



# SAGICOR

2024-2026



Sagicor



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## OUR VALUES

We strongly believe in Sagicor's values of being a Timeless, Borderless, and colourless entity.

## OUR VISION

To be a great company committed to improving the lives of the people in the communities in which we operate.

## OUR BRAND

To be Loved by our Team Members and Clients, and to be admired by our Competitors.

STANDARD  
& POOR'S

BBB (STABLE)

Fitch

BBB- (STABLE)



A- (STABLE)

ABOUT  
**US**

  
Sagicor

# SAGICOR IS THE LEADING PROVIDER OF INSURANCE-BASED FINANCIAL SOLUTIONS IN THE REGION.

Over 180-years-old, with a long track record of strong organic and inorganic growth. Provides life, health, and P&C insurance, annuities, asset management and pension products to individuals and groups.

## LEADING MARKET POSITIONS

- 1<sup>ST</sup> Barbados**  
74% Market Share
- 1<sup>ST</sup> Eastern Caribbean**  
SVG 66%, SLU 43% Market Share
- 1<sup>ST</sup> Trinidad & Tobago**  
Largest player in traditional business. 29% Market Share

**600**  
INSURANCE ADVISORS

**260K**  
LIFE POLICIES

2019	2020	2021	2022
257	260	259	258

**400K**  
CUSTOMERS /INSUREDS

**10**  
INSURANCE REGULATORS

**10**  
COUNTRIES OF OPERATION

**1,300**  
TEAM MEMBERS



SAGICOR  
**AT A GLANCE**



# VALUE PROPOSITION



- 01 WELLNESS / MEMBER EDUCATION** - Wellness Sessions, Newsletters and Seminars
- 02 CARICARE™** - Swipe & Pay only the difference
- 03 DISCOUNTS TO CARD HOLDERS** - Preventative Activities & Discounts
- 04 INTERNATIONAL PROVIDER NETWORK - GMMI** - Ease of access for medical emergencies
- 05 ELECTRONIC SUBMISSION OF PAPER CLAIMS & PROMPT SETTLEMENT**
- 06 HIGH CUSTOMER EXPERIENCE METRICS** - 95% of claims settled within 5-10 business days
- 07 TELEMEDICINE** - We honor telemedicine services
- 08 ONLINE CLIENT PORTAL** - For HR & Admin Team Member Enrolment / Electronic Billings **SAGICOR GO (Mobile App)** For Members
- 09 USE OF ANALYTICS** - To customize wellness/programs and aid in cost containment
- 10 COST MANAGEMENT** - Streamlined Reports / In-Depth Claims & Fraud Mitigation Analysis

OUR

# VALUE PROPOSITION



## Underwriting Requirements:

1. Completion of Enrolment form
2. A Group Health Statement for the insured and each dependent
3. For children under 2 years – a pediatrician report is also required

## Underwriting Exceptions:

1. Open enrolment exercise
2. Members adding Newborns within 31 days of birth (change form & notice of birth only)

**N.B. New members must be age 59 & under to join the plan**



1

### Spouse

Married or Common-Law Spouse (2 years minimum)

2

### Dependent Child or Children

By birth, legally adopted, legal guardianship or via common law spouse

3

### Coverage

Dependent children to age 19, age 25 (enrolled at tertiary level)

Eligibility and Enrolment:

# New & Existing Members



Canning's Employees' Credit Union  
Co-operative Society Limited



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**MEDICAL COVERAGE IS AVAILABLE TO ALL INSURED AND THEIR COVERED DEPENDENTS. EACH INSURED AND DEPENDENT HAS THEIR INDIVIDUAL MAJOR MEDICAL COVER**

