



**STATE INSURANCE**  
COMPANY LIMITED

Live in a better State of mind

# **ABHTA/ABWU Group Health & Life Plan Schedule of Benefits**



## **COMPANY BACKGROUND**

STATE INSURANCE COMPANY LIMITED has grown from humble beginnings in 1977 first at the then Hadeed-owned building at the corner of Market and Redcliffe Streets to its now three storey building on Redcliffe Street.

The institution had its genesis as a Government-owned entity and became a statutory body eight years later with a dedicated team led by pioneers.

Throughout the years, the Company has made a number of innovations. The nation's first indigenous insurance provider took the bold step to offer considerable savings to clients with its "No 2% deductible, first accident forgiveness, Twenty Pay Life Policy and Auto Plus."

Our strategic plan includes further and continuing development of capabilities and training of our employees along with utilizing information technology platform to provide our clients with improved efficiencies to ensure their needs are met on a timely basis.

We thank you for your interest in State Insurance Company Limited and look forward to a mutually beneficial working relationship.

## INTRODUCTION

The State Insurance Company Limited Group Plan is specifically designed to meet the needs of a large and diverse membership such as that of the ABHTA/ ABWU. It provides a wide range of benefits in one package to include:

- Medical Insurance
- Dental Coverage
- Vision Coverage
- Major Medical
- Life Insurance
- Accidental Death & Dismemberment Benefits

Each member of the plan is entitled to the SICL Card and access to SANUS affiliates, which affords them enhanced protection against emergencies while traveling.

State Insurance Company Limited is pleased to offer all services that will be required in connection with the administration of the proposed Group Health and Life Plan along with the assigned Broker, including:

- Billings and notifications of premiums paid
- Enrolment of employees and dependants
- Prompt claim settlement for members

## PLAN FEATURES

- The start date of the plan is 1st January 2021 and covers all members of the ABHTA/ABWU agreement
- Enrolment will only be required for new employees never covered under the plan. Those enrolled prior to the pandemic who would have been severed can be reinstated with a new employer, once that employer is party to the ABHTA/ABWU agreement and their re-registration occurs on or before 30 June 2021. There will be no waiting period for these employees. All new enrollees not previously covered under the plan will have a three (3) month waiting period before claims can be made
- A dedicated after-hours call service for all emergency medical services available at 729.7900. For service within normal working hours, contact 481.7800—05
- A wide network of local and regional medical providers
- The plan covers Health benefits (as outlined) for each employee and their dependants and \$25,000.00 Life Insurance and \$25,000.00 Accidental Death & Dismemberment for employees only

## PLAN BENEFITS - HEALTH

### MAXIMUM BENEFIT

ACTIVE UNDER AGE 65 \$500,000  
BENEFIT PERIOD: 3 Year Renewable

ACTIVE OVER 65 & RETIREES UP TO AGE 99 \$250,000  
BENEFIT PERIOD: Lifetime

Internal Plan Limits per insured

Lifetime Benefits for:

Transplants for Active under age 65 \$250,000

Transplants for Active over 65 & Retirees \$125,000

AIDS or AIDS-related illnesses \$40,000

Psychiatric Care (Applicable to Out-Patient & Hospital Care) \$25,000

Congenital Disorders (New Born) \$100,000

### DEDUCTIBLE OUTSIDE OF NETWORK

Per Calendar year

Per Individual Insured \$300

Per Family 2

CO-INSURANCE PAYMENT: Local Benefit  
On the 1st \$50,000.00 per Calendar Year 80%  
Thereafter to Maximum 100%

CO-INSURANCE PAYMENT: Overseas Benefit  
Pre-certified Overseas Treatment  
within Managed Care Network 80% on 1st \$50,000  
or Emergency treatment 100% thereafter

Pre-certified Overseas Treatment  
outside Managed Care Network 75% on 1st \$200,000  
100% thereafter

Not approved or Not Pre-certified 40%-no stop loss

## PLAN BENEFITS - HEALTH (Continued)

### SUBJECT TO THE DEDUCTIBLE & CO-INSURANCE

#### Pre-existing Condition

(Maximum per Disability)

\$750

#### Duration

12 Months

#### Daily Room & Board

Local (Caricom)

\$500

Overseas (Non-Caricom)

\$3,000

Intensive Care

2.5 times Average Semi-Private Room Rate

#### Private Duty Nursing:

Maximum per 8-hour Shift - In private residence (Day)

100

Maximum per 8-hour Shift - In private residence (Night)

\$120

Maximum per 8-hour Shift - In hospital (Night)

\$140

#### Psychiatric Benefit:

Out-patient Care

80%

Maximum per Treatment

\$120

Maximum Treatments per Calendar Year

20

Hospital Confinement

80%

#### Physiotherapy and other Health-care Professional Groups

Maximum:

\$100

Maximum Treatments per Calendar Year

20

#### Chiropractic Care Benefit:

\$100

Maximum Benefit per Calendar Year

\$750

Maximum Treatments per calendar Year

10

#### Doctor's Visits

Office Visit

\$200

Home Visit

\$200

Hospital Visits

\$200

Specialist Visit by Referral Only

\$250

Emergency Doctor's Visits Benefit (Home and Hospital)

