



## TECU CREDIT UNION CO-OPERATIVE SOCIETY GROUP HEALTH PLAN

### REVISED BENEFITS - EFF 1 FEB 2022

COMPREHENSIVE MEDICAL SCHEDULE OF BENEFITS & RATES		
	DIVISION 4 RETIREES AGE 65 & OVER G1678BR	DIVISION 5 RETIREES AGE 65 & OVER G1678RR
TT\$		
<b>MAXIMUM BENEFIT</b>	\$250,000.00	\$400,000.00
Benefit Period	<b>5 years</b>	<b>5 years</b>
Calendar Year Deductible <b>IN- NETWORK</b>	NIL	NIL
Calendar Year Deductible <b>OUT-OF-NETWORK</b>	<b>\$650.00</b>	<b>\$800.00</b>
Deductible per family	3	3
Co-Insurance	<b>70%/30%</b>	<b>70%/30%</b>
Carry over provision	Last 3 mths of cal. yr	Last 3 mths of cal. yr
Pre existing condition maximum 1st 24 months <i>(new members that joined prior to Jan 1, 2022 once enrolled without EOI)</i>	\$3,000.00	\$3,000.00
<b>DAILY HOSPITAL ROOM AND BOARD BENEFIT</b>	<b>70% up to</b>	<b>70% up to</b>
Applicable Locally/ Caribbean	\$350.00	\$500.00
Applicable Overseas	\$2,000.00	\$2,000.00
Intensive Care - Local/Overseas	\$2,500.00	\$2,500.00
<b>MISCELLANEOUS HOSPITAL BENEFIT</b>	<b>70%</b>	<b>70%</b>
<b>SURGICAL BENEFIT</b>	<b>70% of R &amp; C</b>	<b>70% of R &amp; C</b>
Anaesthesia	25% of Surgical R&C	25% of Surgical R&C

<b>DOCTOR'S VISITS BENEFIT</b>	<b>70% up to</b>	<b>70% up to</b>
Office/Home/Hospital	\$150.00	\$200.00
Maximum number of visits	1 visit per day	1 visit per day
<b>SPECIALIST CONSULTATION BENEFIT (no referral required)</b>	<b>70% up to</b>	<b>70% up to</b>
Office/Home/Hospital	\$300.00	\$500.00
Maximum number of visits	1 visit per day	1 visit per day
<b>PRESCRIBED DRUGS BENEFIT (Controlled/Antibiotics)</b>	<b>70%</b>	<b>70%</b>
<b>DIAGNOSTIC BENEFIT</b>	<b>70%</b>	<b>70%</b>
<b>HOME NURSING CARE</b> <i>(Medically prescribed home nursing by a registered nurse)</i>	<b>70% up to</b>	<b>70% up to</b>
Maximum per 8 hour shift - Private Residence (Day)	\$75.00	\$75.00
Maximum per 8 hour shift - Private Residence (Night)	\$100.00	\$100.00
Maximum per 8 hour shift - Hospital (Night)	\$120.00	\$120.00
Maximum per calendar year	\$10,000	\$10,000
<b>EMERGENCY LOCAL GROUND AMBULANCE BENEFIT</b>	<b>100%</b>	<b>100%</b>
<b>CHIROPRACTIC BENEFIT</b> <i>(must be a member of CATT and authorised/referred by a Physician)</i>	<b>70% up to</b>	<b>70% up to</b>
Maximum per consultation	\$150.00	\$150.00
Maximum number of consultations per calendar year	20	20
<b>PSYCHIATRIC OUT-OF-HOSPITAL BENEFIT (upon referral)</b>	<b>70% up to</b>	<b>70% up to</b>
Maximum per treatment	\$400.00	\$400.00
Maximum number of treatments per calendar year	20	20

