



GROUP INSURANCE PROPOSAL FOR CONSIDERATION BY
ANGUILLA SOCIAL SECURITY BOARD

DATE: FEBRUARY 3RD, 2022
PROPOSAL IS VALID FOR A PERIOD OF 60 DAYS

We Serve! We Protect! We Satisfy! - That's NCI!



GROUP LIFE & HEALTH PROPOSAL

ABOUT NATIONAL CARIBBEAN INSURANCE COMPANY LIMITED

National Caribbean Insurance Company Limited (NCI) was incorporated in 1973, and is a member of the National Bank Group of Companies. The aim was to establish a locally owned company which would provide reliable insurance protection for ordinary citizens. NCI has branches in St. Kitts, Nevis and Anguilla and is regulated by the Financial Services Unit, Ministry of Finance and the Government of St. Kitts Nevis.

NCI is the leading insurance company in St. Kitts & Nevis, providing all classes of insurance protection - Life and Non-Life covers.

Our company's strength lies in the quality and depth of our products, longevity, staff and our ability to deliver superior customer service to all our clients. NCI focuses on three imperative aspects of development - Personal, Personnel and Practice. As a hallmark of our commitment to service excellence, each customer is dealt with promptly and courteously in an environment of trust and confidentiality.

NCI primarily markets and services Individual and Group Life, Health, Pensions, Motor and Personal Property/Casualty Insurance such as contractors all risk, marine, travel and liability insurance in St. Kitts-Nevis and Anguilla.

NCI operates from four strategic locations across three territories. Our Head Office and the Sales and Marketing division are located in downtown Basseterre, St. Kitts. NCI's Nevis Branch is ideally located in Charlestown, Nevis and the Anguilla Branch is situated in The Valley. These strategic locations widen our distribution spread and make us more easily accessible to our customers.

NCI is dedicated to providing insurance products that provide peace of mind and quality protection with value pricing. To achieve our goals, National Caribbean Insurance will establish essential partnerships with our clients, our staff members, and other sister companies in order to enhance and advance the interests and goals of each party.

Our main objective is to make our customers happy. As such our success will be measured by our clients choosing us because of their confidence in our ability to meet or exceed their expectations of quality service, price and expertise.

In order to implement our strategic goals, we will focus on developing the following aspects of our business which have been the hallmark of our success:

- Knowledgeable, friendly and experienced staff that can empathize with our consumers' needs and circumstances, especially in handling a loss.
- Products and services that meet or exceed the expectations of our clients, and that are affordable, available, and understandable.
- Policies and endorsements delivered on time with a high degree of accuracy.

VISION STATEMENT

National Caribbean Insurance Company Limited (NCI), a member of the National Bank Group, wishes to become the premier insurance institution recognized locally, regionally and internationally through strategic alliances and superior products and services. NCI wishes to bring added value to the other members of the National Bank Group.

MISSION STATEMENT

To introduce and implement Long Term and General Insurance solutions in a friendly working environment by providing insurance products and services of such quality that we guarantee superior value to our customers, yield the best returns for our investors and stakeholders and conscientiously fulfill our social responsibilities always.

CUSTOMER CHARTER

"We are committed to prompt settlement of claims, exemplary corporate citizenship, provision of an attractive environment in which to work and do business, the effective use of technology and the employment of knowledgeable staff dedicated to meeting and exceeding our customers' expectations".

WMCP – Worldwide Managed Care Partners

NCI has established a formal relationship with WMCP, which is a managed care company based in the USA, to provide expert assistance and co-ordination services relating to overseas care for our clients who have to travel overseas for medical care or who require emergency medical care while on overseas travel for business or pleasure. They enhance our service offering in the following ways:

- Provide enhanced protection in the event of medical emergencies while travelling; or
- Assistance with overseas treatment by pre-arrangement with the insurer.
- Ensures that all your eligible medical bills related to your medical emergency anywhere in the world are paid according to the schedule of benefits.
- A single phone call activates a series of events that lead to prompt and efficient medical care for you and dependents in an emergency.