<b>CARICARE ADVANTAGE</b>	<b>ACTIVES</b>	<b>RETIRES</b>
Maximum Benefit	<b>\$1,000,000.00</b>	<b>\$500,000.00</b>
Benefit Period	<b>3 Year Renewable</b>	<b>Lifetime</b>
Deductible per Calendar Year	<b>\$900.00</b>	<b>\$1,200.00</b>
Deductibles per Family	<b>3</b>	<b>2</b>
Co-Insurance Percentage	<b>70%</b>	<b>70%</b>
Carry Over Provision	<b>Last 3 months of Cal Yr</b>	<b>Last 3 months of Cal Yr</b>
Pre-existing Condition Maximum (New Members)	<b>\$2,500.00</b>	<b>Not Applicable</b>
<b>Daily Room &amp; Board: (quoted in TT dollars)</b>		
Overseas (Non-Caricom)	<b>\$2,500.00</b>	<b>\$2,500.00</b>
Locally (Caricom)	<b>\$700.00</b>	<b>\$500.00</b>
Intensive Care Benefit (Non-Caricom)	<b>\$3,000.00</b>	<b>\$3,000.00</b>
Intensive Care Benefit (Caricom)	<b>\$1,000.00</b>	<b>\$1,000.00</b>
<b>Private Duty Nursing</b>		
Maximum Per 8-hour shift - Private Residence (Day)	<b>\$75.00</b>	<b>\$75.00</b>
Maximum Per 8-hour shift - Private Residence (Night)	<b>\$100.00</b>	<b>\$100.00</b>
Maximum Per 8-hour shift - Hospital (Night)	<b>\$120.00</b>	<b>\$120.00</b>
Maximum per calendar year	<b>\$20,000.00</b>	<b>\$20,000.00</b>

**MAJOR MEDICAL COVERAGE**

CARICARE ADVANTAGE	ACTIVES	RETIRES
<b>Doctor Visits (Office, Home, Hospital)</b>	<b>\$200.00 / \$250.00 / \$250.00</b>	<b>\$200.00 / \$250.00 / \$250.00</b>
<b>Specialist Visits (Office, Home, Hospital)</b>	<b>\$300.00</b>	<b>\$250.00</b>
<b>Psychiatrist Visits (Office, Home, Hospital)</b>	<b>\$200.00</b>	<b>\$200.00</b>
<b>Psychologist Benefits:</b>		
Maximum per treatment	<b>\$200.00</b>	<b>\$200.00</b>
Maximum number of treatments per calendar year	<b>20</b>	<b>20</b>
Co-Insurance Percentage	<b>70%</b>	<b>70%</b>
<b>Physiotherapy Benefit:</b>		
Maximum per treatment	<b>\$150.00</b>	<b>\$150.00</b>
Maximum number of treatments per calendar year	<b>20</b>	<b>20</b>
Co-Insurance Percentage	<b>70%</b>	<b>70%</b>
<b>Acupuncture &amp; Chiropractic Benefit:</b>		
Maximum per treatment	<b>\$200.00</b>	<b>\$200.00</b>
Maximum number of treatments per calendar year	<b>20</b>	<b>20</b>
Co-Insurance Percentage	<b>70%</b>	<b>70%</b>



# MAJOR MEDICAL COVERAGE

Doctor, Specialist & Other Visits





## 10 MONTH WAITING PERIOD

### NORMAL DELIVERY

Maximum: **\$5,000**

### CAESAREAN SECTION & EXTRA UTERINE PREGNANCY

Maximum: **\$8,000**

**Please note that an Emergency C-Section may be treated as a medical emergency and may be covered under the major medical benefit once it arises out of “complications of pregnancy” as defined in the contract:**

1. Hyperemesis Gravidarum, pre-eclampsia, toxemia with convulsions
2. A condition requiring medical treatment prior or subsequent to termination of pregnancy the diagnosis of which is distinct from normal pregnancy but which is adversely affected by pregnancy or is caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion, disease of the vascular, hemopoietic, nervous or endocrine systems and similar medical conditions of comparable severity.

