



THE CARICARE ADVANTAGE

A
GROUP LIFE AND HEALTH PLAN

FOR
THE MEMBERS
OF
THE BARBADOS SECONDARY TEACHERS'
UNION

PRESENTED BY
SAGICOR LIFE INC

WISE FINANCIAL THINKING FOR LIFE

COMPOSITION OF GROUP PLAN

GROUP LIFE COMPONENT

- GROUP LIFE
- ACCIDENTAL DEATH AND DISMEMBERMENT



GROUP HEALTH COMPONENT

- MEDICAL
- DENTAL
- VISION

GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT



Each eligible member **\$50,000.00**

- ▶ Coverage for group life reduces by 50% at age 65 and terminates at 70.
- ▶ Accidental Death & Dismemberment cover terminates at age 65

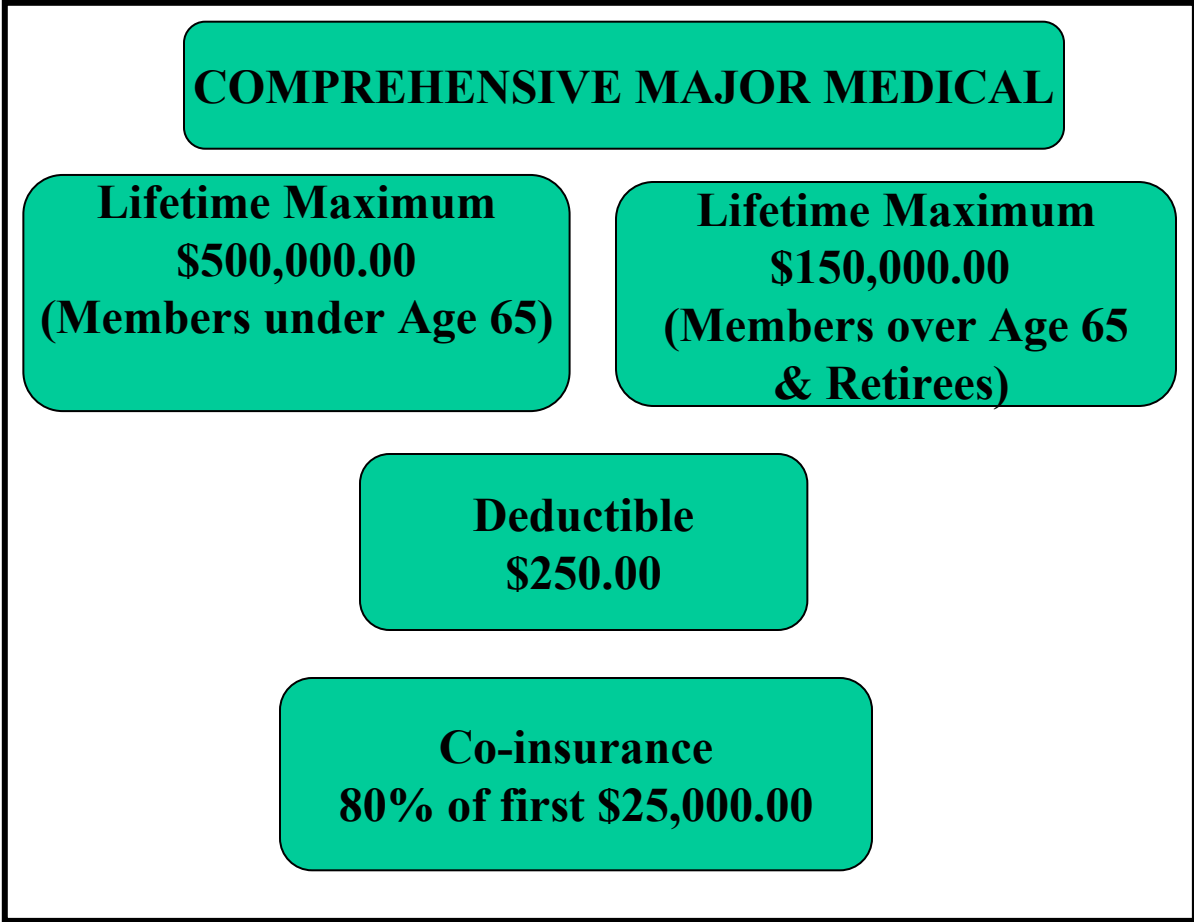
GROUP LIFE

Conversion Privilege



Should you leave the Union, your Group Life can be converted to an Individual Life Policy without submitting Medical Evidence as long as this is done within 31 days after termination.

COMPREHENSIVE MAJOR MEDICAL STRUCTURE



SUMMARY PLAN BENEFITS



- **Hospitalization including Daily Room and Board**
- **Other Hospital Services**
- **Surgical Expense Benefit**
- **Doctors & Specialist Visits**
- **Diagnostic Expense Benefit**
- **Other Health Care Professionals**
- **Preventative Care Benefits**
- **Airfare Benefit/Air Ambulance Benefit**
- **Dental Care**
- **Vision Care**

MAJOR MEDICAL COMPONENTS



SCHEDULE	BENEFITS
Lifetime Maximum (For members under age 65)	\$500,000.00
Lifetime Maximum (For members over age 65 & Retirees)	\$150,000.00
Annual Deductible	\$250.00
Family Deductible	3
Coinsurance Factor	80% to \$25,000.00 100% for rest of calendar year
Out-of-pocket	\$5,000
Carry-over Provision	Last 3 months of calendar year

PLAN BENEFITS



SCHEDULE	BENEFITS