ADMINISTRATIVE POINTS TO NOTE

- To qualify for our Group Insurance plan, an employer must have a minimum of 5 employees.
- Life coverage ceases at the earliest of (a) termination of employment (b) retirement (c) death or (d) attainment of age 70.
- Health coverage ceases at the earliest of (a) termination of employment, (b) death or (c) attainment of age 65, unless retiree coverage is selected by the retiring member before the date of retirement.
- Turnaround time for claims processing - 10 working days.
- Enrollment – Health statement to be completed along with enrollment form only for late applicants.
- Any members not joining within thirty-one (31) days of becoming eligible to join the Plan will have to provide any medical requirements at their own expense.
- Dependent children are covered up to age 19, with extension to age 25 if attending a recognized school/university on a full time basis.
- This proposal does not constitute an offer of insurance coverage unless other conditions are met. It does not create or confer any rights. If the proposal is accepted, the specific terms of the Policy are outlined in the more detailed provisions of the Policy contract which will be issued to your Company and in a policy leaflet which will be issued to each individual employee.
- The premiums quoted are based on the information provided to the insurer and any significant change to such information before the effective date of the Plan may require a revision of these premiums.

GROUP LIFE SCHEDULE OF BENEFITS
ANGUILLA SOCIAL SECURITY BOARD

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (Cover is for Employees Only)	
<u>BASIC LIFE BENEFIT</u> \$50,000.00 per Employee	<u>AD & D BENEFIT</u> \$50,000.00 per Employee
Satisfactory evidence of insurability will be required for all late enrollees.	

Principal Sum: See Above

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 sight 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% on the attainment of age 65 and terminates at age 70, if still employed. The Accidental Death and Dismemberment Benefit terminates on the attainment of age 65, if still employed.

The Accidental Death & Dismemberment Benefit covers each employee whilst on and off the job and losses reported up to three hundred and sixty-five (365) days maximum after the accident.

LIFE BENEFIT

In the event of an employee’s death from any cause, NCI will pay the amount of life insurance shown in the Schedule of Benefits to the covered employee’s named beneficiary or estate.

GROUP LIFE SCHEDULE OF BENEFITS

ANGUILLA SOCIAL SECURITY BOARD

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

This benefit provides for the payment of a stated sum as shown in the Schedule of Benefits in the case of the accidental loss of life, one or both limbs or sight, and is subject to the following limitations:-

ACCIDENTAL DEATH & DISMEMBERMENT LIMITATIONS

No Benefit shall be paid under the Accidental Death and Dismemberment provisions for the following:

- Losses occurring more than three hundred and sixty-five (365) days after the accident.
- Losses resulting directly or indirectly from:
 - Physical or mental infirmity, illness or disease of any kind existing before or commencing after an accidental injury, or medical or surgical treatment thereof; ptomaine or bacterial infection other than septic infection occurring simultaneously with and solely in consequence of an external and visible bodily injury or wound accidentally sustained.
 - Suicide or intentionally self-inflicted injury while sane or insane.
 - Insurrection, or participation in a riot or war (whether declared or undeclared).
 - Travel or flight in any aircraft except solely as a passenger in a licensed civilian aircraft.
 - Intentional misuse of drugs.
 - The commission of, or any attempt to commit a criminal act.
 - Poisoning in any form or inhalation of gas or fumes, if voluntary, occupation accidents excluded.
 - Any injury covered by Workmen's Compensation Law or Act of similar legislation.
 - Injuries resulting in death where there is no visible contusion or wound on the exterior of the body; drowning and internal injuries which are revealed by autopsy excluded.
 - An accident which occurs while the blood alcohol level of the life assured is 80 milligrams or more per 100 milligrams of blood.

The Accidental Death and Dismemberment benefits may be payable in addition to any payment under the Life Insurance Benefit.

GROUP HEALTH SCHEDULE OF BENEFITS
ANGUILLA SOCIAL SECURITY BOARD

COMPREHENSIVE MAJOR MEDICAL COVERAGE	
Lifetime Benefit Maximum (Active Employees under age 65)	\$1,000,000.00
Annual Benefit Maximum	\$400,000.00
Lifetime Benefit Maximum (Active Employees age 65 and Over/Retirees)	\$1,000,000.00
Annual Benefit Maximum	\$400,000.00
Deductible per Policy Year	\$250.00
Deductibles per Family per Policy Year	3

LOCAL BENEFIT PAYMENT	
Out-Patient/In-Patient Benefit Payment: Coinsurance Percentage	After Deductible, 80% of the first \$75,000.00 of R & C Charges and 100% thereafter
Deductible Carry-Over Provision	Last three (3) months of the calendar year

