

## Schedule of Preventative Care Coverage

Preventative Care Coverage – 100% of the R & C Charges to an annual maximum of EC\$1,125.00 per family. This benefit comprises the following:

- a) Annual Physical Examination which includes Blood Pressure Check, Respiratory Check, Complete Urinalysis, Lipid Profile, Blood Profile (consisting of FBS, CBC, Haemoglobin and ESR tests) for primary insured only. ....\$200.00
- b) Annual Gynaecology & Pap Smear Test for each Female member or covered Female Spouse of a Male member.....\$75.00
- c) Annual Mammogram for each Female member or covered Female Spouse of a Male member, from age 35...\$200.00
- d) Annual Proctology or Prostate examination for each Male member or covered Male Spouse of a Female member, from age 40....\$200.00
- e) Routine Well Baby Immunisation for each dependent child up to age 5.....\$150.00
- f) Annual Glaucoma Test for primary insured only. \$150.00
- g) Lipid Profile for primary insured only ....\$150.00

## Schedule of Medical Expense Benefits (Not subject to annual deductible)

1. **Maximum Medical Three-Year Renewable Benefit of EC\$300,000.00** for members under age of 65 and Maximum Medical Lifetime Benefit of EC\$150,000.00 for members age 65 & Over/Retirees.
2. **Annual Deductible** EC\$150.00 - Deductibles per Insured Family is 3 per Calendar Year.
3. **Local Benefit (For Out-patient and In-patient)** – After deductible, 80% R & C Charges
4. **Overseas Benefit: (1) Pre-certified Overseas Treatment** will be paid after deductible, at 80% of R&C Charges .

(2) **Overseas Treatment Not Approved nor Pre-certified** will be paid after deductible, at 80% of R&C charges based on where service is available.

## Internal Plan Limits

### 1) Aids or aids-related illnesses

**Lifetime Benefit Maximum**.....EC\$8,000.00

**Coinsurance Percentage** (After Deductible).....80% of the R&C Charges

**Pre-existing condition maximum** (applicable for the first nine months EC\$1,000.00

### Daily Room & Board Limit

**Local** (After Deductible).....EC\$200.00

Maximum Hospital days per contract year ....60

**Overseas** (After Deductible)

CARICOM .....EC400.00

North America & Beyond .....EC\$1,500.00

**Intensive Care** (After Deductible)

CARICOM ..... EC\$1,000.00

North America & Beyond .....EC\$1,500.00

### Surgical Benefit (After Deductible)

**Surgeon's Fee** .....EC\$2,000.00

Anaesthetist fee..... EC\$800.00

## Doctor's Visit

### 1) Specialist Benefit (by referral only)

**First visit** .....EC250.00

**Subsequent visits** .....EC200.00

**Maximum visits per disability**

.....5 (\$1,050)

### 2) Office Visit Benefit

EC\$150.00 One (1) visit per day

**Home visit (emergency)**.....EC\$200.00

**Hospital**.....EC\$150.00

**Co-insurance**.....80%-20%

Extends to major medical for Chronic illness

### Prescription Drugs Benefit

**Local Coinsurance Percentage**.....80% of the R&C Charges EC\$700.00 maximum

### Diagnostic Expense Benefit

**Local Coinsurance Percentage** (After Deductible).....80% of the R&C Charges EC\$700.00 maximum

### Maternity Benefit (Blanket Cover)

(After Deductible)

**Normal Delivery** – Max Benefit  
Max.....80% of the R&C Charges up to a Max of EC\$2,000.00

**Caesarean Section** – Max Benefit  
Max.....80% of the R&C Charges up to a Max of EC\$3,000.00

**Miscarriage** – Max Benefit  
Max.....80% of the R&C Charges up to a Max of EC\$1,000.00

Pre-natal care, post-natal care and extra-uterine pregnancy included in above maximum. Any other complications shall be treated as any other illness. Nine (9) months waiting period before claiming applies.

Any other complications shall be treated as any other illness.

### Private Duty Nursing (Pre-approval necessary)

.....20 Days max per year – Max days' limits applicable to in-patient & outpatient care

**In Private Home** (Day).....80% of the R&C Charges up to EC\$120.00 per day

**In Hospital** (Night).....80% of the R&C Charges up to EC\$150.00 per day

## Mental Health & Substance Abuse

**Lifetime Benefit Max.** (Applicable to outpatient & hospital Care) – 10 treatments per year

**Maximum Per Treatment** – One (1) visit per day.....Up to EC\$75.00

**Benefit Payment** – Inpatient (After Deductible).....80% of the R&C Charges

### Physiotherapy

**Annual Benefit**

**Maximum**.....EC\$750.00

**Benefit Payment** – One (1) visit per day (After Deductible)....80% of the R&C Charges up to EC\$75.00

### Ground Transport (Local Ambulance, Boat & Emergency)

**Annual Benefit**

**Maximum**.....EC\$400.00

**Coinsurance Percentage** (After Deductible).....80% of the R&C Charges

Number of trips per year.....2

### Boat Fare

**Maximum per year**.....EC\$400.00

**Maximum Trips per year**.....2

**Co-insurance** .....80% - 20%

### Medical Air Transportation (Pre-Approval Necessary)

**Annual Benefit Maximum**.....EC\$3,000.00

**Benefit Payment** – Economy Airfare (After Deductible).....80% of the R&C Charges

Accompanying parent for children.....60%

### Medical Air Ambulance )

BENEFIT IS UNDER SEPARATE COVER WITH MASA.