DAILY ROOM & BOARD Local/Caricom Overseas (Non-Caricom) Intensive Care	After Deductible 80% up to \$400 80% to \$2,000 2.5 times Average Semi-Private Room Rate (ASPRR)
SURGICAL BENEFIT Benefit Payment	After Deductible 80%
MISCELLANEOUS EXPENSE BENEFIT Benefit Payment	After Deductible 80%
PRESCRIPTION DRUGS Benefit Payment	After Deductible 80%
DIAGNOSTIC EXPENSE BENEFIT Benefit Payment	After Deductible 80%
DOCTORS VISIT BENEFIT Office, Home, Hospital	After Deductible 80%
SPECIALIST BENEFIT Maximum Per Consultation	(By Referral Only except Gynaecologist & Paediatrician) After Deductible 80%

PLAN BENEFITS (cont'd)



SCHEDULE	BENEFITS
EMERGENCY CONSULTATION Maximum Per Treatment (Home/Hospital)	After Deductible 80%
MATERNITY BENEFIT Normal Delivery Caesarean Section Miscarriage Complication/Extra-uterine Pregnancy	Not subject to Deductible 80% to \$2,500 80% to \$3,000 80% to \$1,200 Treated as any other illness

PLAN BENEFITS (cont'd)



SCHEDULE	BENEFITS
<p>PSYCHIATRIC BENEFIT Lifetime Maximum</p> <p><u>Out-Patient Care</u> Maximum Per Treatment Maximum Visits Per Year Co-Insurance</p> <p><u>Hospital Confinement</u> Co-Insurance</p>	<p>After Deductible \$25,000.00</p> <p>\$50.00 20 Visits 50%</p> <p>80%</p>
<p>PHYSIOTHERAPY Maximum Per Visit</p>	<p>After Deductible 80% to \$40.00</p>

PLAN BENEFITS (cont'd)



SCHEDULE	BENEFITS
PRIVATE DUTY NURSING Max. Per 8 hr. shift – Private Residence (Day) Max. Per 8 hr. shift – private Residence (Night) Max. Per 8 hr. shift – Hospital (Night)	After Deductible 80% to \$70 80% to \$100 80% to \$120
AIR TRANSPORTATION BENEFIT No. of Trips Per Calendar Year Airfare Maximum per Calendar Year (Economy Fare) Benefit payment Air Ambulance Benefit Payment	 2 \$3,000.00 After Deductible 80% 100%

