SAGICOR PROSHIELD PLAN



Life & Health Insurance for
Small Business Owners and
Contract Workers

Sagicor Life

Overview

Sagicor provides access to a wide range of insurance coverage for small business owners and contract workers at an affordable rate, in the event of a medical emergency, accident or death.

The Sagicor Proshield Plan can be purchased depending on the member's needs. It covers the following:

- Critical Illness
- Hospital Care
- Comprehensive Care Health Insurance
- Life Insurance
- Personal Accident

Who Can Apply

Individual contractors or employees operating under a contractual arrangement with a company are eligible for enrollment. Conditions apply for enrollment based on the category under which you are enrolling.

Applicants must be between the ages of 18 and 69 years to enroll on the plan. Spouse and dependent children (up to age of 26 years) can be enrolled as dependents on the plan.

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





Enroll now!

How to Enroll

You can enroll online by:
- Visiting sagicorconnect.com

OR

Collect and Sign up an enrollment form from:
- Any Sagicor Life Branch Islandwide
- Speak with your Advisor

How to Pay?

Premiums are payable using any of the following methods:
- Via our online portal, Sagicorconnect.com
- Sagicor Life branch cashiers
- Paymaster-online.com or any Paymaster location islandwide

Payment Schedule
- Quarterly
- Semi-Annually
- Yearly

To make payment you will need the following information:
- Group number (Please see table)
- Member number i.e. (TRN)

When will it start?

Coverage will begin the first day of the month following the receipt of the completed application form and premium payment. You can enroll by completing a physical enrollment form from your Financial Advisor or by signing up on sagicorconnect.com

GUIDE TO SAGICOR PROSHIELD PLAN ENROLLMENT PERIODS

**Please use the group number below for the month in which you are submitting your application and payment.*

GROUP NUMBERS	EFFECTIVE I.E (DATE)	MEMBER NUMBER (YOUR TRN)
63016-01	January	eg: 111-239-483
63017-01	February	xxx-xxx-xxx
63018-01	March	xxx-xxx-xxx
63019-01	April	xxx-xxx-xxx
63020-01	May	xxx-xxx-xxx
63021-01	June	xxx-xxx-xxx
63013-01	July	xxx-xxx-xxx
63022-01	August	xxx-xxx-xxx
63024-01	September	xxx-xxx-xxx
63023-01	October	xxx-xxx-xxx
63014-01	November	xxx-xxx-xxx
63015-01	December	xxx-xxx-xxx

Beneficiary

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

Waiting Period

There will be a waiting period of six (6) months for all non-emergency surgical procedures and for all diagnostic procedures such as MRI, CT Scans, etc.

Health Cards/Certificates

You will receive Health cards (swipe and benefit cards), and Life Insurance and Critical Illness certificates.

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

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.

To submit a claim

You will need to submit:

- A completed Claim Form
- Original receipt confirming proof of payment
- A confidential Medical Certificate (Attending Physician Report) where applicable
- Proof of the first diagnosis of the covered Critical Illnesses
- Claims can also be submitted and tracked online via sagicorconnect.com

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

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 there is a Critical Illness diagnosis within the first 180 days of coverage and death within the first 12 months for Life Insurance.





PLAN OPTIONS

Hospital Care Plan

Hospital Care Plan is 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.

Comprehensive Care Plan

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.

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 practioner.

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 procedures.
- Mental and Nervous Disorder confinement without demonstrable organic disease.

Overseas Care is not covered under this Plan



Critical Illness

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.





PERSONAL ACCIDENT

Accidental Death and Dismemberment (AD&D) and Permanent Total Disability (PTD)

AD&D insurance provides additional protection for members and their families in the event of a dismembering injury or accidental death while insured. The benefit is only payable upon accidental death or accidental dismemberment.

Accidental Death: If bodily injury results in loss of life of an Insured Person within three hundred and sixty five (365) days after the date of an Accident, Sagicor will pay the full amount stated under the Limit of Liability applicable to such Insured Person in accordance with the Schedule of Benefits and Premiums.