### MISCARRIAGE, DILATION & CURETTAGE, PRE-NATAL

Maximum: **\$2,000**

**This benefit is included in the Maternity Maximum stated above.**

# MAJOR MEDICAL COVERAGE

Maternity Benefits





CARICARE ADVANTAGE	ACTIVES	RETIRES
<b>Airfare Benefit:</b>		
Maximum per calendar year	<b>\$10,000.00</b>	<b>\$5,000.00</b>
Maximum Number of Trips per Calendar Year	<b>2</b>	<b>2</b>
Co-Insurance Percentage	<b>70%</b>	<b>70%</b>
<b>Emergency Air Ambulance Benefit</b>		
Maximum per calendar year	<b>US\$25,000.00</b>	<b>US\$18,000.00</b>
Maximum Number of Trips per Calendar Year	<b>2</b>	<b>2</b>
Benefit Payment	<b>100%</b>	<b>100%</b>
<b>Emergency Local Ground Ambulance Benefit</b>		
Benefit Payment	<b>100%</b>	<b>100%</b>
<b>Repatriation of Mortal Remains</b>		
	<b>\$20,000.00</b>	<b>\$20,000.00</b>

For airfare benefits, in the event your ailment cannot be treated locally, this benefit will cover costs to fly you to the nearest treatment facility.

For Dependent children aged 12 & under the cost for one accompanying adult is covered under Airfare Benefit

# MAJOR MEDICAL COVERAGE

Airfare & Ambulance Benefits



CARICARE ADVANTAGE	ACTIVES	RETIRES
<b>Radiotherapy/ Chemotherapy Benefit/ Dialysis</b>	<b>70% after Deductible</b>	<b>70% after Deductible</b>
Maximum per Calendar Year	<b>\$150,000.00</b>	<b>\$100,000.00</b>
<b>Congenital Birth Defects</b>	<b>\$100,000.00</b>	<b>Not Covered</b>
<b>Surgical Benefit (R &amp; C Fees apply)</b>	<b>70% after Deductible</b>	<b>70% after Deductible</b>
<b>Anaesthetic Benefit</b>	<b>25% of Surgical R&amp;C</b>	<b>25% of Surgical R&amp;C</b>
<b>Prescribed Drugs, Generic or Brand Name</b>	<b>70% after Deductible</b>	<b>70% after Deductible</b>
Maximum per Calendar Year	<b>\$5,000.00</b>	<b>\$5,000.00</b>
<b>Durable Medical Equipment</b>	<b>70% after Deductible</b>	<b>70% after Deductible</b>
Maximum per Calendar Year	<b>\$20,000.00</b>	<b>\$20,000.00</b>
<b>Miscellaneous Benefit</b>	<b>70% after Deductible</b>	<b>70% after Deductible</b>
Maximum per Calendar Year	<b>\$10,000.00</b>	<b>\$10,000.00</b>
<b>Diagnostic Benefit (X-rays, Blood work, CT&amp; PET scans, MRIs)</b>	<b>70% after Deductible</b>	<b>70% after Deductible</b>

Prescription drugs refer to 3<sup>rd</sup> schedule drugs; no OTC.



# MAJOR MEDICAL COVERAGE

Other Benefits



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Mental & Nervous

HIV/AIDS

Transplants



**Mental & Nervous; \$25,000** – includes claims paid under Psychiatrist, Psychologist and any medication related to these disorders



