

**TWCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED**  
**MEMBERS UNDER 45 YEARS**  
**SCHEDULE OF BENEFITS**

<b>MAXIMUM BENEFIT</b>	<b>\$500,000.00</b>
BENEFIT PERIOD - Active Staff	Three (3) Year Renewable
Deductible per Calendar Year	\$300.00
Deductible per Family	\$900.00
Co-Insurance Percentage	75% after Deductible
<b>DOCTOR'S VISITS (Office)</b>	\$250.00
<b>Doctor's Visits (Home &amp; Hospital)</b>	\$250.00
Maximum number of treatments per calendar year per disability	31
Co-Insurance Percentage	75%
<b>SPECIALIST VISIT (Office)</b>	\$350.00
<b>SPECIALIST VISIT (Home &amp; Hospital)</b>	\$350.00
Maximum number of treatments per calendar year	10
Co-Insurance Percentage	75%
<b>HOME NURSING CARE (medically prescribed home nursing- by a registered nurse following hospitalization due to serious accident / illness)</b>	\$250.00
Maximum of days per illness	30
Co-Insurance Percentage	75%
<b>Acupuncture Benefit - by a licensed Physician - reimbursement only</b>	
Maximum per treatment	\$300.00
Maximum number of treatments per calendar year	20
Co-Insurance Percentage	75%
<b>Chiropractic Benefit - must be a member of CATT and authorized/referred by a Physician - reimbursement only</b>	\$300.00
Maximum per treatment	20
Maximum number of treatments per calendar year	75%
Co-Insurance Percentage	
<b>MATERNITY / OBSTETRICAL BENEFIT (subject to Deductible))</b>	
<b>Actives Only</b>	
Normal Delivery Maximum	\$4,000.00
Caesarean Section / Extra Uterine Pregnancy	75% of R&C Charges
Pre-natal/Miscarriage/Dilation & Curettage (incl. in Maternity Max)	\$1,500.00
Waiting Period	10 months
<b>Hospital Room &amp; Board</b>	
Daily Room & Board – Caribbean	\$450.00
Daily Room & Board – Elsewhere	\$1,500.00



**Intensive Care Benefit**

Intensive Care - Caribbean 450.00  
 Intensive Care - Elsewhere \$1,800.00

**Miscellaneous Hospital Services**

75% of R&C up to \$150,000.00

**Airfare Benefit:**

Maximum per Calendar \$4,000.00  
 Maximum Number of Trips per Calendar Year 2  
 Co-Insurance Percentage 75%

**Emergency Air Ambulance Benefit:**

US\$18,000.00  
 Number of trips per calendar year 1  
 Co-Insurance Percentage 75%

**Emergency Accident in hospital**

\$1,000.00  
 Co-insurance Percentage 75%  
 Co-payment \$100.00

**Emergency Accident office visit**

\$500.00  
 Co-insurance Percentage 75%

**PRESCRIBED DRUGS (Controlled/Antibiotics)**

75% after deductible

**DIAGNOSTIC SERVICES**

75% after deductible

**Co-payment per claim**

\$50.00

**Surgical Benefit: (Reasonable & Customary fees apply)**

75% after Deductible

**Anesthesia Benefit**

25% Surgical R&C subject to co-ins

**PSYCHIATRIC OUT OF HOSPITAL EXPENSE BENEFIT**

Maximum per visit \$250.00  
 Maximum number of treatments per calendar year 20  
 Co-Insurance Percentage 75%

**DIALYSIS / RADIOTHERAPY / CHEMOTHERAPY BENEFIT**

75% of UCR after Deductible

**PHYSICAL/CARDIAC REHABILITATION/REPIRATORY/  
 OCCUPATIONAL/SPEECH THERAPY:**

Maximum per visit \$150.00  
 Maximum per calendar year \$5,000.00  
 Co-Insurance Percentage 75%

**Durable Medical Equipment (On Initial equipment only)**

75% after Deductible up to \$10,000.00



**Congenital Birth Defects:**

75% after Deductible up to a maximum of \$100,000.00 per calendar year

**Internal Plan Limit**

Transplants

Lifetime Maximum

**Repatriation of Mortal Remains:**

50% of Major Medical Maximum

Lifetime Maximum

\$10,000.00

**Preventative Care Benefits**

\*Available to all full time employees and their covered spouses

Benefits are provided for routine examinations that may include any of the following:

1. Annual Medical Examination including - must be by a Physician
  - Blood Pressure Testing
  - Respiratory Testing
  - Complete Urinalysis
  - Complete Blood Testing - Fasting Blood sugar test, Total Cholesterol Check, Haemoglobin
  - Glucose Testing
2. Annual Lipid Profile
3. Annual Mammogram for females over 35 years old
4. Annual CA125 Test for Ovarian Cancer (for High Risk Women as recommended by a Physician)
5. Annual Gynecological and Pap Smear test for females between age 20 to 65
6. Annual Proctology/Prostate Examination for males over 40 years
7. Vaccinations / Immunizations children under age 5
8. Annual Glaucoma Test

**ANNUAL LIMITS**

\$400.00

\$150.00

\$250.00

\$400.00

\$75.00

\$300.00

\$1,000.00

\$100.00

**Dental Benefit:**

Maximum Benefit per Calendar Year

\$3,000.00

Deductible per Calendar Year

\$200.00

**Co-insurance**

75%

Waiting Period - New Enrollment

6 months

**Orthodontic Treatment: (Limited to children up to age 19 years)**

Lifetime Maximum

\$3,000.00

Annual Maximum

\$1,500.00

Co-insurance Percentage

50%

Waiting Period

6 months

**VISION BENEFIT**

Maximum Benefit per Calendar Year

\$1,500.00

Deductible per Calendar Year

\$200.00

Co-insurance Percentage

75%

Contact Lenses not medically required

\$600.00

Waiting Period - New Enrollment

6 months

## RATES

### GROUP HEALTH PREMIUMS

	Employee Only	Employee +1	Employee +Family
Members under 45yrs	\$ 388.00	\$ 679.00	\$ 1,067.00

### GROUP LIFE AND A.D.&D. BENEFIT

#### LIFE

(Coverage is for the Employee Only)

LIFE & AD&D BENEFIT - 44 years and under - Option 1		\$100,000.00
LIFE & AD&D BENEFIT - 44 years and under - Option 2		\$ 50,000.00
LIFE BENEFIT - 65 to 70 years - Option 1		\$ 50,000.00
LIFE BENEFIT - 65 to 70 years - Option 2		\$ 25,000.00
LIFE BENEFIT - 71 years to lifetime - Option 1		\$ 25,000.00
LIFE BENEFIT - 71 years to lifetime - Option 2		\$ 12,500.00
Life Rate - Under age 65 years	Life:	\$0.57
	AD&D:	\$0.08

#### LIFE PREMIUMS

Employee Only @ \$100,000.00 Life Benefit	TT\$65.00
Employee Only @ \$ 50,000.00 Life Benefit	TT\$32.50
Employee Only @ \$ 25,000.00 Life Benefit	TT\$16.25
Employee Only @ \$ 12,500.00 Life Benefit	TT\$ 8.45

#### NOTES:

- Orthodontic Treatment is limited to dependents up to 19 years.
- Rates and benefits are subject to change based on data received at enrollment.
- Minimum acceptable participation must be 75%.
- All proposed insured's are subject to satisfy medical underwriting requirements satisfactory to the insurer included but not limited to the completion of Health Declarations and / or medicals and other required tests at their expense.
- Medical required for persons 45 years and over by one of our Approved Medical Panel at their expense.
- Life Benefit is compulsory.