

Date:  
September 26<sup>th</sup>,  
2022

# LIFE AND HEALTH INSURANCE FOR THE BELIZE CHAMBER OF COMMERCE & INDUSTRY MEMBERSHIP



# YOUR PLAN BENEFITS



**1. LIFE**



**2. ACCIDENTAL DEATH &  
DISMEMBERMENT**



**3. MAJOR MEDICAL**



**DENTAL  
& VISION**

**4. DENTAL & VISION  
CARE**

# Group Life Coverage

Active Employees Under age 65



\$25,000  
or  
\$50,000



# Accidental Death and Dismemberment Coverage

## Active Employees Under age 65



**\$25,000 or \$50,000  
equal to your Basic Life  
Benefit**

### Accidental Death and Dismemberment Benefit

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

LOSS	% PAID
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 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 and terminates at age 70 or retirement, whichever is earlier.

The Accidental Death & Dismemberment Benefit terminates at age 65.

# Characteristics of Health Insurance

- Deductibles are accumulative during the calendar year
- Single deductible applicable: \$200 **(Subject to change to \$250 October 1<sup>st</sup>, 2022)**
- Two party coverage: \$400 **(500.00 Oct 1<sup>st</sup>, 2022)**
- Three party coverage: \$600 **(750.00 Oct 1<sup>st</sup>, 2022)**  
**{Other covered family members are eligible to receive benefits for the calendar year without additional deductibles}**
- Stop Loss maximum: Plan pays 80% on the first \$25,000 of eligible expenses thereafter, 100%
- Co-insurance percentage: 80%/20%
- Your 20% = \$5,000
- Reasonable and Customary Charges
- Pre-Existing Condition: \$750
- Carry Over Provision



**Major Medical Maximums  
for active employees under  
and over age 65 & retirees  
and dependents  
\$500,000 or  
\$1,000,000  
Lifetime benefit**









# Major Medical Benefit

## Benefits subject to Co-insurance only:-

### Maternity Benefit:

- ☐ Normal Delivery
- ☐ Miscarriage
- ☐ Caesarean Section
- ☐ Prenatal

## Benefits not subject to Co-insurance or deductible:-

### Medical Air Transportation

- ☐ Economy airfare
- ☐ Emergency Air Ambulance

## Benefits subject to the Deductible and Co-insurance:-

- ☐ Transplants
- ☐ AIDS
- ☐ Psychiatric Care
- ☐ Diagnostic Expense

## Benefits subject to the Deductible and Co-insurance:-

- ☐ Physiotherapy Benefit
- ☐ Daily Room and Board
- ☐ Doctors Visits
- ☐ Emergency Doctor's visits
- ☐ Internal Airfare Benefit
- ☐ Bus Fare
- ☐ Local Ground Ambulance
- ☐ Surgical, Miscellaneous, Prescription drugs, Diagnostic Expense





# Out of Country Treatment (requires precertification)

The plan pays to the nearest point where treatment is available for services that is not available locally.

- **Out of Country form to be completed by two (2) physicians with regards to the medical necessity not available locally or in the region**

Once approved, Sagicor will pay for airfare or bus fare and the charges will be paid at the regional rates.

The only line that is paid at the Belize rate is the room<sup>9</sup> and board all other services is paid at the regional rates.

For services that is available locally, a person can go to the region to seek treatment however, it will be limited to the cost of Belize and no airfare or bus fare will be paid.

- Overseas Care managed by GMMI : <https://www.sagicor.com/groupweb>



## Access To Global Providers

Sagicor Life Inc has access to a network of hospitals and doctors worldwide. To access this information, please visit:

[sagicor.com/GroupWeb/Global Providers](https://www.sagicor.com/groupweb/global-providers)

# CariCARE Card Benefits:

- Provides enhanced protection against EMERGENCIES while travelling
- CariCARE International Card which provides 24 hour medical care worldwide via medical partner GMMI



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This facility makes claims settlement faster and easier. Present your Sagicor CariCARE card at any of the below participating providers and enjoy the convenience of paying your portion of the eligible expense while Sagicor will pay its portion directly to the provider.