**HIV/AIDS; \$50,000** – all claims paid out for HIV/AIDS or related illnesses.



**Transplants; \$250,000** – claims for transplants of any of the following: heart, liver, lung, kidney or bone marrow.

# MAJOR MEDICAL

Internal Plan Limits – Lifetime Maximums



Canning's Employees' Credit Union  
Co-operative Society Limited



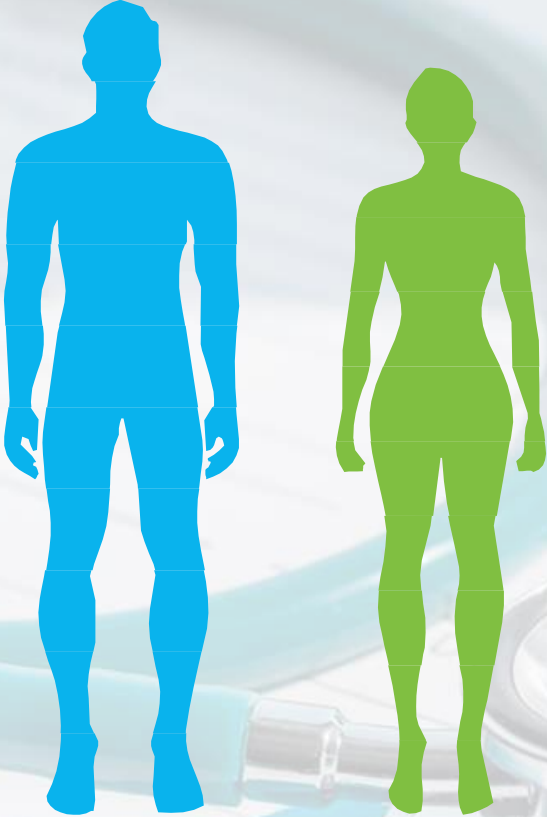
Sagikor

**PREVENTATIVE CARE IS AVAILABLE ANNUALLY, REIMBURSED AT 100% & NOT SUBJECT TO A MEDICAL DEDUCTIBLE. CHILDREN ARE ALSO COVERED FOR IMMUNIZATIONS UP TO AGE 7 (\$500)**

**Plan Maximum \$1,000.00**

**MEN'S PREVENTATIVE**

- Annual physical examination
- Chest X-Ray
- Complete Urinalysis
- Blood Profiles
- Annual Prostate Exam OR PSA
- Annual FIT Test- \$1,000
- Colonoscopy (over age 50) - \$1,000
- Adult Immunizations- \$500
- 1 Doctors Visit



**WOMEN'S PREVENTATIVE**

- Annual physical examination
- Chest X-Ray
- Complete Urinalysis
- Blood Profiles
- Annual Gynecological Exam & Pap Smear
- Annual Mammogram or Breast Ultrasound
- Annual CA 125 test (age 35 & over)-\$350
- Annual FIT Test- \$1,000
- Colonoscopy (over age 50) - \$1,000
- Adult Immunizations- \$500
- 1 Doctors Visit

At your fingertips:

**PREVENTATIVE CARE**



Canning's Employees' Credit Union  
Co-operative Society Limited



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DENTAL CARE IS AVAILABLE ANNUALLY AND AVAILABLE FOR ALL INSURED AND DEPENDENTS. THERE ARE 4 AREAS COVERED WHICH INCLUDES ORTHODONTIC TREATMENT FOR CHILDREN.

**1. Preventative (75%ACTIVES / 70%RETIRES):**

Oral Exam, Prophylaxis, X-Rays & Fluorides

**2. Restorative (75%ACTIVES / 70%RETIRES):**

Fillings & replacements, Extractions, Treatments

**3. Major Restorative (50% ACTIVES & RETIRES):**

Endodontic Treatment (root canals etc..), Crowns & replacements, Dentures, Bridgework

**4. Orthodontic (50%):**

Braces for children aged 19 & under Not available on retiree schedule.

Dental Reasonable & Customary Fees Apply.



# DENTAL COVERAGE

Actives & Retirees: \$1,500; Deductible: \$250

**CEU**  
Canning's Employees' Credit Union  
Co-operative Society Limited

  
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OPTICAL CARE IS COMPREHENSIVE AND AVAILABLE ANNUALLY FOR ALL INSURED AND DEPENDENTS. OPTICAL CARE IS COVERED UNDER 4 MAIN CATEGORIES.

