

<b>BENEFITS</b>	<b>Sagicor</b>
<b>Plan Type</b>	<b>Maximum</b>
<b>Maximum Benefit</b>	<b>\$1,000,000</b>
Benefit Period	3 years
<b>Calendar Year Deductible:</b>	
Deductible per Person	\$600
Deductibles per Family (max 2)	\$1,200
Co- insurance	80%-20%
Pre-Existing condition	\$1,000.00
<b>Hospital Daily Room &amp; Board Limit</b>	
Overseas (Non-Caricom)	\$4,000
Locally (Caricom)	\$700
Maximum no. days per Disability	N/A
<b>Intensive Care Unit</b>	
Overseas (Non-Caricom)	\$4,000
Locally (Caricom)	\$1,000
Maximum no. days per Disability	N/A
<b>Miscellaneous Hospital Expenses</b>	80% after Deductible
<b>Surgical Benefit</b>	80% after Deductible
<b>Anaesthesia Benefit</b>	25% of UCR
<b>Doctor's Visits Benefit</b>	
Office visit	\$250
Home	\$250
Hospital	\$250
Maximum no. of visits per Day	N/A
Maximum No. of visits per Disability	N/A
<b>Specialist Consultant Benefit</b>	
Office visit	\$250
Home/Hospital Visit	\$250
Maximum no. of visits per Day	N/A
Maximum No. of visits per Disability	N/A
<b>Maternity Benefit (Subject to Deductible /No Coinsurance)</b>	
Normal Delivery	\$4,000
Caesarean Section\Extra Uterine Pregnancy(inc. Surgeon, Anaesthetist, R&B;Misc. Exp)	\$8,000
Dilation & Curettage\Miscarriage	\$1,000
Pre-natal (included in Maternity Max.)	\$1,000
Waiting Period	10 months
<b>Prescribed Drugs Benefit</b>	80% after Deductible
<b>Diagnostic, X-ray and Lab Benefits</b>	80% after Deductible
<b>Psychiatrist Services</b>	
Maximum per Visit	\$250
Maximum visit per Calendar Year	20
<b>Psychologist (Upon Referral)</b>	
Maximum per Visit	\$100
Maximum visit per Calendar Year	20
<b>Physiotherapy(Upon Referral)</b>	
Maximum per Visit	\$100
Maximum visit per Calendar Year	20
<b>Preventative Care Benefits - (Annual Maximum)</b>	
<b>Male Wellness</b>	\$1,200
<b>Female Wellness</b>	\$1,200

<b>1. Annual physical examination</b>	Included
<b>2. Chest X-ray</b>	
<b>3. Complete urinalysis</b>	
<b>4. Blood profiles</b>	
<b>a. HBAIC</b>	
<b>b. CBC</b>	
<b>c. Lipid profile</b>	
<b>d. Kidney function</b>	
<b>e. Liver function</b>	
<b>f. PSA</b>	
<b>g. FBS</b>	
<b>h. Cholesterol</b>	
<b>i. Creatinine</b>	
<b>j. Thyroid profile</b>	
<b>5. Annual gynecological exam</b>	
<b>6. Annual pap smear test</b>	
<b>7. Annual screening mammogram and/or ultrasound</b>	
<b>8. Annual prostate exam</b>	
<b>9. Annual CA 125 test - women age 35 and over</b>	\$350
<b>10. Annual fecal immunochemical blood test (FiT)</b>	\$1,000
<b>11. Colonoscopy - over age 50, and every 10 years</b>	\$1,000
<b>12. Adult immunizations:</b>	\$600
<b>a. yellow fever</b>	
<b>b. chicken pox</b>	
<b>c. tetanus</b>	
<b>d. HPV (Adults and Children up to age 26)</b>	
<b>13. Dependant child (up to age 7) immunizations: ALL</b>	\$600
<b>14. Doctor's visit - One doctor's visit is payable on ONE preventative care benefit per annum for adults and children</b>	
<b>Chiropractic Benefit (Upon Referral)</b>	
Maximum per Consultation	\$100
Maximum visits per Calendar Year	20
<b>Acupuncture Benefit (Upon Referral)</b>	
Maximum per Consultation	\$100
Maximum visits per Calendar Year	20
<b>AIR FARE BENEFIT</b>	
Maximum Benefit	\$4,000
Maximum No. of trips per Calendar Year	2
<b>AIR AMBULANCE BENEFIT</b>	
Maximum benefit	US\$25,000.00
Maximum No. of trips per Calendar Year	2
Co-Insurance Factor	100%
<b>Local Ground Ambulance</b>	100%
<b>Internal Lifetime Plan Limits</b>	
Organ Transplants	\$250,000
Congenital Birth Defects	\$250,000
Mental/Nervous Disorder	\$25,000
HIV/AIDS	\$50,000
Covid 19 & Hospitalization	\$150,000
<b>Durable Medical Equipment - Per Calendar Year</b>	80% after Deductible
Maximum Benefit	\$20,000

