Live in a better State of mind

State Insurance Company Limited

P.O. Box 290 Redcliffe Street St. John's Antigua.

Phone: 268.481.7802-05 Fax: 268.481.7860 E-mail: stateins@candw.ag

Antigua & Barbuda Marine Association





State Insurance Company Limited

Tel: 268.481.7802-05

Caribbean Sailing Events Inc.

LEVEL 2 BENEFITS

Life Insurance Amount

\$25,000.00 (per employee)

Policy Year

MAXIMUM BENEFIT (ACTIVE UNDER AGE 65) \$500,000.00

MAXIMUM BENEFIT (RETIREES AND OVER 65)

\$250,000.00

DEDUCTIBLE OUTSIDE OF NETWORK

Individual—\$150.00 per insured

CO-INSURANCE

80% to \$25,000.00; 100% thereafter

MEDICAL

In-Patient

Room and Board 80% of Reasonable and

Customary Charges (RCC)

Surgery 80% of RCC

Out-Patient

Doctor Visit Annual Maximum visits 15;

80% after CoPay u to \$150

Specialist Benefit (By Referral Only) Pediatrician

and Gynecologist—no referral necessary

Specialist Visit 80% after Co-Pay up to

\$200

Prescription & Drugs 80% of RCC

per illness

Diagnostic, X-ray & Lab 80% of RCC

(Pre-certification necessary)

Maternity 80% - Caesarian \$4,500;

Normal delivery \$3,500;

Miscarriage \$1,500

Ground Ambulance 80% up to Annual Maximum

Amount \$400

Air Ambulance 100% in Network

(Pre-approval Mandatory)

Air Transportation Two tickets per annum; (Referral Only) 100% Economy under

Major Medical

Physiotherapy 80% to \$65; Maximum visits

10 per annum

Post-Surgery Benefit 80% up to Annual Maximum \$1,500; 30 day maximum -

80% to \$150

Superior Health Care For extended Care Facility **Package** and Home Health Services,

and Home Health Services, Maximum \$70 per visit per

day, up to Lifetime Maxi-

mum \$5,000

Radio/Chemotherapy 80% of RCC

Preventative Care Up to Annual Maximum

amount \$500

Repatriation/Death Maximum \$5,000

Benefit

AIDS or AIDS-Related Lifetime Maximum \$40,000; Illnesses Annual Maximum \$2,000

Psychiatric 80% to \$65; Maximum visits

20 per annum

DENTAL

MAXIMUM NUMBER OF SESSIONS FOR PREVENTATIVE TREATMENT ALLOWED DURING A POLICY YEAR: 2

Preventative, Basic Restorative and Major Restorative Combined-

Up to Annual Maximum amount \$2,000

Orthodontic up to age 25-

Up to Annual Maximum amount \$1,500

VISION

Eye Examinations-

80% up to Maximum \$100

Lenses and Frames

Frames 80% up to Maximum of \$600

Single Vision 80% up to Maximum of \$400

Bi-Focal 80% up to maximum of \$400

Tri-Focal 80% up to maximum of \$500

Lenticular 80% up to Maximum of \$550

Contact Lenses 80% up to Maximum of 350

VISION BENEFITS ALLOWED

ONE COMPLETE EYE EXAMINATION FOR MEM-BER/DEPENDENT DURING ANY POLICY YEAR

) 2 LENSES FOR MEMBER/DEPENDENT DURING ANY POLICY YEAR

ONE SET OF FRAMES FOR MEMBER/DEPENDENT DURING TWO CONSECUTIVE POLICY YEARS

EXCLUSIONS

CHARGES IN CONNECTION WITH ORTHOPTIC VISION TRAINING OR SUBNORMAL VISION AIDS

CHARGES FOR LENSES OBTAINABLE WITHOUT

A PRESCRIPTION