Accidental Dismemberment: If bodily injury does not result in loss of life of the Insured Person, but does result within three hundred and sixty five (365) days in any one of the specific losses shown in the Benefit Schedule, Sagicor will pay the applicable percentage of the Limit of Liability as provided in the Benefit Schedule.
The complete and irrevocable loss of use of any part of the body specified in Benefit Schedule A shall be deemed to be the loss of such part.

In the event of partial loss of any part of the body specified in the Continental Scale, a proportionately lower percentage of the Limit of Liability stated in the Schedule of Benefits and Premiums shall be payable, such percentage to be determined solely by Sagicor. However, under no circumstances will payments be made for more than one such loss being the greatest, sustained by any one Insured Person as a result of any one Accident.

Permanent Total Disability: If, as a result of bodily injury and within three hundred and sixty five (365) days after the date of an Accident, an Insured Person becomes totally disabled, and such disability has continued for at least a period of twelve (12) consecutive months and if the Insured Person is Permanently and Totally Disabled at the end of this period, the Company will pay the full amount stated under the Limit of Liability applicable to such Insured Person in accordance with the Schedule of Benefits & Premiums, less any amount paid or payable as a result of the same Accident under the Accidental Dismemberment Benefits, at a rate of one (1%) percent per month for each month, to a maximum of one hundred (100) months.

Loss of hand or foot means complete severance at or above the wrist or ankle joint. The permanent and complete loss of any use of any arm or leg arising from bodily injury as defined, shall be deemed to be the loss of the hand or foot relative to such limb, provided that no payment has been previously has been made for the loss of such hand or foot.

The cover is made as broad as possible with a few necessary exceptions, for example, losses resulting from war, riot, poisoning or infection (other than arising from accidental injury). The insurance covers flying as a passenger in any civilian aircraft.

Exclusions and Limitations

AD&D benefits are not paid for losses resulting from:

a) Physical disease or mental infirmity;
b) Self-Inflicted Injury;
c) War, active participation in a riot, committal of a felony or assault;
d) Drug abuse



PERSONAL ACCIDENT SCHEDULE OF BENEFITS

This applies to both Individuals and Groups

Description of Loss Incurred	Percentage of Group Life Insurance Coverage Payable
Loss of Life	100%
Loss of Two Hands	100%
Loss of Two Feet	100%
Loss of Sight of Two Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Sight of One Eye	100%
Loss of One Foot and Sight of One Eye	100%
Total Paralysis	100%
Loss of One Hand or One Foot	50%
Loss of Sight of One Eye	50%
Total Loss of Four Fingers and Thumb of One Hand	50%
Total Loss of Four Fingers	40%
Loss of Thumb	
both phalange (joints)	25%
one phalanx (joint)	10%
Loss of Index Finger	
three phalanges (joints)	10%
two phalanges (joints)	8%
one phalanx (joint)	4%
Loss of Middle Finger	
three phalanges (joints)	6%
two phalanges (joints)	4%
one phalanx (joint)	2%
Loss of Ring Finger	
three phalanges (joints)	5%
two phalanges (joints)	4%
one phalanx (joint)	2%
Loss of Little Finger	
three phalanges (joints)	4%
two phalanges (joints)	3%
one phalanx (joint)	2%
Loss of Metacarpus	
first or second (additional)	2%
third, fourth or fifth (additional)	2%
Total Loss of Toes	
All	5%
great (big), both phalanges (joints)	4%
great (big), one phalanx (joint)	2%
any toe other than great (big)	1%
Loss of Hearing	
both ears	40%
one ear	15%

Individual Enrollment

Individuals enrolling in the plan have the following options to select from.

Eligible Plan Options:
Comprehensive Care 1, Comprehensive Care 2 or Comprehensive 3

- Hospital Care
- Group Life
- Critical Illness – medical form must be completed to determine eligibility for coverage
- Personal Accident coverage

You will be required to respond to medical questions to confirm your eligibility for enrollment for these plans.



