

**BELIZE CHAMBER OF
COMMERCE & INDUSTRY**

If you're sick, the last thing you
want to worry about is your
financial situation.



**"THERE IS NO GREATER WEALTH
THAN GOOD HEALTH."**

 **RENEWAL**
OCTOBER 2017
Sagicor



**BORDERLESS.
TIMELESS.**

BELIZE CHAMBER OF COMMERCE & INDUSTRY - TH1655459

Effective October 1st, 2017

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

	Tier 1			Tier 2	
BENEFIT	CURRENT & RENEWAL RATES	Current & Renewal	BENEFIT	CURRENT & RENEWAL RATES	Current & Renewal
LIFE	\$0.30 cents per \$1,000	\$ 15.00	LIFE	\$0.35 cents per \$1,000	\$ 8.75
AD&D	\$0.09 cents per \$1,000	\$ 4.50	AD&D	\$0.09 cents per \$1,000	\$ 2.25
Volume	\$50,000.00	\$ 19.50	Volume	\$25,000.00	\$ 11.00

2017 Renewal Offer

Current and Renewal Rates							
MM \$1M	Employees Under Age 65 (Tier 1)			MM \$500K	Employees Under Age 65 Tier 2)		
BENEFITS	Emp. Only	Emp. + One Dep.	Family	BENEFITS	Emp. Only	Emp. + One Dep.	Family
Medical	\$ 100.32	\$ 190.60	\$ 260.81	Medical	\$ 89.57	\$ 170.17	\$ 232.87
Dental	\$ 16.21	\$ 30.80	\$ 42.16	Dental	\$ 16.21	\$ 30.80	\$ 42.16
Vision	\$ 13.23	\$ 25.13	\$ 34.39	Vision	\$ 13.23	\$ 25.13	\$ 34.39
Sub Total	\$ 129.76	\$ 246.53	\$ 337.36	Sub Total	\$ 119.01	\$ 226.10	\$ 309.42
Life and AD&D - \$50,000	\$ 19.50	\$ 19.50	\$ 19.50	Life and AD&D - \$25,000	\$ 11.00	\$ 11.00	\$ 11.00
Grand Total	\$ 149.26	\$ 266.03	\$ 356.86	Grand Total	\$ 130.01	\$ 237.10	\$ 320.42

Current and Renewal Rates			
	Over Age 65 & Retirees (Tiers 1 & 2)		
BENEFITS	Emp. Only	Emp. + One Dep.	Family
Medical	\$ 140.45	\$ 266.84	\$ 364.51
Dental	\$ 22.69	\$ 43.13	\$ 59.02
Vision	\$ 18.52	\$ 35.18	\$ 48.15
Sub Total	\$ 181.66	\$ 345.15	\$ 471.68

CARICARE ADVANTAGE - SCHEDULE OF BENEFITS
 Life and Accidental Death and Dismemberment Care Coverage

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{Cover is for Employees only}

LIFE BENEFIT	AD&D BENEFITS
25,000.00 - Tier 1 & 2	25,000.00 - Tier 1 & 2
\$50,000.00 - Tier 1 & 2	\$50,000.00 - Tier 1 & 2

The Non-Evidence Maximum for Life Benefit is: **N/A**

Evidence of Insurability is required for all amounts in excess of these, whichever is applicable

The amount payable as a percent of the Principal Sum in respect of all losses is shown in the schedule below:

Loss of Life	100%
Loss of Sight of Both Eyes	100%
Loss of Both Hands	100%
Loss of Both Feet	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%
Loss of Sight of 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 of the eye.

"Loss of Thumb and Finger" means severance at or above the knuckles joining the thumb and Finger to the hand.

The Life Benefit reduces by 50% at age 65 and terminates at age 70. The Accidental Death and Dismemberment Benefit Terminates at age 65.

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.

