



**“FOR YOUR PROTECTION AND OUR ECONOMY”**

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**State Insurance Corporation**

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**ANTIGUA  
HOTELS &  
TOURIST  
ASSOCIATION**



***LEVEL 2***

**Medical Plan**



**State Insurance Corporation**

Tel: 268.481.7802-05

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# AH&TA

## LEVEL 2 BENEFITS

**Policy Year**  
1st October—30th September

**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** Maximum visits 15 Annually; 80% after Co-Pay up to \$150

**Specialist Benefit** (By Referral Only) Pediatrician and Gynecologist— no referral necessary

**Specialist Visit** 80% after Co-Pay up to \$200

**Prescription & Drugs per illness** 80% of RCC

**Diagnostic, X-ray & Lab** 80% of RCC; Pre-certification necessary

**Maternity** 80% - Caesarian \$4,500;  
Normal delivery \$3,500;  
Miscarriage \$1,500

**Air Ambulance** 100% in Network

(Pre-approval Mandatory)

**Air Transportation** Two tickets per annum;  
100% Economy under  
Major Medical

**Ground Ambulance** Up to Annual Maximum  
Amount \$400

**Physiotherapy** 80% to \$65; Maximum visits  
10 per annum

**Post-Surgery Benefit** Up to Annual Maximum  
\$1,500; 30 day maximum -  
80% to \$150

**Superior Health Care Package** For extended Care Facility  
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 Illnesses** Lifetime Maximum \$40,000;  
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

### Lenses and Frames-

Up to Annual Maximum amount \$2,500

### Eye Examinations-

Maximum \$100

## VISION BENEFITS ALLOWED

- ONE COMPLETE EYE EXAMINATION FOR MEMBER/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