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Deductibles per Family			
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Pre-existing Condition Maximum \$2,500.00 N/A	Carry Over Provision		
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year Co-Insurance Percentage 70% 70% Physiotherapy Benefit:			
Co-Insurance Percentage 70% 70% Physiotherapy Benefit:	·		
Physiotherapy Benefit:		70%	70%
	5		
Maximum per treatment \$150.00 \$150.00	Physiotherapy Benefit:		
	Maximum per treatment	\$150.00	\$150.00

Maximum number of treatments per calendar	20	20
year Co-Insurance Percentage	70%	70%
CO-msurance referrage	7070	70%
Acupunture Benefit:		
Maximum per treatment	\$200.00	\$200.00
Maximum number of treatments per calendar	20	20
year		
Co-Insurance Percentage	70%	70%
Chiropractic Benefit:		
	\$200.00	\$200.00
Maximum per treatment	<u>.</u>	· ·
Maximum number of treatments per calendar year	20	20
Co-Insurance Percentage	70%	70%
Maternity Benefit:		
(10-Month Waiting Period)		
Normal Delivery	\$5,000.00	Not Covered
Caesarean Section/Extra Uterine Pregnancy	\$8,000.00	Not Covered
Miscarriage/ Dilation & Curettage	\$2,000.00	Not Covered
Pre-natal (incl in Maternity Max)	\$2,000.00	Not Covered
Airfare Benefit:		
Maximum per calendar year	\$10,000.00	\$5,000.00
Maximum Number of Trips per Calendar Year	2	2
Co-Insurance Percentage	70%	75%
Emergency Air Ambulance Benefit		
Maximum per calendar year	US\$25,000.00	US\$18,000.00
Maximum Number of Trips per Calendar Year	2	2
Benefit Payment	100%	100%
Emergency Local Ground Ambulance		
Benefit		
Benefit Payment	100%	100%
Repatriation of Mortal Remains	\$20,000.00	\$20,000.00
Radiotherapy/ Chemotherapy Benefit/	70% after	70% after
Dialysis	Deductible	Deductible
Maximum per calendar year	\$150,000.00	\$100,000.00

Congenital Birth Defects	\$250,000.00	Not Covered
Surgical Benefit (Reasonable & Customary	70% after	70% after
fees apply)	Deductible	Deductible
Anaesthetic Benefit	25% of Surgical	25% of Surgical
	R&C	R&C
Prescribed Drugs, Generic or Brand Name	70% after	70% after
	Deductible	Deductible
Maximum per calendar year	\$5,000.00	\$5,000.00
Durable Medical Equipment	70% after	70% after
	Deductible	Deductible
Maximum per calendar year	\$20,000.00	\$20,000.00
Miscellaneous Benefit	70% after	70% after
	Deductible	Deductible
Maximum per calendar year	\$10,000.00	\$10,000.00
Diagnostic Benefit (X-rays,Blood work,	70% after	70% after
CT/PET scans,MRIs)	Deductible	Deductible
Internal Plan Limits	<u>Lifetime</u>	<u>Lifetime</u>
	<u>Maximums</u>	<u>Maximums</u>
Mental & Nervous	\$25,000.00	\$25,000.00
Acquired Immune Deficiency Syndrome	\$50,000.00	\$50,000.00
Transplants	\$250,000.00	\$250,000.00
AGE LIMIT FOR COVERAGE:	65TH BIRTHDAY	99TH BIRTHDAY
Preventative Care Benefits		
Male Wellness*	\$1,000.00	\$1,000.00
Female Wellness*	\$1,000.00	\$1,000.00
i emate wetthess	φ1,000.00	φ1,000.00
* Available to all full time employees and their		
covered spouses		
22.2.2.2.3		
Listed below are the eligible benefits:		
Annual physical examination		
2. Chest X-ray		
3. Complete urinalysis		
4. Blood profiles		
a. HBAlC		
b. CBC		
c. Lipid profile		
I I	1	I .

d Kidnov function		
d. Kidney function e. Liver function		
f. PSA		
g. FBS		
h. Cholesterol		
i. Creatinine		
j. Thyroid profile		
5. Annual gynecological exam		
6. Annual pap smear test		
7. Annual screening mammogram and/or		
ultrasound		
8. Annual prostate exam		
9. Annual CA 125 test - women age 35 and	\$350.00	\$350.00
over		
10. Annual fecal immunochemical blood test	\$1,000.00	\$1,000.00
(FiT)		
11. Colonoscopy - over age 50, and every 10	\$1,000.00	\$1,000.00
years		
12. Adult immunizations:	\$500.00	\$500.00
a. yellow fever		
b. chicken pox		
c. tetanus		
d. HPV (Adults and Children up to age 26)		
13. Dependant child (up to age 7)	\$500.00	Not Covered
immunizations: ALL		
14. Doctor's visit - One doctor's visit is payable		
on ONE preventative care benefit per annum		
for adults and children		
All services are subject to overall Annual	TT\$1,000.00	TT\$1,000.00
Wellness Benefit of		
	Benefit	Benefit
DENTAL:	<u>Maximums</u>	<u>Maximums</u>
(3-Month Waiting Period)		
Maximum Benefit per Calendar Year:	\$1,500.00	\$1,500.00
Deductible per Calendar Year:	\$250.00	\$250.00
Benefit:		
Level 1 - Preventative	75%	70%
Level 2 - Restorative	75 %	70%

Level 3 - Major Restorative	50%	50%
Orthodontic Treatment (for children only up to age 19)		
Maximum Lifetime Benefit	\$1,500.00	Not Covered
Annual Maximum	\$750.00	Not Covered
Co-Insurance Percentage	50%	Not Covered
VISION:		
(3-Month Waiting Period)		
Maximum Benefit per Calendar Year:	\$1,200.00	\$1,200.00
Deductible per Calendar Year:	\$250.00	\$250.00
Co-Insurance Percentage	75%	70%
Contacts	Paid under Vision Max	Paid under Vision Max
Lenses & Contacts - Every 12 months		
Frames - Every 24 months		
AGE LIMIT FOR COVERAGE:	65TH BIRTHDAY	99TH BIRTHDAY