- 1. Vision Exam:** Coverage for visual examination including refraction during any 12-month period
- 2. Frames:** One set of frames during any 24-month period
- 3. Lenses:** One set of prescription lenses during any 12-month period
- 4. Contact Lenses :** Contact lenses (medically required) up to maximum during any 12-month period

# VISION COVERAGE

Actives & Retirees: \$1,200; Deductible: \$250



## MEDICAL

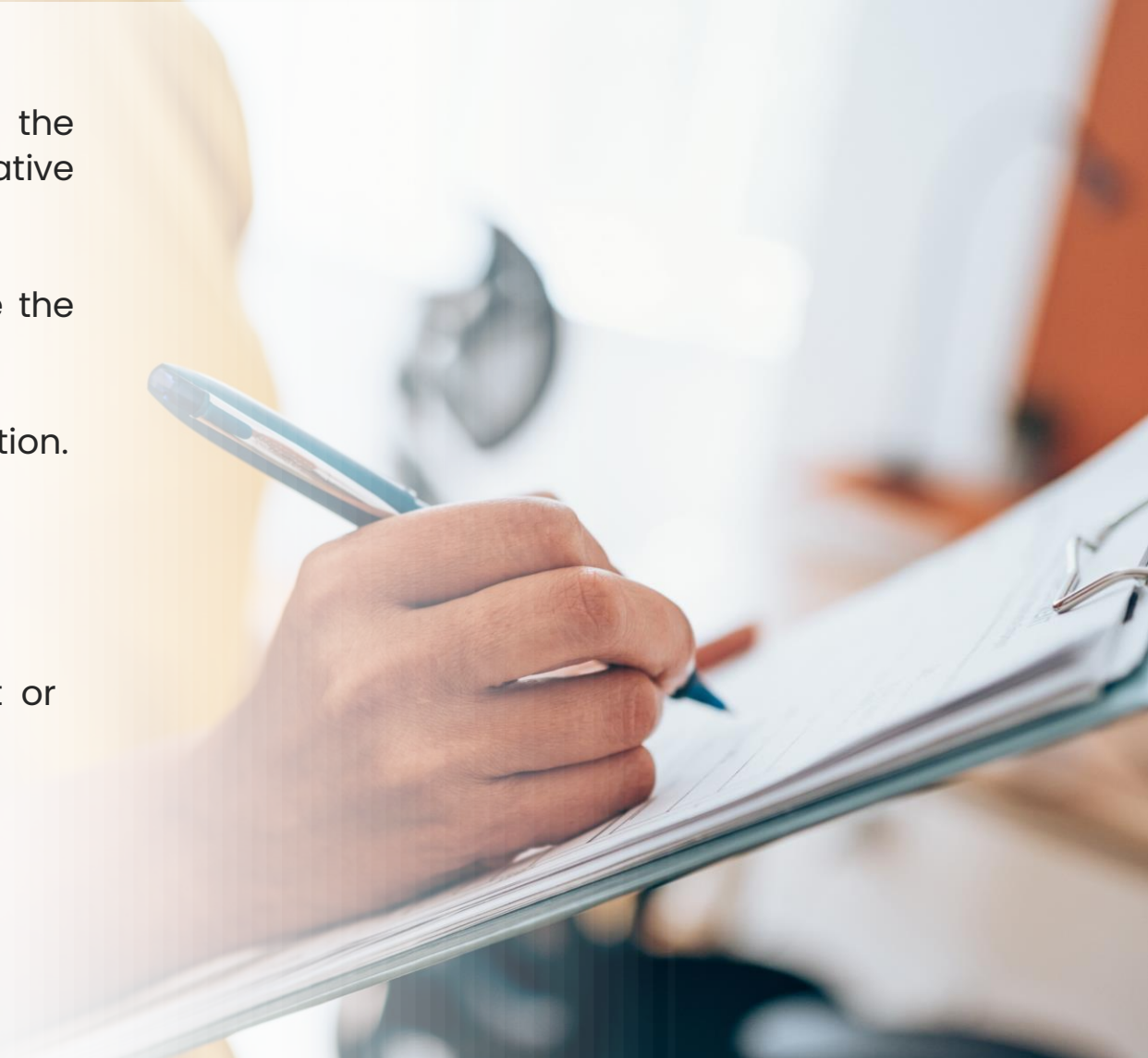
- × Any disability for which the insured individual is not under the continuing care of a physician. (no herbal or alternative treatment)
- × Self Inflicted injuries
- × Any operation performed to induce pregnancy or determine the cause of infertility
- × Vasectomies or any other means of birth control
- × Expenses related to the treatment of alcoholism or drug addiction.
- × Pregnancies begun prior to enrollment
- × Expenses related to pregnancy of a dependent child.
- × Cosmetic Surgery – (unless medically recommended)