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Major Medical Benefit	
Major Medical Care Coverage (Active employees under age 65) – Tier 1	\$1,000,000.00
Major Medical Care Coverage (Active employees over age 65) – Tier 1	\$1,000,000.00
Major Medical Care Coverage (Active employees under age 65) – Tier 2	\$ 500,000.00
Major Medical Care Coverage (Active employees over age 65) – Tier 2	\$ 500,000.00
Benefit Period Lifetime	
Deductible per Calendar Year	\$ 200.00
Deductible per Family	3
Local Benefit Payment: Co-insurance Percentage:	
Benefit Payment: Co-insurance Percentage on the 1 st \$25,000.00	80%
Thereafter to the Maximum	100%
Overseas Benefit Payment: Co-insurance Percentage:	
Pre-certified Overseas Treatment with Managed Care Network or Emergency Treatment	90% up to \$50,000 thereafter 100%
Pre-certified Overseas Treatment outside of Managed Care Network	80% up to \$100,000 thereafter 100%
Not approved or Pre-certified	60% - no stop loss will apply
Carry Over Provision	Last Three (3) Months of Calendar Year
Surgical Benefit	(Subject to the deductible)
Benefit Payment	80% to a Maximum of the R & C* Charge
Doctors Visit Benefit	(Subject to the deductible)
Maximum Per Consultation (Office, Hospital)	\$60.00
Maximum Per Consultation (Home)	\$70.00
Benefit Payment	80%
In Hospital Doctors Visit	(Subject to the deductible)
Maximum per Consultation	\$300.00
Benefit Payment	80%
Other Hospital Services & Prescription drug benefits	(Subject to the deductible)
Benefit Payment	80% to a Maximum of the R & C* Charge
Miscellaneous Expense Benefit	(Subject to the deductible)
Benefit Payment	80% to a Maximum of the R & C* Charge

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Specialist Benefit (By referral ONLY)		(Subject to the deductible)
Maximum per Consultation		\$70.00
Benefit Payment		80%
Diagnostic Benefit		(Subject to the deductible)
Benefit Payment		80% to a Maximum of the R & C* Charge
* R & C - Reasonable and Customary		
Emergency Consultancy - Home/Hospital		(Subject to the deductible)
Maximum per Consultation		\$ 250.00
Benefit Payment		80%
Daily Room and Board Limit		(Subject to the deductible)
Local		\$ 250.00
Out-of-Country		\$ 800.00
Intensive Care		2.5 times ASPRR
ASPRR Means "Average Semi-Private Room Rate"		
Pre-existing Condition (Maximum per Disability)		\$ 750.00
Maternity Benefit		(Not subject to the Deductible)
Normal Delivery	80% to a Maximum of	\$ 2,000.00
Caesarean Section	80% to a Maximum of	\$ 3,500.00
Miscarriage	80% to a Maximum of	\$ 1,500.00
Complications including Extra Uterine Pregnancy are treated as any other illness		
Psychiatric Benefit (Other than For Hospital Confinement)		(Subject to the deductible)
Maximum per Treatment		\$ 55.00
Co Insurance Percentage		50%
Maximum Visits per Year		20
Hospital Confinement		
Co Insurance after Deductible		80%
Physiotherapy and other Health Care Professional Groups		(Subject to the deductible)
Maximum per visit		\$ 40.00
Benefit Payment		80%
Private Duty Nursing		(Subject to the deductible)
Maximum Per 8-hour shift - Private residence (Day)		\$ 75.00
Maximum per 8-hour shift - Private residence (Night)		\$ 120.00
Maximum per 8-hour shift - Hospital (Night)		\$ 150.00

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Bus Fare Benefit	See *below
Maximum per Calendar Year	\$2,000.00
Benefit payment Percentage	80%

Medical Air Transportation Benefit	
Airfare	(Not subject to the Deductible)
Maximum Benefit per Calendar Year	Economy Fare
Maximum Number of Trips per Calendar Year	2
Benefit Payment Percentage	100%

Emergency Air Ambulance	
(Not subject to the Deductible)	
Maximum Number of Trips per Calendar Year	2
Benefit Payment Percentage	100%

Internal Airfare Benefit	
(Subject to the deductible)	
Maximum per Calendar Year	\$ 500.00
Maximum Number of Trips per Calendar Year	2
Benefit Payment Percentage	80%

Local Ground Ambulance	
(Subject to the deductible)	
Benefit Payment Percentage	80%
NB 80% of the Reasonable and Customary Charges are eligible for reimbursement.	

- *Included in the Medical Air Transportation Benefit

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Preventative Care Coverage	
(Not subject to the Individual Deductible)	
Annual Physical Examination Benefit (For Male Employees) under age 40	\$ 140.00
Annual Physical Examination Benefit (For Male Employees) over age 40	\$ 200.00
Annual Physical Examination Benefit (For Female Employees) under age 40	\$ 190.00
Annual Physical Examination Benefit (For Female Employees) over age 40	\$ 270.00
Annual Proctology/Prostate examination (For Male Spouses) over age 40	\$ 60.00
Annual GYN & Pap Smear Test (For Female Spouses) under age 40	\$ 50.00
Annual GYN, Pap Smear & Mammogram Tests (For Female Spouses) over age 40	\$ 130.00
Immunisation (For each dependent child) under age 2 years	\$ 50.00

⊕ Annual Physical Examination benefit includes:

- ✓ Medical Examination
- ✓ Complete Urinalysis
- ✓ Blood Profile, including:-
 - ❖ Fasting Blood Sugar Test
 - ❖ Total Blood Cholesterol
 - ❖ Haemoglobin
 - ❖ Estimated Sedimentation Rate (ESR) Test
 - ❖ Electrocardiogram

⊕ Annual Proctology/Prostate Examination inclusive of PSA test for each male employee or spouse of a female employee over age 40.