COMPREHENSIVE CARE SCHEDULE OF BENEFITS

PRESCRIPTION DRUGS

	Comprehensive Care 1	Comprehensive Care 2	Comprehensive Care 3
Absolute Annual Limit	80% of Cost, Maximum $30,000	80% of Cost, Maximum $40,000	80% of Cost, Maximum $50,000
Generic Drugs	80% of Cost	80% of Cost	80% of Cost
Brand Name Drugs where no generic drugs exist	80% of Cost	80% of Cost	80% of Cost
Brand Name Drugs where generic exists	50% of Cost	50% of Cost	50% of Cost
Credit Limit	$10,000	$12,000	$15,000
Corridor Deductible	$5,000	$5,000	$5,000
Continuous Swipe	N/A	N/A	N/A
Continuous Swipe after Corridor deductible	Yes	Yes	Yes

DOCTOR'S VISITS

Office Visits No. of visits per disability	$1,000 6	$1,300 6	$1,600 6
Home Visits (Emergency 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
Specialist Consultation – unreferred No. of Limitations	$1,000 6	$1,300 6	$1,600 6
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:	Comprehensive Care 1	Comprehensive Care 2	Comprehensive Care 3
1st 4 Visits Next 10 Visits	$1,800 $1,000	$2,000 $1,300	$2,200 $1,600

LAB & DIAGNOSTICS SERVICES (Includes ECG/EKG, Pap Smears, Ultra Sounds)

Absolute Annual Limit	80% of R&C, Maximum $30,000	80% of R&C, Maximum $40,000	80% of R&C, Maximum $50,000
Credit Limit	$10,000	$12,000	$15,000
Corridor Deductible	$5,000	$5,000	$5,000
Continuous Swipe after Corridor deductible	Yes	Yes	Yes
Diagnostic Services – Includes: Cat Scans, MRI, etc Absolute Annual Limit	80% of R&C 80% of R&C, Maximum $100,000	80% of R&C 80% of R&C, Maximum $100,000	80% of R&C 80% of R&C, Maximum $100,000
Credit Limit Corridor Deductible	$40,000 $20,000.00	$45,000 $25,000.00	$50,000 $30,000.00
Continuous Swipe after Corridor deductible	Yes	Yes	Yes

SURGERY BENEFITS Subject to R&C (Requires Pre-Authorization)

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 $12,000 + MM	80% of R&C up to $12, 000 + MM	80% of R&C up to $12000 + MM

Root Canal Surgery	80% of R&C	80% of R&C	80% of R&C
No. of Limitations	2 visits per year	2 visits per year	2 visits per year
Crowning	80% of R&C 2 visist per year	80% of R&C 2 visist per year	80% of R&C 2 visist per year

HOSPITAL BENEFITS

	Comprehensive Care 1	Comprehensive Care 2	Comprehensive Care 3
Daily Room & Board (Semi-Pvt. room)	80% of R&C, Max $2,500	80% of R&C, Max $3,000	80% of R&C
No. of days per disability`	Unlimited	Unlimited	Unlimited
Public Hospital Ward	100% of Cost, Max. $2,500 Per Day	100% of Cost, Max. $2,500 Per Day	100% of Cost, Max. $2,500 Per Day
Hospital Miscellaneous	80% of R&C up to $20,000 +MM	80% of R&C up to $20,000 +MM	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
Doctor's In-hospital Visit (non-surgical)	80% of R&C	80% of R&C	80% of R&C
No. of visits per disability	Unlimited	Unlimited	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

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	80% of R&C, max $2,000	80% of R&C	80% of R&C
No. of visits per disability	10	10	10

Speech Therapy - excludes congenital disorder, congenital disease or birth defect, existing at or before birth regardless of cause.	Covered under Major Medical	Covered under Major Medical	Covered under Major Medical
No. of visits per disability	Covered under MM	Covered under MM	Covered under MM

OTHER BENEFITS

	Comprehensive Care 1	Comprehensive Care 2	Comprehensive Care 3
Renal Dialysis/Radiotherapy/ Chemotherapy	Covered under MM	Covered under MM	Covered under MM
Hearing Aid (Payable every 3 years)	Max. $48,000, $24,000 / Ear	Max. $48,000, $24,000 / Ear	Max. $48,000, $24,000 / Ear
Occupational Therapy	80% of R&C, max $2,000	80% of R&C	80% of R&C
No. of sessions per annum	10 visits per year	10 visits per year	10 visits per year