MEDICAL AIR TRANSPORTATION



- ④ **Transportation Of Escort**
- ④ **Repatriation/Recuperation**
- ④ **Organ Retrieval**
- ④ **Organ Recipient Transportation**
- ④ **Non-Injury Transportation**
- ④ **Minor Children**
- ④ **Mortal Remains**

PLAN BENEFITS (cont'd)



SCHEDULE	BENEFITS
LOCAL GROUND AMBULANCE Benefit Payment	After Deductible 80%
OTHER PLAN LIMITS Lifetime Maximums AIDS OR AIDS related illnesses Transplants Members under age 65 Members over age 65 & Retirees	 \$50,000.00 \$250,000.00 \$ 75,000.00

OVERSEAS CARE THE PRE-CERTIFICATION PROCESS



- ➔ **A required review in writing by two (2) physicians (one of whom should be a Specialist in the field of medicine pertaining to the sickness or injury).**
- ➔ **The medical necessity of having such medical treatment rendered outside the insured's country of resident.**

PAYMENT OF OVERSEAS CLAIMS



TYPE OF ELIGIBLE EXPENSE	PERCENTAGE PAID BY SAGICOR	
	INSIDE CORE NETWORK	OUTSIDE CORE NETWORK
Emergency Treatment	90% up to \$50,000. And then 100% Thereafter	90% up to \$50,000. And then 100% Thereafter
Referral overseas and Pre-Certified	90% up to \$50,000. And then 100% Thereafter	80% up to \$100,000. And then 100% Thereafter
Not approved, Not pre-certified & non emergency use of the Emergency Room	60% no stop loss will apply	60% no stop loss will apply
All procedures that can be performed locally	Reimbursement will be made at Reasonable & Customary charges within Barbados	

CANADIAN MEDICAL NETWORK (CMN)



- ◆ **Provides enhanced protection against EMERGENCIES while traveling; or**
- ◆ **Assistance for overseas treatment by PRE-ARRANGEMENT with the insurer.**
- ◆ **Ensures that all your eligible medical bills related to your emergency anywhere in the world are paid.**
- ◆ **A single phone call activates a series of events that lead to prompt and efficient medical care for you and dependents in an emergency.**

CMN - OVERSEAS NETWORK

- **Physicians and hospitals in more than 130 countries.**
- **7,000 acute care facilities.**
- **350,000 physicians and specialists.**
- **U.S.A., Canada, Caribbean, Mexico, Latin America, U.K., South Africa and Asia.**
- **Visit www.cmn.bb/sagicor for detailed information on this Network .**



PRE-EXISTING LIMITATION



All members, who receive medical care or services for sickness or bodily injury incurred within three (3) months immediately preceding the date his/her insurance becomes effective, shall be limited to the pre-existing amount \$750.00 for the first 12 months of coverage.

PREVENTATIVE HEALTH CARE PROGRAMME

“Prevention is Better than Cure.”



The Preventative Care Benefit is not subject to any deductible or coinsurance, but are subject to the limits set out in the Schedule of Benefits.

PREVENTATIVE HEALTH CARE PROGRAMME



BENEFIT	BENEFIT PAYMENT
<p>ANNUAL PHYSICAL EXAM. (Members Only) including:</p> <ul style="list-style-type: none"> - Medical Examination - Blood Pressure Check - Respiratory Check - Complete Urinalysis <p>Blood Profile</p> <ul style="list-style-type: none"> - Fasting Blood Sugar - Total Cholesterol Check - Haemoglobin - Glucose Testing 	<p>100% up to \$185.00</p>
<p>ANNUAL ELECTROCARDIOGRAM Male & Female members over age 40</p>	<p>100% up to \$60.00</p>

PREVENTATIVE HEALTH CARE PROGRAMME (cont'd)