OVERSEAS BENEFIT PAYMENT	
Pre-certified Overseas Treatment within NCI's Managed Care Network or Emergency treatment	After deductible, 80% of the first EC\$100,000.00 of R & C Charges in overseas territory and 100% thereafter
Pre-certified Overseas Treatment outside of NCI's Managed Care Network	After deductible, 80% of the R & C Charges in nearest overseas territory
Not approved nor Pre-certified	After deductible, 80% of the local R & C Charges or 60% in nearest overseas territory
PRE-EXISTING CONDITIONS LIMITATION:	\$1,000.00 maximum in first twelve (12) months applies Applies to New Enrollees only

INTERNAL PLAN LIMITS (applies toward Lifetime Major Medical Maximum)	
AIDS or AIDS-related illnesses	
Lifetime Benefit Maximum	\$50,000.00
Annual Benefit Maximum	\$10,000.00

ORGAN TRANSPLANTS	
Lifetime Benefit Maximum (Employees under age 65)	\$300,000.00
Lifetime Benefit Maximum (Employees age 65 and Over/Retirees)	\$150,000.00
Benefit Payment (After Deductible) Coinsurance Percentage	80% of the R & C Charges
SURGICAL BENEFIT	
Benefit Payment (After Deductible) Local Coinsurance Percentage Overseas Coinsurance Percentage	80% of the R & C Charges See Overseas Benefit above

DAILY ROOM & BOARD	
Local	80% of R & C Charges up to EC\$250.00
Caricom	80% of R & C Charges up to EC\$500.00
Overseas – Non Caricom	80% of R & C Charges up to EC\$1,500.00
Intensive Care	2.5 times A.S.P.R.R.
A.S.P.R.R means 'Average Semi Private Room Rate'	

OVERSEAS ACCOMMODATION (Pre-Approval Required)	
Benefit Payment (20 days maximum per year)	80% up to EC\$200.00 per day

SPECIALIST VISIT BENEFIT (by referral only) Gynaecologists, Urologists and Paediatricians do not require referrals	
Benefit Payment (one (1) visit per day) (After Deductible) Local Specialist Visiting Specialist	 80% up to EC\$275.00 80% up to EC\$325.00

DOCTOR VISIT BENEFIT (Office, Home, Hospital)	
Benefit Payment (one (1) visit per day) After Deductible) Office Home Hospital	 80% up to EC\$200.00 80% up to EC\$250.00 80% up to EC\$275.00

PRESCRIPTION DRUGS BENEFIT	
Benefit Payment (After Deductible) Local Coinsurance Percentage Overseas Coinsurance Percentage	80% of the R & C Charges See Overseas Benefit above
DIAGNOSTIC EXPENSE BENEFIT	
Benefit Payment (After Deductible) Local Coinsurance Percentage Overseas Coinsurance Percentage	80% of the R & C Charges See Overseas Benefit above

EMERGENCY DOCTOR'S VISIT BENEFIT (Maximum per consultation – 1 visit per day)	
Benefit Payment (After Deductible) Local Coinsurance Percentage	80% up to \$300.00
Overseas Coinsurance Percentage	See Overseas Benefit above

MATERNITY BENEFIT (Blanket Cover)	
Normal Delivery – Benefit Maximum	\$3,000.00
Caesarean Section – Benefit Maximum	\$5,000.00
Miscarriage – Benefit Maximum	\$1,500.00
Benefit Payment	80% of the R & C Charges
Pre-natal care and post-natal care included in above maximums. An initial ten (10) months waiting period applies to all female employees and all female dependent spouses of new enrollees. Any complications shall be treated as any other illness.	

PRIVATE DUTY NURSING (After Deductible) (60 days maximum per year)	
Benefit Payment - In Private Home (Day)	80% of R & C Charges up to \$100.00 per day
Benefit Payment - In Private Home (Night)	80% of R & C Charges up to \$120.00 per day
Benefit Payment - In Hospital (Night)	80% of R & C Charges up to \$150.00 per day
Pre-approval is necessary. Maximum days' limits applicable to in-patient and outpatient care.	

MENTAL HEALTH AND SUBSTANCE ABUSE	
Lifetime Benefit Maximum (Applicable to Out-patient & Hospital Care)	\$30,000.00
Annual Maximum	\$6,000.00
Maximum per Treatment (1 visit per day)	Up to \$135.00
Benefit Payment - Outpatient Care	After deductible, 50% of R & C Charges
Benefit Payment - In-Patient Care	After deductible, 80% of R & C Charges

HOME HEALTH / HOSPICE CARE	
Annual Benefit Maximum	\$10,000.00
Benefit Payment (one (1) visit per day) (After Deductible)	80% of R & C up to \$135.00