PREVENTATIVE CARE

Immunizations up to age 13 Yrs.	80% of Cost, Max $10,000 / vaccine	80% of Cost, Max $10,000/ vaccine	80% of Cost, Max $10,000 / vaccine
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
Local Ground Ambulance (max per trip)	80% of R&C	80% of R&C	80% of R&C
Tubal Ligation/Vasectomy	80% of cost, Max. $15,000	80% of cost, Max. $15,000	80% of cost, Max. $15,000

MAJOR MEDICAL BENEFITS

Co-Insurance payment	80% / 20%	80% / 20%	80% / 20%
Major Medical Deductible (applicable to Surgery & Hospitalization)	$50,000	$50,000	$50,000
Overseas Deductible – per person, per year	US$100	US$100	US$100

ROOM & BOARD

Local	80% of R&C	80% of R&C	80% of R&C
Overseas	US$50	US$50	US$50

Overseas Services (embedded benefit) (Requires Pre-Authorization)

Non-Emergency Overseas - Reimburseable Emergency Overseas - Reimburseable	80% of remaining charges	80% of remaining charges	80% of remaining charges

Additional payments under major medical, after satisfaction of LOCAL deductible

	Comprehensive Care 1	Comprehensive Care 2	Comprehensive Care 3
Renal Dialysis	80% of Cost	80% of Cost	80% of Cost
Chemotherapy / Radiotherapy	80% of Cost	80% of Cost	80% of Cost
Private Nursing (per 8hr shift; requires Pre-Authorization)	$500	$500	$500
Psychiatry (only if hospitalized)	80% of R&C	80% of R&C	80% of R&C
Physiotherapy		80% of R&C	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	80% of R&C	80% of R&C
Intensive Care	80% of R&C up to $30,000 max 30 days	80% of R&C up to $30,000 max 30 days	80% of R&C up to $30,000 max 30 days
Air Transportation No. of Round trips per plan	N/A	N/A	N/A
Annual Major Medical Limit	$2,750,000	$3,000,000	$4,000,000

DENTAL & VISION SERVICES

Dental & Vision Combined	$15,000 Combined	$17,500 Combined	$20,000 Combined

Dependent Coverage Schedule: Life & Crticial Illness

	Critical Illness			Group Life			Personal Accident		
Member	500,000.00	750,000.00	1,000,000.00	500,000.00	750,000.00	1,000,000.00	500,000.00	750,000.00	1,000,000.00
Spouse	500,000.00	750,000.00	1,000,000.00	500,000.00	750,000.00	1,000,000.00	500,000.00	750,000.00	1,000,000.00
Child	125,000.00	187,500.00	250,000.00	125,000.00	187,500.00	250,000.00	125,000.00	187,500.00	250,000.00

HOSPITAL CARE SCHEDULE OF BENEFITS

HOSPITAL CARE	
PRESCRIPTION DRUGS (ONLY) Covered only and Hospitalized. Credit Limit-Without Continous Swipe	Paid as a Hospital Mscellaneous 80% of Cost
Laboratory & X-Ray Services (Includes ECG/EKG, Pap Smears, Ultrasounds)	Paid as a Hospital Mscellaneous 80% of Cost
Diagnostic Services -Cat Scans, MRI	Paid as a Hospital Mscellaneous 80% of Cost
SURGERY BENEFITS (Pre-authorization required)	**(Subject to R&C schedule)**
Maximum Surgeon's Fee	80% of R&C
Maximum Assistant Surgeon's Fee	33 1/3% of R&C
Maximum Anesthetist Fee	40% of R&C
Root Canal Surgery	80% of R&C
HOSPITALIZATION SERVICES	
Daily Room & Board (semi-pvt.rates)	100% of R&C
No. of Limitations	120 days per disability
Public Hospital Ward	100% of Cost up to Max. $1,000 per day
In-Hospital Misc. charges	100% of R&C
Out Patient Misc. charges	100% of R&C
Doctor's In-Hospital Visit	100% of R&C
Intensive Care	80% of R&C
Private Nursing **(per 8hr shift; requires Pre-authorization)**	80% of R&C
Local Ground Ambulance (per trip)	80% of R&C
Treatment of Decompression Illness	80% of R&C
MATERNITY	
Normal childbirth	Not covered
Caesarian Section	Not covered
Miscarriage	Not covered
OTHER MEDICAL SERVICES	
Supplemental Accident	Not covered
Psychiatry / Clinical Psychologist (combined)	Not covered
No. of Limitations	Not covered
Renal Dialysis	80% of R&C
Chemotherapy / Radiotherapy	80% of R&C
Hearing Aid (Payable every 3 years)	Not covered
Physiotherapy Sessions	80% of R&C
No. of visits per disability	(only if hospitalized)
Occupational Therapy	Not covered
No. of Limitations	Not covered