## DENTAL

- × For replacement of dentures which have been mislaid, lost or stolen.
- × For devices and supplies which are for cosmetic purposes.

## OPTICAL

- × No Sunglasses
- × Eye surgery payable under Medical plan



# Exclusions

## Medical, Dental & Vision



Canning's Employees' Credit Union  
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## TYPES OF ONLINE PROVIDERS

1. Laboratories
2. Medical Centres
3. Pharmacies
4. T&T MRI Centre
5. Dental Providers
6. Optical Houses

580+ LOCATIONS

# SWIPE & SAVE

As a Sagikor health insurance client, swipe and save with your CariCARE™ card.



# MEDI CARD

500+ LOCATIONS



# CARICARE SWIPE CARD



Canning's Employees' Credit Union  
Co-operative Society Limited



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1. Once enrolled, the Client presents their personalized CariCARE Card and a form of ID to the Provider
2. Provider swipes card, and gets a green or red screen
3. Simply pay **your portion** of the bill
4. Immediate payment to Provider
5. All EOBs will be emailed effective Mar 1<sup>st</sup> 2024. Some providers may still print
6. Any issues for any reason, use traditional method of assigning benefit (form) or contact Jenson Mc Comie ext 21420 or Kerdisha Douglas ext 21308
7. **N.B:** No C.O.B transactions via swiping (submit paper claim)
8. Irresponsible use = **Immediate Termination**



# ONLINE CLAIM PROCESS



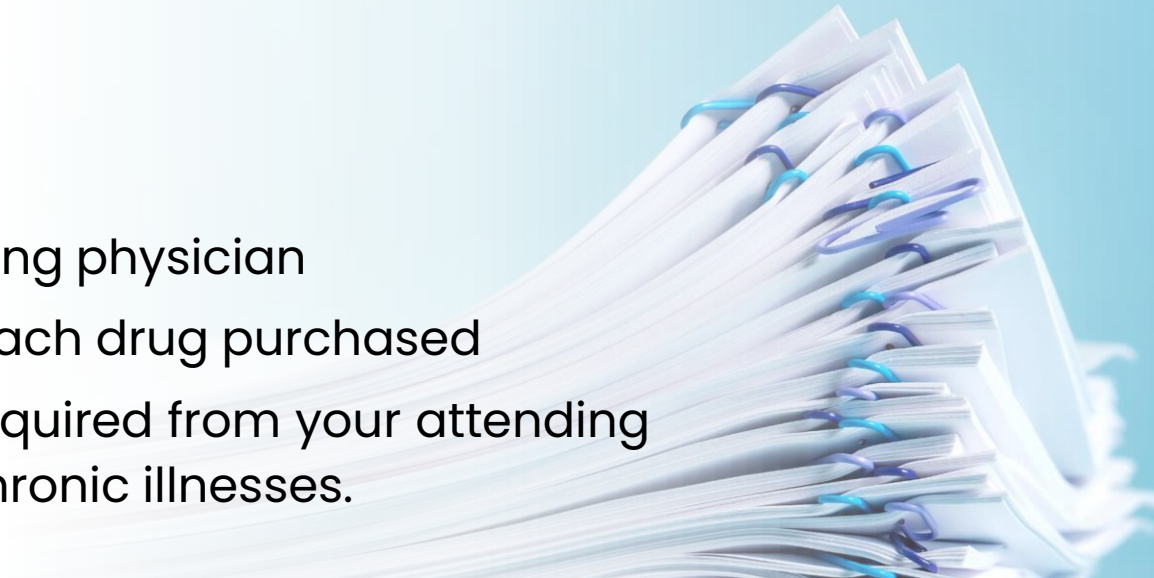
All **eligible** claims must be received no later than **90 Days** after the incurred date