⊕ Annual Mammogram for each female employee or spouse of a male employee over age 40.

⊕ Annual GYN and Pap smear test for each female employee or spouse of a male employee.

Internal Plan Limits:	
Lifetime Maximums	
Mental & Nervous	\$ 25,000.00
AIDS or AIDS-related illnesses	\$ 50,000.00
Transplants (Active employee under age 65)	\$ 250,000.00
Congenital Illness	\$250,000.00
* R & C - Reasonable and Customary	
NB 80% of the Reasonable and Customary Charges are eligible for reimbursement.	

Prescription
Drugs

Reimbursement/ Payment limited to "prescribed drugs" as set out and required by law
in the insurer's jurisdiction

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Dental Expense Benefit	
Maximum per Calendar Year	\$ 1,500.00
Deductible per Calendar Year	\$ 50.00
Benefit:	
Level - 1 Preventative	80%
Level - 2 Restorative	80%
Level - 3 Major Restorative	80%

All benefits are based on Reasonable & Customary charges

Comprehensive Vision Expense Benefit	
Maximum Per Calendar Year	\$ 600.00
Deductible Per Calendar Year	\$ 50.00
Benefit Payment	80%
<p>This Benefit provides for reimbursement of expenses incurred for necessary vision care treatment and supplies which are recommended by a duly qualified Optician, Optometrist or Ophthalmologist up to the amounts shown in the schedule of benefits.</p>	

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Major Medical Benefit (Tier 3)	
Major Medical Care Coverage	\$ 50,000.00
Active employees under age 65) - Yearly renewable	
Maximum Lifetime Benefit	\$250,000.00
Active employees under age 65	
Lifetime Benefits for	\$ 50,000.00
AIDS or AIDS-related illnesses	
Deductible per Calendar Year	\$100.00
Per Each Individual Insured	
3	
Per Family	
Co-Insurance Payment: Local Benefit	
On the first \$25,000.00 Per Calendar Year	
80%	
Thereafter to the Maximum	
100%	
Carry Over Provision	Last 3 months of the Calendar Year
BENEFITS SUBJECT TO THE DEDUCTIBLE & THE CO-INSURANCE	
BENEFIT MAXIMUMS/LIMITS	
Pre-existing Condition (Maximum per Disability)	\$ 750.00
Daily Room & Board	
Local	\$250.00
Intensive Care	2.5 times Average Semi-Private Room Rate
Doctor's Visits	
Office Visit	\$ 60.00
Home Visit	\$ 70.00
Hospital Visit	\$ 300.00
Specialist Visit by Referral Only	\$ 70.00
Emergency Doctor's Visits Benefit (Home and Hospital)	\$ 250.00
Internal Airfare Benefit	
Maximum per calendar year	\$ 500.00
Maximum number of trips per calendar year	2
Benefit payment percentage	80%

Local Ground Ambulance	80% to a maximum of the R & C Charge
Surgical Expense	80% to a maximum of the R & C Charge
Other Hospital Services	80% to a maximum of the R & C Charge
Miscellaneous Expense	80% to a maximum of the R & C Charge
Prescription Drugs	80% to a maximum of the R & C Charge
Diagnostic Expense	80% to a maximum of the R & C Charge

Medical Air Transportation Benefit	
Maximum trips per Calendar Year	2
Airfare Maximum Benefit per Calendar Year	\$ 5,000.00
Benefit Payment	80%

BENEFITS SUBJECT TO THE CO-INSURANCE ONLY	BENEFIT MAXIMUMS/LIMITS
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Maternity Benefit	
Normal Delivery (Inclusive of Pre-natal payment)	\$2,500.00
Caesarean Section (Inclusive of Pre-natal Payment)	\$3,500.00
Miscarriage (Inclusive of Pre-natal Payment)	\$1,000.00
Pre-natal	\$1,000.00

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

BENEFITS NOT SUBJECT TO THE DEDUCTIBLE NOR THE CO-INSURANCE	BENEFITS MAXIMUMS/LIMITS
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Medical Air Transportation Benefit	
Emergency Air Ambulance	100%

NOTE: Prescription Drugs - Reimbursement/Payment limited to "prescribed drugs" as set out and required by law in the insurer's jurisdiction.