BENEFIT	PAYMENT
ANNUAL GYN. & PAP SMEAR TEST: Female members or Spouse of Male member	100% up to \$65
ANNUAL MAMMOGRAM: Female members or Spouse of Male Member Over Age 40	100% up to \$150
ANNUAL PSA: Males Over Age 40	100% up to \$65
ROUTINE WELL BABY IMMUNIZATION: Dependent Children under age 5	100% up to \$100

DENTAL BENEFITS



SCHEDULE	BENEFITS
DENTAL CARE BENEFIT	
Maximum Per Calendar Year	\$1,000.00
Waiting Period	None
Annual Deductible	\$50.00
Level 1 (Preventative Services)	
Benefit Payment	80%
Level II (Minor Restorative Services)	
Benefit Payment	80%
Level III (Major Restorative Services)	
Benefit Payment	80%

Note: Observe the limitations in your Booklet

VISION BENEFITS



SCHEDULE	BENEFITS
VISION CARE BENEFIT	
Complete Examination	\$35.00
Lenses, Each	
Single Vision	\$55.00
Bi-Focal	\$65.00
Tri-Focal	\$75.00
Lenticular	\$90.00
Contact (Medically Required)	\$200.00
Contact (Not Medically Required)	\$100.00
Frames	\$200.00

Note: Observe the limitations in your Booklet

POINTS TO NOTE

- ❖ **Complications of Pregnancy**
 - **Treated as any other illness.**

- ❖ **CariCARE Card**
 - **Can be used to access instant health care internationally, by calling the toll-free number of our network providers.**

- ❖ **Reasonable and Customary Charge**
 - **Reimbursements/payments will be based on Reasonable and Customary charges (R & C).**



POINTS TO NOTE

- Pharmacy Discounts
 - Discounts at the following pharmacies:-



Collins Limited	10%
Holborn Pharmacy	12.5%
Palm Court Dispensary	12.5%
Elcourt Pharmacy	12.5%
Pharmaceuticals Plus	10%
Elbethel Pharmacy	10%
Friendship Pharmacy	10%

Example of Claim Payment

- Assume a member incurs a General Practitioner visit of \$100.00 and his deductible was already satisfied.
- Company will cover 80% of the Reasonable & Customary (R & C) medical costs up to \$25,000 and 100% thereafter up to \$500,000.



EXAMPLE 1	
Claim submitted	\$100
R & C charge	\$70
Benefit Payable	(80% of \$70) = \$56

Example of Claim Payment



EXAMPLE 2	
Claim submitted for major surgery	\$50,000
Deductible	\$250
Remaining Claim to be settled	\$49,750
Total Benefit payable by Sagicor	(80% of \$25,000 + 100% of \$24,750) \$20,000 + \$24,750 = \$44,750
Total Amount Paid by Insured member for surgery	\$5,250 Deductible: \$250 + Remaining Claim to be settled \$5,250

ADMINISTRATIVE ISSUES



- **Turnaround time for claims 10 working days.**
- **Enrollment – Health statement to be completed along with enrollment form.**
- **Members should be in good financial standing with the Union.**
- **Any members not joining within thirty-one (31) days of inception of the Plan will have to provide any medical requirements at their own expense.**
- **Members in arrears for one (1) month will be terminated off the Group Life and Health Plan.**
- **In order for members to be re-instated, they will have to re-apply as new members and provide any medical requirements at their own expense.**
- **Dependent children are covered up to age 19, with extension to age 23 if attending a recognized school/university.**

QUALITY OF LIFE ISSUES



- **We have to assume more responsibility for our health.**
- **Make the necessary lifestyle change to achieve better health.**
- **We have to become better informed on nutrition and exercise.**
- **Teach good health habits to our children.**
- **Responsible use of the program.**

CONCLUSION



We invite you to visit our website to access information relative to Group Life and Health Insurance and frequently asked questions.

WWW.SAGICORHEALTH.COM

QUESTIONS