<b>PSYCHOLOGIST OUT-OF-HOSPITAL BENEFIT (upon referral)</b>	<b>70% up to</b>	<b>70% up to</b>
Maximum per treatment	\$150.00	\$150.00
Maximum number of treatments per calendar year	20	20
<b>PHYSIOTHERAPY BENEFIT (upon referral)</b>	<b>70% up to</b>	<b>70% up to</b>
Maximum per visit	<b>\$100.00</b>	<b>\$150.00</b>
Maximum number of treatments per calendar year	20	20
<b>MATERNITY BENEFIT</b>	<b>100% up to</b>	<b>100% up to</b>
Normal Delivery	\$3,000.00	\$6,000.00
Caesarean section/extra-uterine pregnancy	\$6,000.00	\$8,000.00
Miscarriage/ Dilation & Curettage/ Pre-natal (Included in Maternity Max) [ <i>Conception must occur after the effective date of coverage</i> ]	\$2,000.00	\$2,000.00
<b>PREVENTATIVE CARE BENEFIT</b>	<b>100% up to \$600.</b>	<b>100% up to \$1,000.</b>
<b>ANNUAL MAXIMUM</b>		
1. Annual Medical Examination		
<i>Services must be provided by a Physician and include:</i>		
<i>* Medical Exam</i>		
<i>* Chest X-Ray</i>		
<i>* Complete Urinalysis</i>		
<i>* Blood Profile - HBA1C, CBC, Lipid Profile, Kidney function, Liver function)</i>		
<i>* Complete Blood Testing</i>		
<i>* Glucose Testing</i>		
2. Annual Pap Smear test for females		
3. Annual Mammogram for females		
4. Annual Proctology/Prostate Test for males		
5. Annual Glaucoma Test		
6. Vaccinations - Children up to age 12 (included in overall annual maximum)		
7. Immunizations - Adult: Yellow fever, Chicken pox and Tetanus (included in overall annual maximum)		
8. Annual CA125 test for Ovarian Cancer (women over age 35 as recommended by a physician)		
9. Colonoscopy (over age 50 and every 10 years) and Annual Fecal Immunochemical blood test (FIT)		

<b>AIRFARE BENEFIT</b>	<b>70% up to</b>	<b>70% up to</b>
Maximum per trip	\$2,500.00	\$4,500.00
Number of trips per calendar year	<b>One (1)</b>	Two (2)
<b>AIR AMBULANCE BENEFIT</b>	<b>100% up to</b>	<b>100% up to</b>
Maximum per trip	<b>\$75,000.00</b>	\$150,000.00
Number of trips per calendar year	<b>One (1)</b>	One (1)
<b>HEARING AIDS (6 month waiting period and ENT report required)</b>	<b>70% up to</b>	<b>70% up to</b>
Payable once every 4 calendar years	\$10,000.00	\$10,000.00
<b>VISION EXPENSE BENEFIT (no waiting period)</b>		
Calendar Year Deductible	\$350.00	\$350.00
Co insurance	<b>70%/30%</b>	<b>70%/30%</b>
Maximum per calendar year	\$1,200.00	\$1,800.00
<b>*Exams, Lenses, Frames and Contact Lenses payable once every twelve (12) consecutive months</b>		
<b>DENTAL EXPENSE BENEFIT (no waiting period)</b>		
Calendar Year Deductible	\$350.00	\$350.00
Maximum per calendar year	\$1,500.00	\$2,500.00
<b>Co-insurance - Major restorative</b>	<b>50%/50%</b>	<b>50%/50%</b>
<b>Co insurance - Otherwise</b>	<b>70%/30%</b>	<b>70%/30%</b>
<b>Orthodontic Treatment</b>	<b>children up to age 19</b>	
Annual Maximum	\$1,500.00	\$2,500.00

<b>INTERNAL PLAN LIMITS :-</b>		
<b>CALENDAR YEAR MAXIMUMS:</b>		
Radiotherapy/Chemotherapy/Dialysis (combined)	\$30,000.00	\$60,000.00
Heart and Circulatory conditions	\$30,000.00	\$60,000.00
Congenital Birth Defects	\$50,000.00	\$100,000.00
Organ Transplant	70% after deductible	70% after deductible
<b>LIFETIME MAXIMUMS:</b>		
Durable Medical Equipment	\$10,000.00	\$10,000.00
Repatriation of Mortal Remains	<b>100% up to \$20,000.</b>	
Mental & Nervous Disorders	\$25,000.00	\$25,000.00
AIDS/HIV	\$50,000.00	\$50,000.00