Forms must be completed with ALL the relevant information related to claim submitted

When submitting claims for prescriptions the following must be stated on the drug bill:

1. Date
2. Patient's name
3. Prescription number
4. The name of the attending physician
5. The name and cost of each drug purchased

**NB:** An updated diagnosis is required from your attending physician every 12 months for chronic illnesses.



# PAPER CLAIM PROCESS

**GROUP HEALTH CONVERSION AVAILABLE TO PRIMARY INSUREDS AND CHILDREN AGING OFF OF PLAN ONLY.**

**Group Health:**

1. No Medical Statement to complete if done within 31 days
2. Must have been on the Group plan for at least 2 years
3. Can get an IH policy of equal to or less than the Group MMM
4. Claims Accumulated on the Group policy will be moved to the IH
5. Pre-existing Condition Limitation (24 months) for IH applies

# GROUP HEALTH

## Conversion



## 1. What are the plan premiums?

CATEGORY	MEMBER	COUPLE	FAMILY
ACTIVES	458.15	810.90	1,227.85
RETIREES	723.85	1,362.35	2,062.80

- 2. What are deductibles and what are the deductibles for our Plan?** Deductible means the amount of eligible expenses for which no benefits are payable in any one calendar year
- 3. What is a pre-existing condition?** Any condition for which an insured has been under the care of a physician or has received medical care or services within the 3-month period before his effective date.
- 4. What is coinsurance?** The arrangement by which the Insurer and the insured share a percentage of the covered losses (eligible expenses). In this case 70% covered by Sagicor and 30% covered by the insured.
- 5. What are eligible expenses?** Expenses incurred for services, treatments or supplies recommended as necessary by a physician or surgeon that are reasonable and customary (as determined by the Insurer) in the area in which the insured resides.
- 6. Can currently pregnant new members join the plan?** Yes, however expenses related to the pregnancy will not be covered. Your conception date must be on or after your effective date for pregnancy related expenses to be covered.
- 7. Are there any waiting periods on the Plan?** Dental and Vision have 3 months waiting periods and maternity is 10 months waiting period.



- 8. What if my Provider is not on your network?** In this instance a claim form will need to be completed. Your claim will be reimbursed no differently than if you used your Caricare Card.
- 9. How can Paper Claims be submitted?** They can either be submitted to your plan administrator or scanned directly into [info@mycecu.com](mailto:info@mycecu.com) or [nicole@mycecu.com](mailto:nicole@mycecu.com) Original copies must be kept by the insured/Plan Administrator for 6 months in the event of an audit.
- 10. How can Queries be submitted:** Please contact CECU directly via: [info@mycecu.com](mailto:info@mycecu.com) or [nicole@mycecu.com](mailto:nicole@mycecu.com) or **CECU Care Mobile – 772-1834**.
- 11. What if I am terminated from the plan or my child ages off? Can coverage continue?** Yes, if you or your dependent child is terminated from this health plan you can convert to an Individual Health Plan within 31 days of termination. A conversion form must be completed and stamped by the Plan Administrator.



# FAQs

**THANK  
YOU**