\$350

## PLAN BENEFITS - HEALTH (Continued)

Local Ground Ambulance	80% of R&C
Surgical Expenses	80% of R&C
Other Hospital Services	80% of R&C
Miscellaneous Expenses	80% of R&C
Prescription Drugs	80% of R&C
Diagnostic Expense	80% of R&C
Hearing Aid Benefit	80% of R&C
Maximum Benefit per Five (5) year period	\$2,000
Medical Air Transportation Benefit (Economy Airfare)	80% of R&C
Maximum per Calendar Year	\$6,000
Maximum trips per Calendar Year	2
Medical Air Transportation Benefit (Emergency Air Ambulance)	80% of R&C
Maximum per Calendar Year	US\$15,000
Maximum trips per Calendar Year	2

### SUBJECT TO CO-INSURANCE ONLY

#### Maternity Benefit:

Normal delivery (Inclusive of Pre-natal payment)	\$4,000
Caesarean Section (Inclusive of Pre-natal payment)	\$5,000
Miscarriage (Inclusive of Pre-natal payment)	\$2,000
Pre-natal	\$2,000

***Complications including Extra-Uterine pregnancy are treated as any other illness***

### NOT SUBJECT TO THE DEDUCTIBLE NOR CO-INSURANCE

#### Preventative Care:

Annual Physical Exam for employees and spouses	\$200
Annual GYN and Pap Smear for each female employee/spouse	\$150
Mammogram for each female employee/spouse age 40 & over	\$200
Annual Proctology/Prostate Examination for each male employee/spouse age 40 and over	\$150
Annual Glaucoma Test	\$200
Lipid Profile	\$200
Routine Well Baby immunizations for each dependent child under age 5	\$200

## PLAN BENEFITS - HEALTH Continued

### DENTAL BENEFITS

Maximum per calendar year	\$2,500
Deductible per calendar year	\$50
Waiting period	N/A

### Amount of Benefit

Level 1 - Preventative	80%
Level 2 - Restorative	80%
Level 3 – Major Restorative	80%

### Orthodontic Benefit: (Limited to dependent children under age nine-teen (19) years)

Maximum per calendar year	\$1,500
Deductible per calendar year	\$50
Waiting period	N/A

### Description

Description	Limits
Prophylaxis-Adult	\$190
Prophylaxis-Child	\$130
Periodic Oral Evaluation	\$100
Amalgam-One Surface, Primary or Permanent	\$280
Amalgam-Two Surfaces, Primary or Permanent	\$350
Amalgam-Three Surfaces, Primary or Permanent	\$390
Bitewings -Two Films	\$170
Extraction, Erupted Tooth or Exposed Root (Elevation)	\$280
Panoramic Film	\$390
Resin-One Surface, Anterior	\$290
Resin-Two Surfaces, Anterior	\$390
Resin-Three Surfaces, Anterior	\$420

### VISION BENEFITS

Frames	\$600
Single Vision Lenses	\$400
Bi-focal Lenses	\$400
Tri-focal Lenses	\$500
Lenticular Lenses	\$550
Contact Lenses	\$350
Eye Exam	\$100
Benefit Payment	80%



## PLAN BENEFITS - LIFE

### LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT

Each employee under the plan is covered for Life Insurance and Accidental Death and Dismemberment Benefit.

In the event of an employee's death from any cause, State Insurance Company Limited will pay the amount of the life insurance shown in the schedule below to the named beneficiary.

This cover is for employees only.

Type	Under Age 65	Age 65 to 70
	<b>Principal Sum</b>	
Life	\$25,000	Reduces by 50% at age 65 ie \$12,5000
Accidental Death and Dismemberment	\$25,000	N/A

## ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

The amount payable as a percent of the Principal Sum (\$25,000.00) in respect of all losses is shown in the schedule be-low:

<b>LOSS</b>	<b>% PAID</b>
Loss of Life	100
Loss of Sight in both eyes	100
Loss of both hands	100
Loss of both feet	100
Loss of one hand one foot	100
Loss of one hand and sight in one eye	100
Loss of one foot and sight in one eye	100
Loss of sight in one eye	50
Loss of one hand	50
Loss of one foot	50
Loss of thumb and any finger on the same hand	25

**“Loss of foot”** means severance at or above the ankle joint.

**“Loss of hand”** means severance at or above the wrist joint.

**“Loss of eye”** means entire and irrecoverable loss of sight in the eye.

**“Loss of thumb and finger”** means severance at or above the knuckles joining the thumb and finger to the hand.

The Accidental Death & Dismemberment Benefit covers each employee on and off the job and losses up to three hundred and sixty-five (365) days after the accident. This benefit is paid in addition to any payment under the Life Insurance Benefit.

The Life Benefit reduces by 50% at age 65 (\$12,500.00) and terminates at age 70 or retirement, whichever is earlier.

The Accidental Death & Dismemberment Benefit terminates at age 65.

## **GUIDELINES WHEN MAKING A CLAIM**

### **HEALTH CLAIMS**

- When claiming outside the network, claim forms must be completed and returned to the Company within 90 days after the date of the loss for which claim is made. Be sure all receipts are attached and claim form is duly completed and signed by yourself and the attending physician. Should an employee visit an out-of-network provider, claim forms are to be submitted directly to the Broker
- Claims made within the network will be submitted by the provider directly to SICL
- Be sure to have a government-issued photo ID along with your SICL group ID card when visiting providers for service
- Do not sign claim form unless the doctor has completed the form

### **LIFE CLAIMS**

- State Insurance Company Limited must be notified of a claim within 90 days after the date of the loss
- Relevant forms are to be collected from State Insurance to be completed by the last attending physician



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