**Coinsurance Percentage** (After Deductible).....100% of the R&C Charge

## Waiting Period

**Maternity**.....Nine (9) months waiting period for pregnancy from effective date of coverage.

**Pre-existing Medical & Surgical Conditions**....Nine (9) Months.

**Dental & Vision**.....three (3) months waiting period from the effective date.

- ❖ Coverage for dependent children attending university or college extended to age 25.
- ❖ There is a three (3) months grace period for premium payments. Policy is subject to cancellation from the date of last payment if no premium has been received during the grace period.
- ❖ All claims must be submitted within ninety-one (91) days after the date of service.

## Schedule of Life Benefits

The cover is for Members only. Employees enrolled under the previous plan shall be immediately covered up to their coverage amounts. Satisfactory evidence of insurability will be required for any new enrollee/member before their coverage can commence under this proposed Policy.

### Basic Life Insurance Benefit –EC\$50,000.00

**Life Benefit** – In the event of a member's death from any cause, except death by suicide within 2 years of the effective date of the Member's coverage, GTM Insurances will pay the amount of life insurance shown in the Schedule of Benefits to the covered Member's named beneficiary. The Life Benefit reduces by 50% on the attainment of age 65 and terminates at age 70, if still employed.

**Accidental Death & Dismemberment (AD&D) Benefit** – **Twice Annual Salary rounded to the next higher**

**\$1,000.00 – EC\$25,000.00. AD&D Benefit terminates at age 65.** 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 limitations.

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.....	50%
Loss of One Foot and Sight of One Eye.....	50%
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 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 Accidental Death and Dismemberment Benefit covers each Member whilst on and off the job and losses reported up to three hundred and sixty-five (365) days maximum after the accident. No Benefit shall be paid under the Accidental Death and Dismemberment provisions for the following:**

- 1) Losses occurring more than one hundred and eighty (180) days after the accident.
- 2) 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; Travel or flight in any aircraft except solely as a passenger in a licensed civil 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 excepted; Any injury covered by Workmen’s Compensation Law or Act of similar legislation unless twenty-four (24) hour coverage is indicated in the application; Injuries resulting in death where there is no visible contusion or wound on the exterior of the body, drowning and internal injuries revealed by autopsy excepted; An accident which occurs while the blood alcohol level of the life assured is 80 milligrams or more per 100 milligrams of blood.**

### Schedule of Health Benefits

#### Dental Care Benefits

##### Normal Dental Care Benefits

Maximum per Calendar Year.....EC\$1,500.00

Deductible per Calendar Year.....EC\$75.00

##### Benefit Payment (After Deductible)

Level 1 – Preventative Services.....100% of R&C Charges

Level 2 – Minor & Major Restorative Services.....80% of R&C Charges

Orthodontia (Lifetime benefit) .....\$3,000.00

Deductible .....\$150.00

Benefit payment-----60% - 40%

d) Fluorides and other anti-cariogenic substances limited to one (1) application in a twelve-month period.

e) Three (3) months waiting period after enrolment before making benefit claims applies for Normal Dental.

f) All benefits are based on Reasonable & Customary Charges.

#### Vision Care Benefits

##### Eye examinations, Frames and Lenses

Annual Benefit Maximum....EC\$1,500.00

Deductible per Calendar Year.....EC\$75.00

Benefit Payment (After Deductible).....80% of R&C Charges

##### N.B:

a. Contact lenses medically necessary shall be limited to EC\$300.00 maximum per year.

b. Frames are limited to 1 set per 24 months period.

c. Lenses are limited to 1 per 12 months period.

d. Eye examinations are limited to 1 visit per year

e. Three (3) months waiting period after enrolment before making benefit claims applies for new enrollees.

f. This Benefit provides for the reimbursement of expense incurred by necessary vision care treatment and supplies which are recommended by a duly qualified Optician, Optometrist or Ophthalmologist up to the amounts shown in the schedule of benefits.

### Monthly Premiums

Member Only.....EC\$106.40

Member + One.....EC\$175.40

Family.....EC\$274.40



## MEMBERS’ MEDICAL & LIFE INSURANCE PLAN



### Open Enrollment For You & Your Family!

**NO MEDICAL DECLARATION REQUIRED IMMEDIATE APPROVAL**

Enrol from 15<sup>th</sup> September 2021 to 30<sup>th</sup> November 2021

#### Coverage Includes:

- ✚ Doctor Visits & Hospitalization
- ✚ Vision Care
- ✚ Dental Care
- ✚ Life Insurance

Enrollment Form Provided at your Credit Union

For More Information:  
Please call: 451-9055/285-2606

(Must Be under the Age of 60 years to enroll)