CHIROPRACTIC CARE	
Annual Benefit Maximum	\$3,000.00
Benefit Payment (one (1) visit per day) (After Deductible)	80% of R & C up to \$135.00

PHYSIOTHERAPY AND OTHER HEALTHCARE PROFESSIONALS	
Annual Benefit Maximum	\$3,000.00
Benefit Payment (one (1) visit per day) (After Deductible)	80% of R & C up to \$135.00

GROUND TRANSPORT (Local Ambulance & Emergency)	
Annual Benefit Maximum	\$400.00
Benefit Payment (After Deductible)	80% of the R & C Charges

MEDICAL AIR TRANSPORTATION BENEFIT (Pre-Approval Required)	
Annual Benefit Maximum	Two Trips per Year
Benefit Payment – Economy Airfare	80% of the R & C Charges

MEDICAL AIR AMBULANCE (Pre-Approval Required)

Annual Benefit Maximum	One Trip per Year
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Benefit Payment	100% of the R & C Charges
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RADIOTHERAPY / CHEMOTHERAPY

Benefit Payment (After Deductible)	\$150,000.00
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Coinsurance Percentage	80% of the R & C Charges
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CONGENITAL BIRTH DEFECTS

Lifetime Benefit Maximum	\$75,000.00
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Benefit Payment (After Deductible) Coinsurance Percentage	80% of the R & C Charges
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PREVENTATIVE CARE BENEFIT

Coinsurance percentage 100% of the R & C Charges up to:	Maximum of \$1,200.00 per policy year
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This benefit is comprised of the following services:

Routine Medical Examination to include ECG and blood tests as recommended by physician (for Employee and Spouse)

Routine Pap Smear (for female employees or female spouses of male employees)

Routine Mammogram (for female employees or female spouses of male employees from age 35)

Routine PSA Test (for male employees or male spouses of female employees from age 40)

Routine Lipid Profile Test (for employees)

Routine Glaucoma Test (for employees)

Routine Colonoscopy Test (for employees age 50 and older)

Routine Immunizations (for children up to age 5)

This benefit is NOT subject to the annual deductible.

There is a three (3) months waiting period after enrollment before becoming eligible for this Preventative Care benefit.

GROUP HEALTH SCHEDULE OF BENEFITS
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DENTAL CARE BENEFITS	
Dental Care Benefit	
Maximum per Policy Year	\$2,000.00
Deductible per Policy Year	\$100.00
Benefit Payment (After Deductible):	
Level 1 - Preventative Services	100% of the R & C Charges
Level 2 - Minor Restorative Services	80% of the R & C Charges
Level 3 - Major Restorative Services	60% of the R & C Charges
Orthodontia Services (Limited to children up to age 18)	
Lifetime Maximum	\$3,000.00
Annual Maximum	\$1,500.00
Benefit Payment	50% of R & C Charges
<u>N.B:</u>	
<ul style="list-style-type: none"> a. Maximum of two (2) preventative examinations and two (2) prophylaxis treatments of six months apart, per year. b. Full mouth x-rays limited to one (1) set in a twenty-four (24) months period. c. Fluorides and sealants limited to one (1) application in a twelve (12) months period. d. Three (3) months waiting period after enrollment before becoming eligible for Normal Dental benefits. e. Six (6) months waiting period after enrollment before becoming eligible for Orthodontia benefits. f. All benefits are based on Reasonable & Customary Charges. 	

R & C = REASONABLE AND CUSTOMARY

GROUP HEALTH SCHEDULE OF BENEFITS
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VISION CARE BENEFITS	
EYE EXAMINATION, FRAMES AND LENSES	
Annual Benefit Maximum	\$1,200.00
Deductible per Policy Year	\$100.00
Benefit Payment (After Deductible)	80% of the R & C Charges
<p><u>N.B:</u></p> <p>a. All Contact lenses not medically necessary shall be limited to \$250.00 maximum per year.</p> <p>b. Frames are limited to one (1) set per twenty-four (24) months period.</p> <p>c. Lenses are limited to one (1) pair per twelve (12) months period.</p> <p>d. Eye examinations are limited to one (1) visit per year.</p> <p>e. Three (3) months waiting period after enrollment before becoming eligible for Vision benefits.</p> <p>f. This Benefit provides for reimbursement of expenses incurred for necessary vision care treatment and supplies which are provided or recommended by a duly qualified Optician, Optometrist or Ophthalmologist up to the amounts shown in the above schedule.</p>	

R & C = REASONABLE AND CUSTOMARY