiropractor (on referral) reimbursement only	\$2,200
No. of Limitations/visits per disability	2
Psychiatry/Clinical Psychologist:	
1 st 4 Visits	\$2,200
Next 10 Visits	\$1,600

LAB & DIAGNOSTICS SERVICES (Includes ECG/EKG, Pap Smears, Ultra Sounds)	
Absolute Annual Limit	80% of R&C, Maximum \$50,000
Ante-Natal Lab & X-Ray Services ONLY	
Credit Limit	\$15,000
Corridor Deductible	\$5,000
Continuous Swipe after Corridor deductible	Yes
Diagnostic Services – Includes: Cat Scans, MRI, etc	80% of R&C
Absolute Annual Limit	80% of R&C, Maximum \$100,000
Credit Limit	\$50,000
Corridor Deductible	\$30,000
Continuous Swipe after Corridor deductible	Yes
SURGERY BENEFITS Subject to R&C (Requires Pre-Auth)	
Surgeon's Fee	80% of R&C up to \$30,000 + MM
Assistant Surgeon's Fee	80% of R&C up to \$9,000 + MM
Anaesthetist Fee	80% of R&C up to \$12000 + MM
Root Canal Surgery	80% of R&C
Crowning	80% of R&C
No. of Limitations	2 visits per year
HOSPITAL BENEFITS	
Daily Room & Board (Semi-Pvt. room)	80% of R&C
No. of days per disability	Unlimited
Public Hospital Ward	100% of Cost, Max. \$2,500 Per Day
Hospital Miscellaneous	80% of R&C
Hospital Out-Patient	80% of R&C
Doctor's In-hospital Visit (non-surgical)	80% of R&C
No. of visits per disability	Unlimited
Private Nursing (per 8 hour shifts) - requires PreAuthorization	80% of R&C
Intensive Care (per day)	80% of R&C
No. of days per annum	30

MATERNITY BENEFITS	
Normal Delivery	\$30,000
Caesarian Section	\$40,000
Miscarriage	\$20,000
OTHER BENEFITS	
Physiotherapy	80% of R&C
No. of visits per disability	10
Hearing Aid (Payable every 3 years)	Max. \$48,000, \$24,000 / Ear
Occupational Therapy	80% of R&C
No. of sessions per annum	10
PREVENTATIVE CARE	
Immunizations up to age 13 Yrs.	80% of Cost, Max \$10,000 /vaccine
HPV Vaccine - Female only (ages 12-26) - Reimbursement	80% of cost, Max \$5,000 / vaccine
Local Ground Ambulance (max per trip)	80% of R&C
Tubal Ligation/Vasectomy	80% of cost, Max. \$15,000
MAJOR MEDICAL BENEFITS	
Co-Insurance payment	80% / 20%
Major Medical Deductible (applicable to Surgery & Hospitalization)	\$30,000
Overseas Deductible – per person, per year	US\$100
Room & Board:	
Local	80% of R&C
Overseas	US\$50
Overseas Services (embedded benefit):- (Requires Pre-Authorization)	
Non-Emergency Overseas - Reimbursable	80% of remaining charges
Emergency Overseas - Reimbursable	

Additional payments under major medical, after satisfaction of LOCAL deductible

Renal Dialysis	80% of Cost
Chemotherapy / Radiotherapy	80% of Cost
Private Nursing (per 8hr shift; requires Pre-Authorization)	\$500
Psychiatry (only if hospitalized)	80% of R&C
Physiotherapy	80% of R&C
Speech Therapy (Excludes congenital disorder, congenital disease or birth defects existing at or before birth regardless of cause)	80% of R&C
Intensive Care	80% of R&C up to \$30,000 max 30 days
Annual Major Medical Limit	\$2,500,000

DENTAL & VISION SERVICES

Dental & Vision Combined	\$20,000 Combined
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COMPREHENSIVE CARE RATES

Coverage Option	Premium
Member Only	\$11,485.05
Member + One Dependent	\$22,970.10
Member + Family	\$31,727.35



Limitations & Disclaimer

This Brochure is in no way intended to be a complete explanation of all conditions, terms, limitations, exclusions and other provisions of the Contract. This brochure is for informational purposes only and is not intended to be a contract of insurance.

For more details, call

876-936-7874, 876-936-7542, 876-936-7950 or email us at
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