# Auto-Adjudication



□ <https://eservice.sagicorlife.com/groupwebsli/ProviderList.aspx>

**Auto-Adjudication** is a paperless process whereby a claim is processed completely via the computer.

**No forms to fill out!!**



Wise Financial Thinking for Life

# Preventive Care Package

## No Deductible, No Co-insurance

Annual Physical Examination includes:

- Medical Examination
- Complete Urinalysis
- Blood Profile:
  - *Fasting Blood Sugar Test*
  - *Total Blood Cholesterol*
  - *Hemoglobin*
  - *Estimated Sedimentation Rate (ESR) Test*
  - *Electrocardiogram*

- Annual GYN and Pap Smear (female employees)
- Annual Prostate and Proctology (male Employees over age 40 only)
- Annual Mammogram (female Employees over age 40 only)

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- Plan Administrator must complete **Preventative Care Request Form for Lab & Doctor** (for services provided by a registered Sagikor preferred provider).
- Employee takes to a **Preferred Provider and or lab forms** to doctor/facility and they will submit to Sagikor with bill for service.
- Services received from a non preferred provider must be paid for in full and claim submitted for reimbursement.



# Dental Benefits (For employees & dependents)



Maximum Per Calendar Year	\$1,500.00
Deductible Per Calendar Year	\$ 50.00
Benefit Payment	80%
Waiting Period	None

Level 1	<b>Preventative: 80%</b> <i>Cleaning of Teeth, Dental X-rays, Application of Fluorides</i>
Level 2	<b>Restorative: 80%</b> <i>Fillings: example - Amalgams, Porcelain, Composite, Extractions, Treatment of Periodontal Diseases</i>
Level 3	<b>Major Restorative: 80%</b> <i>Root Canals, Initial Provision of Crowns and Dentures</i>

1. Oral Examination & prophylaxis is limited to 1 in any one 6 month period
2. Dental X-rays bitewing X-rays limited to 1 set in any one 6 month period and full mouth limited to 1 set in any one 24 month period
3. [Dental Claim form](#)



# Vision Care for Employees & dependents

Maximum per Calendar Year	\$ 600.00
Deductible Per Calendar Year	\$ 50.00
Benefit Payment	80%
Waiting Period	3 months

This Benefit provides for the reimbursement of expenses incurred by 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.

<b>Examination</b>	One visual examination during any one twelve (12) month period.
<b>Lens</b>	Reimbursement for two lenses during any one twelve (12) month period.
<b>Frames</b>	Frames will be limited to one set during any 24 consecutive months.



[Vision care form](#)



# Advantage - Retiree Coverage

- Ensures continuation of health coverage (Medical Dental & Vision care) beyond age 65 or at retirement
- Coverage to age 99
- Eligible employees are those who have completed 5 years of service

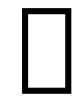


- ✓ Claims are to be submitted within 90 days of service
- ✓ Claim form must be thoroughly completed, always signed by primary insured.
- ✓ Claim form must also be signed by spouse if spouse is the patient:
- ✓ All supporting documentation must be attached (itemized receipts/invoice, prescription, lab/ultrasound request form, injury report.)



**[belizelocalclaims@sagicor.com](mailto:belizelocalclaims@sagicor.com)**





□ Group Web: <https://eservice.sagicorlife.com/groupwebsli>

□ Online Forms: <https://eservice.sagicorlife.com/groupwebsli/pdtdocs.asp>

□ Overseas Provider Search:

<https://www.gmmi.com/cost-containment/sagicor-provider-search>



**610-5155**

# Questions or Concerns





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# Let's Talk

## CONTACT US



[DLSBROKERS.COM](http://DLSBROKERS.COM)



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