<b>Radiotherapy/Chemotherapy/Dialysis</b>	80% after Deductible
<b>Repatriation of Mortal Remains</b>	TT\$20,000.00
<b>Private Duty Nursing - (Medically prescribed home nursing by a registered nurse)</b>	
Maximum Benefits per Calendar Year:	\$20,000
Maximum per 8 hr shift - Private Residence -Day	\$100
Maximum per 8 hr shift - Private Residence -Night	\$150
Maximum per 8 hr shift - Hospital-Night	\$200
Maximum no. of days per disability	N/A
<b>AIR FARE BENEFIT</b>	
Maximum Benefit	\$4,000
Maximum No. of trips per Calendar Year	2
<b>AIR AMBULANCE BENEFIT</b>	
Maximum benefit	US\$25,000.00
Maximum No. of trips per Calendar Year	2
Co-Insurance Factor	100%
<b>Local Ground Ambulance</b>	100%
<b>Internal Lifetime Plan Limits</b>	
Organ Transplants	\$250,000
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<b>Durable Medical Equipment - Per Calendar Year</b>	80% after Deductible
Maximum Benefit	\$20,000
<b>Radiotherapy/Chemotherapy/Dialysis</b>	80% after Deductible
<b>Repatriation of Mortal Remains</b>	TT\$20,000.00
<b>Private Duty Nursing - (Medically prescribed home nursing by a registered nurse following hospitalization due to a serious accident/illness)</b>	
Maximum Benefits per Calendar Year:	\$20,000
Maximum per 8 hr shift - Private Residence -Day	\$100
Maximum per 8 hr shift - Private Residence -Night	\$150
Maximum per 8 hr shift - Hospital-Night	\$200
Maximum no. of days per disability	N/A
<b>DENTAL CARE BENEFIT</b>	
	<b>Benefit</b>
Maximum Benefits per Calendar Year:	\$2,500
Deductible per Calendar Year	\$150
Orthodontic Treatment:( Lifetime Benefit Limited to children up to age 19)	\$2,500
Orthodontic Treatment Annual Benefit	\$1,250
Waiting Period	3 months
<b>VISION BENEFIT</b>	
	<b>Benefit</b>
Maximum per Calendar Year	\$2,000
Deductible per Calendar Year	\$150
Contact Lenses (Not medically required)	Paid under Vision Max.
Waiting Period	3 months

<b>UP TO AGE 65</b>	<b>Coverage Tier</b>	<b>Premium</b>
<b>Underwriting Guidelines:</b>	Member Only	\$ 309.00
Under 45 - Enrolment Form	Member + One	\$ 546.95
46 - 65 - Enrolment Form and Group Health Statement	Member + Family	\$ 825.05

Life Benefit	Premium
65 and Under - \$15,000 Benefit	\$7.20