Speech Therapy Sessions	Not covered
No. of visits per disability	Not covered
Inoculations up to 13th birthday	Not covered
HPV Vaccine (Human Papillomavirus) **Females: ages 12-26 yrs.** **-Reimbursement Only**	Not covered
Tubal Ligation / Vasectomy	Not covered
Overseas Services (embedded benefit) Non-Emergency Overseas- Reimbursable Emergency Overseas- Reimbursable	
MAJOR MEDICAL BENEFITS	
Co – Insurance payment Local deductible – per person, per year	$50,000
Room & Board: - Local Overseas	N/A 80% up to a max. of US$100.00 per day
Overseas services (embedded benefit) Non-Emergency Overseas- Reimbursable Emergency Overseas- Reimbursable	80% of R&C
Additional payments under major medical, after satisfaction of LOCAL deductible :-	
Renal Dialysis	
Chemotherapy / Radiotherapy	N/A
Private Nursing (per 8hr shift)	N/A
Intensive Care	N/A
Major Medical Annual Maximum	**$2,500,000**
Plan Year Maximum	N/A
OVERSEAS EMERGENCY COVERAGE – Rider	
Maximum benefit payable at 100% coverage	N/A
DENTAL AND OPTICAL BENEFITS	
DENTAL	N/A
Annual Limit	N/A
OPTICAL	N/A
Annual Limit	N/A

Group Enrollment

- No medical questions are required if members in the group enroll within the open enrollment period
- Minimum of ten (10) persons must be enrolled
- At least 50% of the group should be participating in the plan
- Enrollment must take place within the two(2) month open enrollment period for the group - If enrollment is done outside that period, medical questions will be required

Eligible Plan Options:
- Comprehensive Care 1, 2, 3 or 4
- Critical Illness
- Group Life
- Personal Accident

Payments will be facilitated through salary deductions / HR or Group Administrator. Monthly payments will be accepted for group enrollments.



PROPOSED SCHEDULE OF BENEFITS

PRESCRIPTION DRUGS

	Comprehensive Care 1	Comprehensive Care 2	Comprehensive Care 3	Comprehensive Care 4
Absolute Annual Limit	80% of Cost, Maximum $30,000	80% of Cost, Maximum $40,000	80% of Cost, Maximum $50,000	80% of cost up to
Credit Limit	$10,000	$12,000	$15,000	$10,000 + MM
Corridor Deductible	$5,000	$5,000	$5,000	N/A
Continuous Swipe	N/A	N/A	$5,000	Yes
Continuous Swipe after Corridor deductible	Yes	Yes	Yes	N/A

