

VIRGIN ISLANDS PROFESSIONAL CHARTER ASSOCIATION

VIPCA is proud to offer a comprehensive, creditable health plan to active VIPCA members. This health insurance program is underwritten by CIGNA and managed by the insurance specialists at Risk Strategies - Gowrie Group. With 24/7 medical management services, multilingual claims administrators and highly trained customer service professionals, this health insurance program brings VIPCA members the products they need, backed by the service they deserve.

Qualifying VIPCA Members

- **CREW MEDICAL PROGRAM**
 - Captain and/or Crew
 - Vessel Owners
- **LAND MEDICAL PROGRAM**
 - Vessel Managers
 - VIPCA Suppliers
 - Businesses that service VIPCA Clients & Members

VIPCA Health Plan Highlights

- Worldwide coverage
- Coverage in United States
- Two plans to choose from
- Up to \$5,000,000 per Policy Year limit
- Monthly Credit Cards or EFT deductions
- Voluntary dental coverage available

LEARN MORE & CONNECT

VIPCA Health Insurance

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VIPCA Health Insurance

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DISCLAIMERS: This is not a legal document or an insurance policy. This summary has been prepared for illustrative purposes only and is not a contract. It is intended to provide a general overview of the policies and plans described and may be different than the insurance policies issued. Only the policy contract can provide the actual description, terms, conditions, coverage, and exclusions. All coverages are NOT available in all locations. Creditable coverage may be granted within a two to three week window of submitting your application. Submitting an application does not guarantee automatic medical coverage. In order to qualify for this program, you have to be an active member of VIPCA.

CIGNA Medical Summary VIPCA Health Insurance Program					
\$1,000 deductible – per Individual					
\$1,000 US IN Network / \$1,000 US Out of Network / \$1,000 Out of the US					
Maximum Benefit Per Person		\$5,000,000 per certificate period			
Deductible per Calendar Year Per Person		\$1,000			
COINSURANCE PERCENTAGES					
Medical Expenses Incurred Outside US & Canada		Plan pays 100% of eligible charges after deductible			
Medical Expenses Incurred in US Accessing PPO		80% / 20% \$2,000 OOP for insured			
Medical Expenses Incurred in US Outside PPO and Canada		60% / 40% \$4,000 OOP for insured			
Independent US Preferred Provide Network		Provided through CIGNA			
PHYSICIAN OFFICE SERVICES					
Preventive Care		100% not subject to deductible			
HOSPITAL SERVICES					
Inpatient & Outpatient		Subject to deductible and coinsurance			
Emergency Room - Injury / Illness		Subject to deductible and coinsurance			
Maternity Coverage		Subject to deductible and coinsurance			
Pre-natal Care - Delivery of Newborn - Post-Natal Care (maternity must be covered)		Subject to deductible and coinsurance			
OTHER SERVICES					
Chiropractic Care		Subject to deductible and coinsurance / Maximum 20 Visits			
Emergency Medical Evacuation		100% of covered expenses not subject to the deductible for approved services. Includes coverage for US Expats. TCN's.			
Repatriation of Mortal Remains		100% coverage			
Family Travel Arrangements		Round trip Airfare at Economy Rates to the place of hospitalization for 1 Family Member for hospitalizations in excess of 7 Days			
Local Ambulance		Subject to deductible and coinsurance			
Short Term Rehabilitation includes Cardiac and Pulmonary Rehab, Speech, Occupational and cognitive Therapy, Physical Therapy, Physiotherapy		Subject to deductible and coinsurance / Maximum 60 days for all Therapies Combined			
Prescription Drugs		Generic / 20% not subject to deductible Preferred Brand Name / 20% not subject to deductible Non-Preferred Brand Name / 20% not subject to deductible			
Mental Health and Substance Use Disorder Inpatient Facility / Outpatient Office Visit		Subject to deductible and coinsurance			
Monthly Rates					
	Under Ages 30	Age 30-39	Ages 40-49	Ages 50-59	Ages 60 and Above
Crew Coverage (Individual)	\$311.89	\$353.40	\$475.20	\$646.62	\$ 940.76
Crew Member & Spouse	\$791.50	\$898.57	\$1,212.83	\$1,655.12	\$ 2,413.99
Crew Member & Child(ren)	\$781.40	\$888.47	\$1,202.73	\$1,645.02	\$ 2,403.89
Crew Member & Family	\$1,388.81	\$1,579.32	\$2,138.41	\$2,925.28	\$ 4,275.39

