

# TECU

## Credit Union

### Group Health Plan

Division 2





## Group Health Plan

This insurance plan offers its members the unique opportunity to access the best health care services through our LifeCare Provisor Plan.

This plan gives you unlimited access to one of the largest Preferred Provider Organizations (PPO) in the region. There are over 450 providers to choose from with limited up-front payment for Medical treatment. No claim forms to be submitted. With Provisor you even have the option of using practitioners and facilities outside the network.

Our Medical Insurance Plan, secures you and your family against the high cost of medical care and the serious financial burdens which accompany it. At Guardian Life, we understand your unique needs for health insurance and medical services.

We are confident that our LifeCare Provisor plan will meet your specific medical and financial needs.

# Schedule of Benefits

## COMPREHENSIVE MAJOR MEDICAL BENEFITS

Maximum Benefit:	
Division 2	\$400,000.00
Benefit Period	3 Years
Deductible Per Calendar Year:	\$600.00 Per Person
Maximum Number of Deductibles Per Family	3
Co-Insurance	70%-30%
Pre-Existing Conditions 1st 24 Months	\$1,000.00
Doctors' Visits	
Office/Home/Hospital	\$200.00
Maximum Per Disability	1 Visit Per Day
Specialist' Visits	
Office/Home/Hospital	\$350.00
Maximum Per Disability	1 Visit Per Day
Psychiatric Services	
Visit Maximum	\$400.00
Calendar Year Maximum	20 Visits

Physiotherapy	
Visit Maximum	\$150.00
Calendar Year Maximum	20 Visits

Acupuncture Benefit (must be performed by licensed Physician)	
Maximum per Consultation	\$150.00
Calendar Year Maximum	20 Visits

Chiropractic Benefit (The Chiropractor must be a member of the Chiropractic Association of T&T (CATT) and authorized/referred by an attending Physician)

Maximum per Consultation	\$150.00
Calendar Year Maximum	20 Visits

Surgical Benefit	
Disability Maximum	70% of UCR
Anaesthesia Benefit	25% of Surgical UCR & subject to Co-insurance

Hospital Daily Room & Board Limit	
Local Maximum	\$500.00
Overseas	\$2,000.00

Psychologist Services	
Visit Maximum	\$150.00
Calendar Year Maximum	20 Visits

Intensive Care Unit	
Local/Overseas Maximum	\$2,500.00

Miscellaneous Hospital Expenses	70% - 30%
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Home Nursing Care (Medically prescribed home nursing by a registered nurse following hospitalization due to serious accident/illness)

Maximum per Day	\$250.00
Maximum no. of days per illness	30 Days

Prescription Drugs (Controlled/Antibiotics)	70% up to \$8,000.00 per year
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Diagnostic/X-ray/Lab	70% up to \$8,000.00 per year
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Dialysis/Chemotherapy/ Radiotherapy Combined	TT\$60,000.00
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Heart & Circulatory Conditions	
Calendar Year Maximum	TT\$60,000.00

# Schedule of Benefits

Maternity  
(Subject to deductible, No Co-Insurance)

Normal Delivery	\$6,000.00
Caesarean Section	\$8,000.00
Dilation/Curettage	
Pre-Natal Maximum	\$2,000.00
(included in Maternity Maximum)	

Conception date must be at least 30 days from inception of coverage. Waiting Period -10 Months from inception of coverage

New Born Care and Congenital Birth Defects  
Calendar Year Maximum \$100,000.00  
(subject to UCR and Co-Insurance)

Airfare Benefit	
Maximum per Trip	\$4,500.00
Maximum Trips per Calendar Year	2
Co-Insurance Factor	70%-30%

Emergency Air Ambulance	US\$18,000.00
Maximum Trips Per Calendar Year	1

Repatriation of Mortal Remains  
Lifetime Maximum TT\$20,000.00

Preventative Care Benefits  
Calendar Year Maximums \$1,000.00

Comprised of:

- Annual Medical Examination
- Services must be provided by a Physician and include
- Blood Pressure Testing
- Respiratory Testing
- Complete Urinalysis
- Complete Blood Testing
- Glucose Testing

Annual Lipid Profile  
Annual Mammogram for Females  
Annual CA125 Test for Ovarian Cancer  
(for High Risk Women as recommended by a Physician)  
Annual Pap Smear  
Annual Colonoscopy – over age 50, every 10 years  
Annual Test Prostate Cancer  
Annual Glaucoma Test  
Vaccinations/Immunizations for children up to age 5

**All Preventative Care benefits are subject to the overall Preventative maximum of \$1,000.00**

Only 1 Doctor Visit is payable for 1 Preventative Benefits per Calendar Year

Durable Medical Equipment/Prosthesis  
Calendar Year Maximum \$10,000.00

Organ Transplants  
Lifetime Maximum 50% of Major Medical Maximum  
(subject to UCR and Co-Insurance)

Mental & Nervous Disorder  
Lifetime Maximum \$25,000.00

HIV/AIDS  
Lifetime Maximum \$50,000.00

Dental/Vision Care Benefit  
Maximum Benefit per Calendar Year \$2,500.00 / \$1,500.00  
Deductible per Calendar Year \$200.00  
Co-Insurance Factor 70%- 30%

Major restorative (Dental) 50% - 50%

Contact Lenses  
Not medically required \$900.00  
Waiting Period (New Entrants) 6 months



# Frequently Asked Questions

## **What is the Deductible?**

This is the dollar amount of covered expenses for which the Insured is responsible before benefits are payable under the major medical plan.

## **What is Co-Insurance?**

Under your Major Medical plan, the co-insurance is: 70% up to Maximum Benefit stated in the Schedule.

## **What are Reasonable & Customary Charges (R&C)?**

These are charges or fees determined by the Insurer to be the general rates charged by Providers who render or furnish treatments, services or supplies to persons who reside in the same area; and whose injury or illness is comparable in nature and severity.

For example, if a doctor charges \$3,000.00 for a surgical procedure and the normal level of fees for the procedure is \$2,000.00, then the plan will reimburse you based on the charge of \$2,000.00.

## **What is the timeframe for submission?**

All claims must be submitted to the insurer within 90 days of the date the service was rendered.

## **What is Pre-Certification?**

Pre-certification is a notification of anticipated or scheduled medical services that is required in advance of the medical treatment.

All expenses for surgery must be Pre-certified.



# Expenses Not Covered

## PRE-EXISTING CONDITIONS

Pre-existing conditions are defined as conditions that were in existence before the cover was effective whether the insured was aware of it or not, and for which he/she may or may not have received advice or treatment.

### “Limitations”

This limitation applies only during the first twenty-four (24) months of a Covered Insured’s Coverage Insurance unless exclusion has been placed on insured’s coverage.

Expenses incurred before the effective date of coverage.

Cosmetic or plastic surgery unless necessitated by accidental injury incurred while covered under this plan.

## About Guardian Life of the Caribbean Ltd

*Guardian Life of the Caribbean Ltd is the Life, Health and Pensions services provider of Guardian Group, the number one insurance and financial services group across the English and Dutch Caribbean.*

*Guardian Life of the Caribbean Ltd provides integrated financial services for the discerning customer and underwrites all classes of long-term (individual and group) life, health and pensions insurance business. The Company has been rated A-Excellent by AM Best, the most respected global credit rating agency, with a focus on the insurance industry worldwide.*

For more information on Guardian Group you can call 800-5433 or visit [www.myguardiangroup.com](http://www.myguardiangroup.com)

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