DOCTOR'S VISITS

Office Visits No. of visits per disability	$1,000 6	$1,300 6	$1,600 6	$1,500 10 visits per disabilty
Home Visits (Emergency only) No. of visits per disability	$1,000 Unlimited	$1,300 Unlimited	$1,600 Unlimited	$1,500 10 visits per disabilty
Consultation - On Referral No. of visits per disability	$1,800 2	$2,000 2	$2,200 2	$2,200 2 visits per disability
Specialist Consultation – unreferred No. of Limitations	$1,000 6	$1,300 6	$1,600 6	$1,500 10 visits per disabilty
Direct Access Paediatrician (up to age 13) No. of visits per disability	$1,800 Unlimited	$2,000 Unlimited	$2,200 Unlimited	$2,200 2 visits per disability
Direct Access Gynaecologist/Urologist No. of visits per disability	$1,800 2	$2,000 2	$2,200 2	$2,200 2 visits per disability
Opthalmologist No of visits per year	$1,800 2	$2,000 2	$2,200 2	$2,200 1 visit per 12 month period
Dietician/Nutritionist, Podiatrist,Chiropractor (on referral) reimbursement only No. of Limitations/visits per disability	$1,800 2	$2,000 2	$2,200 2	$2,200 2 visits per disability

DOCTOR'S VISITS (CONT'D)

Psychiatry/Clinical Psychologist:	Comprehensive Care 1	Comprehensive Care 2	Comprehensive Care 3	Comprehensive Care 4
1st 4 Visits Next 10 Visits	$1,800 $1,000	$2,000 $1,300	$2,200 $1,600	$1,100 $1,100

LAB & DIAGNOSTICS SERVICES (Includes ECG/EKG, Pap Smears, Ultra Sounds)

Absolute Annual Limit	80% of Cost, Maximum $30,000	80% of Cost, Maximum $40,000	80% of Cost, Maximum $50,000	N/A
Credit Limit	$10,000	$12,000	$15,000	100% of R&C up to 6,000+MM
Corridor Deductible	$5,000	$5,000	$5,000	N/A
Continuous Swipe after Corridor deductible	Yes	Yes	Yes	N/A
Diagnostic Services – Includes: Cat Scans, MRI, etc	80% of Cost	80% of Cost	80% of Cost	80% of R&C
Absolute Annual Limit	80% of Cost, Maximum $100,000	80% of Cost, Maximum $100,000	80% of Cost, Maximum $100,000	N/A
Credit Limit	$40,000	$45,000	$50,000	N/A
Corridor Deductible	$20,000.00	$25,000.00	$30,000.00	N/A
Continuous Swipe after Corridor deductible	Yes	Yes	Yes	N/A

SURGERY BENEFITS Subject to R&C (Requires Pre-Authorization)

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	Up to $40,000 + 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	Up to $13,200 + MM
Anaesthetist Fee	80% of R&C up to $12,000 + MM	80% of R&C up to $12, 000 + MM	80% of R&C up to $12000 + MM	Up to $16,000 + MM
Root Canal Surgery	80% of R&C	80% of R&C	80% of R&C	80% of R&C
No. of Limitations	2 visits per year	2 visits per year	2 visits per year	2 visits per year
Crowning	80% of R&C 2 visist per year	80% of R&C 2 visist per year	80% of R&C 2 visist per year	80% of R&C 2 visist per year

HOSPITAL BENEFITS

	Comprehensive Care 1	Comprehensive Care 2	Comprehensive Care 3	Comprehensive Care 4
Daily Room & Board (Semi-Pvt. room)	80% of R&C, Max $2,500	80% of R&C, Max $3,000	80% of R&C	$2,700
No. of days per disability`	Unlimited	Unlimited	Unlimited	120 days per dis. +MM
Public Hospital Ward	100% of Cost, Max. $2,500 Per Day	100% of Cost, Max. $2,500 Per Day	100% of Cost, Max. $2,500 Per Day	100% of Cost up to $1,000 per day
Hospital Miscellaneous	80% of R&C up to $20,000 +MM	80% of R&C up to $20,000 +MM	80% of R&C	$27,000 + MM
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	$13,500 + MM
Doctor's In-hospital Visit (non-surgical)	80% of R&C	80% of R&C	80% of R&C	$1,400
No. of visits per disability	Unlimited	Unlimited	Unlimited	120 days per disability + MM
Private Nursing (per 8 hour shifts) - requires PreAuthorization	80% of R&C	80% of R&C	80% of R&C	Covered under Major Medical
Intensive Care (per day)	80% of R&C up to $30,000	80% of R&C up to $30,000	80% of R&C	Covered under Major Medical
No. of days per annum	30	30	30	30