CIGNA | Medical Summary | VIPCA Health Insurance Program

\$3,500 deductible – per Individual

\$3,500 US IN Network / \$3,500 US Out of Network / \$3,500 Out of the US

Maximum Benefit Per Person	\$5,000,000 per certificate period				
Deductible per Calendar Year Per Person	\$3,500				
COINSURANCE PERCENTAGES					
Medical Expenses Incurred Outside US & Canada	Plan pays 100% of eligible charges after deductible				
Medical Expenses Incurred in US Accessing PPO	80% / 20% \$2,000 OOP for insured				
Medical Expenses Incurred in US Outside PPO and Canada	60% / 40% \$4,000 OOP for insured				
Independent US Preferred Provide Network	Provided through CIGNA				
PHYSICIAN OFFICE SERVICES					
Preventive Care	100% not subject to deductible				
HOSPITAL SERVICES					
Inpatient & Outpatient	Subject to deductible and coinsurance				
Emergency Room - Injury / Illness	Subject to deductible and coinsurance				
Maternity Coverage	Subject to deductible and coinsurance				
Pre-natal Care - Delivery of Newborn - Post-Natal Care (maternity must be covered)	Subject to deductible and coinsurance				
OTHER SERVICES					
Chiropractic Care	Subject to deductible and coinsurance / Maximum 20 Visits				
Emergency Medical Evacuation	100% of covered expenses not subject to the deductible for approved services. Includes coverage for US Expats. TCN's.				
Repatriation of Mortal Remains	100% coverage				
Family Travel Arrangements	Round trip Airfare at Economy Rates to the place of hospitalization for 1 Family Member for hospitalizations in excess of 7 Days				
Local Ambulance	Subject to deductible and coinsurance				
Short Term Rehabilitation includes Cardiac and Pulmonary Rehab, Speech, Occupational and cognitive Therapy, Physical Therapy, Physiotherapy	Subject to deductible and coinsurance / Maximum 60 days for all Therapies Combined				
Prescription Drugs	Generic / 20% not subject to deductible Preferred Brand Name / 20% not subject to deductible Non-Preferred Brand Name / 20% not subject to deductible				
Mental Health and Substance Use Disorder Inpatient Facility / Outpatient Office Visit	Subject to deductible and coinsurance				
Monthly Rates					
	Under Ages 30	Age 30-39	Ages 40-49	Ages 50-59	Ages 60 and Above
Crew Coverage (Individual)	\$230.42	\$260.39	\$348.36	\$472.16	\$684.58
Crew Member & Spouse	\$581.31	\$658.64	\$885.59	\$1,205.00	\$1,753.05
Crew Member & Child(ren)	\$571.21	\$648.54	\$875.49	\$1,194.90	\$1,742.95
Crew Member & Family	\$1,014.88	\$1,152.45	\$1,556.23	\$2,124.48	\$3,099.50

CIGNA | Medical Summary | VIPCA Health Insurance Program

\$5,000 Deductible
\$5,000 US IN Network / \$5,000 US Out of Network / \$5,000 Out of the US

Maximum Benefit Per Person	\$5,000,000 per certificate period
Deductible per Calendar Year	\$5,000
COINSURANCE PERCENTAGES	
Medical Expenses Incurred Outside US & Canada	Plan pays 100% of eligible charges after deductible
Medical Expenses Incurred in US Accessing PPO	80% / 20% \$2,000 OOP for insured
Medical Expenses Incurred in US Outside PPO and Canada	60% / 40% \$4,000 OOP for insured
Independent US Preferred Provide Network	Provided through CIGNA
PHYSICIAN OFFICE SERVICES	
Wellness Benefit	Up to \$1,000 per calendar year, adult or child
HOSPITAL SERVICES	
Inpatient & Outpatient	Subject to deductible and coinsurance
Emergency Room - Injury / Illness	Subject to deductible and coinsurance
Maternity Coverage	Subject to deductible and coinsurance
Pre-natal Care - Delivery of Newborn - Post-Natal Care (maternity must be covered)	Subject to deductible and coinsurance
OTHER SERVICES	
Chiropractic Care	Subject to deductible and coinsurance / Maximum 20 Visits
Emergency Medical Evacuation	100% of covered expenses not subject to the deductible for approved services. Includes coverage for US Expats. TCN's.
Repatriation of Mortal Remains	100% coverage
Family Travel Arrangements	Round trip Airfare at Economy Rates to the place of hospitalization for 1 Family Member for hospitalizations in excess of 7 Days
Local Ambulance	Subject to deductible and coinsurance
Short Term Rehabilitation includes Cardiac and Pulmonary Rehab, Speech, Occupational and cognitive Therapy, Physical Therapy, Physiotherapy	Subject to deductible and coinsurance / Maximum 60 days for all Therapies Combined
Prescription Drugs	Generic / 20% not subject to deductible Preferred Brand Name / 20% not subject to deductible Non-Preferred Brand Name / 20% not subject to deductible
Mental Health and Substance Use Disorder Inpatient Facility / Outpatient Office Visit	Subject to deductible and coinsurance

Monthly Rates					
	Under Ages 30	Age 30-39	Ages 40-49	Ages 50-59	Ages 60 and Above
Crew Coverage (Individual)	\$210.93	\$238.15	\$318.01	\$430.41	\$623.28
Crew Member & Spouse	\$531.02	\$601.23	\$807.29	\$1,097.30	\$1,594.89
Crew Member & Child(ren)	\$520.92	\$591.13	\$797.19	\$1,087.20	\$1,584.79
Crew Member & Family	\$925.40	\$1,050.32	\$1,416.91	\$1,932.87	\$2,818.14