MATERNITY BENEFITS

Normal Delivery	$30,000	$30,000	$30,000	$30,000
Caesarian Section	$40,000	$40,000	$40,000	$60,000
Miscarriage	$20,000	$20,000	$20,000	$15,000

OTHER BENEFITS

Physiotherapy	80% of R&C, max $2,000	80% of R&C	80% of R&C	$900
No. of visits per disability	10	10	10	6 visits per disability
Speech Therapy - excludes congenital disorder, congenital disease or birth defect, existing at or before birth regardless of cause.	Covered under Major Medical	Covered under Major Medical	Covered under Major Medical	Covered under Major Medical
No. of visits per disability	Covered under MM	Covered under MM	Covered under MM	Covered under MM

OTHER BENEFITS

	Comprehensive Care 1	Comprehensive Care 2	Comprehensive Care 3	Comprehensive Care 4
Renal Dialysis/Radiotherapy/ Chemotherapy	Covered under MM	Covered under MM	Covered under MM	Covered under MM
Hearing Aid (Payable every 3 years)	Max. $48,000, $24,000 / Ear	Max. $48,000, $24,000 / Ear	Max. $48,000, $24,000 / Ear	80% of cost up to $48,000 ($24,000 per ear)
Occupational Therapy	80% of R&C, max $2,000	80% of R&C	80% of R&C	$900
No. of sessions per annum	10 visits per year	10 visits per year	10 visits per year	10 visits per year

PREVENTATIVE CARE

Immunizations up to age 13 Yrs.	80% of Cost, Max $10,000 / vaccine	80% of Cost, Max $10,000/ vaccine	80% of Cost, Max $10,000 / vaccine	$1,500
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	80% of Cost up to $5,000 (per vaccine)
Local Ground Ambulance (max per trip)	80% of R&C	80% of R&C	80% of R&C	80% of R&C
Tubal Ligation/Vasectomy	80% of cost, Max. $15,000	80% of cost, Max. $15,000	80% of cost, Max. $15,000	$3,000

MAJOR MEDICAL BENEFITS

Co-Insurance payment	80% / 20%	80% / 20%	80% / 20%	80% / 20%
Major Medical Deductible (applicable to Surgery & Hospitalization)	$20,000	$25,000	$30,000	$4,000
Overseas Deductible – per person, per year	US$100	US$100	US$100	US$500

ROOM & BOARD

Local	80% of R&C	80% of R&C	80% of R&C	80% of R&C
Overseas	US$50	US$50	US$50	US$50

Overseas Services (embedded benefit) (Requires Pre-Authorization)

Non-Emergency Overseas - Reimburseable	80% of remaining charges	80% of remaining charges	80% of remaining charges	80% of remaining charges
Emergency Overseas - Reimburseable				

Additional payments under major medical, after satisfaction of LOCAL deductible

	Comprehensive Care 1	Comprehensive Care 2	Comprehensive Care 3	Comprehensive Care 4
Renal Dialysis	80% of Cost	80% of Cost	80% of Cost	80% of Cost
Chemotherapy / Radiotherapy	80% of Cost	80% of Cost	80% of Cost	80% of Cost
Private Nursing (per 8hr shift; requires Pre-Authorization)	$500	$500	$500	$500
Psychiatry (only if hospitalized)	80% of R&C	80% of R&C	80% of R&C	80% of R&C
Physiotherapy		80% of R&C	80% of R&C	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	80% of R&C	80% of R&C
Intensive Care	80% of R&C up to $30,000 max 30 days	80% of R&C up to $30,000 max 30 days	80% of R&C up to $30,000 max 30 days	80% of R&C up to $30,000 max 30 days
Air Transportation No. of Round trips per plan	N/A	N/A	N/A	N/A
Annual Major Medical Limit	$2,750,000	$3,000,000	4,000,000	$3,500,000

DENTAL & VISION SERVICES

Dental & Vision Combined	$15,000 Combined	$17,500 Combined	$20,000 Combined	$22,500



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