

	BENEFITS	
	ACTIVES	RETIREEES
	Benefit	Benefit
<b>CARICARE ADVANTAGE</b>	<b>Maximums</b>	<b>Maximums</b>
Maximum Benefit	<b>\$1,000,000.00</b>	<b>\$500,000.00</b>
Benefit Period	<b>3 Year Renewable</b>	<b>Lifetime</b>
Deductible per Calendar Year	<b>\$900.00</b>	<b>\$1,200.00</b>
Deductibles per Family	<b>3</b>	<b>2</b>
Co-Insurance Percentage	<b>70%</b>	<b>70%</b>
Carry Over Provision	<b>Last 3 months of Cal Yr</b>	<b>Last 3 months of Cal Yr</b>
Pre-existing Condition Maximum	<b>\$2,500.00</b>	<b>N/A</b>
<b>Daily Room &amp; Board: (quoted in TT dollars)</b>		
Overseas (Non-Caricom)	<b>\$2,500.00</b>	<b>\$2,500.00</b>
Locally (Caricom)	<b>\$700.00</b>	<b>\$500.00</b>
Intensive Care Benefit (Non-Caricom)	<b>\$3,000.00</b>	<b>\$3,000.00</b>
Intensive Care Benefit (Caricom)	<b>\$1,000.00</b>	<b>\$1,000.00</b>
<b>Private Duty Nursing</b>		
Maximum Per 8-hour shift - Private Residence (Day)	<b>\$75.00</b>	<b>\$75.00</b>
Maximum Per 8-hour shift - Private Residence (Night)	<b>\$100.00</b>	<b>\$100.00</b>
Maximum Per 8-hour shift - Hospital (Night)	<b>\$120.00</b>	<b>\$120.00</b>
Maximum per calendar year	<b>\$20,000.00</b>	<b>\$20,000.00</b>
<b>Doctor Visits (Office, Home, Hospital)</b>	<b>\$200.00 / \$250.00 / \$250.00</b>	<b>\$200.00 / \$250.00 / \$250.00</b>
<b>Specialist Visits (Office, Home, Hospital)</b>	<b>\$300.00</b>	<b>\$250.00</b>
<b>Psychiatrist Visits (Office, Home, Hospital)</b>	<b>\$200.00</b>	<b>\$200.00</b>
<b>Psychologist Benefit:</b>		
Maximum per treatment	<b>\$200.00</b>	<b>\$200.00</b>
Maximum number of treatments per calendar year	<b>20</b>	<b>20</b>
Co-Insurance Percentage	<b>70%</b>	<b>70%</b>
<b>Physiotherapy Benefit:</b>		
Maximum per treatment	<b>\$150.00</b>	<b>\$150.00</b>

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

<b>Congenital Birth Defects</b>	<b>\$250,000.00</b>	<b>Not Covered</b>
<b>Surgical Benefit (Reasonable &amp; Customary fees apply)</b>	<b>70% after Deductible</b>	<b>70% after Deductible</b>
<b>Anaesthetic Benefit</b>	<b>25% of Surgical R&amp;C</b>	<b>25% of Surgical R&amp;C</b>
<b>Prescribed Drugs, Generic or Brand Name</b>	<b>70% after Deductible</b>	<b>70% after Deductible</b>
Maximum per calendar year	<b>\$5,000.00</b>	<b>\$5,000.00</b>
<b>Durable Medical Equipment</b>	<b>70% after Deductible</b>	<b>70% after Deductible</b>
Maximum per calendar year	<b>\$20,000.00</b>	<b>\$20,000.00</b>
<b>Miscellaneous Benefit</b>	<b>70% after Deductible</b>	<b>70% after Deductible</b>
Maximum per calendar year	<b>\$10,000.00</b>	<b>\$10,000.00</b>
<b>Diagnostic Benefit (X-rays,Blood work, CT/PET scans,MRIs)</b>	<b>70% after Deductible</b>	<b>70% after Deductible</b>
<b>Internal Plan Limits</b>	<b><u>Lifetime Maximums</u></b>	<b><u>Lifetime Maximums</u></b>
Mental & Nervous	<b>\$25,000.00</b>	<b>\$25,000.00</b>
Acquired Immune Deficiency Syndrome	<b>\$50,000.00</b>	<b>\$50,000.00</b>
Transplants	<b>\$250,000.00</b>	<b>\$250,000.00</b>
<b>AGE LIMIT FOR COVERAGE:</b>	<b>65TH BIRTHDAY</b>	<b>99TH BIRTHDAY</b>
<b>Preventative Care Benefits</b>		
<b>Male Wellness*</b>	<b>\$1,000.00</b>	<b>\$1,000.00</b>
<b>Female Wellness*</b>	<b>\$1,000.00</b>	<b>\$1,000.00</b>
<i>* Available to all full time employees and their covered spouses</i>		
Listed below are the eligible benefits:		
1. Annual physical examination		
2. Chest X-ray		
3. Complete urinalysis		
4. Blood profiles		
a. HBA1C		
b. CBC		
c. Lipid profile		

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 over	<b>\$350.00</b>	<b>\$350.00</b>
10. Annual fecal immunochemical blood test (FiT)	<b>\$1,000.00</b>	<b>\$1,000.00</b>
11. Colonoscopy - over age 50, and every 10 years	<b>\$1,000.00</b>	<b>\$1,000.00</b>
12. Adult immunizations:	<b>\$500.00</b>	<b>\$500.00</b>
a. yellow fever		
b. chicken pox		
c. tetanus		
d. HPV (Adults and Children up to age 26)		
13. Dependant child (up to age 7) immunizations: ALL	<b>\$500.00</b>	<b>Not Covered</b>
14. Doctor's visit - One doctor's visit is payable on ONE preventative care benefit per annum for adults and children		
<b>All services are subject to overall Annual Wellness Benefit of</b>	<b>TT\$1,000.00</b>	<b>TT\$1,000.00</b>
	<b>Benefit</b>	<b>Benefit</b>
<b>DENTAL:</b>	<b>Maximums</b>	<b>Maximums</b>
<b>(3-Month Waiting Period)</b>		
<b>Maximum Benefit per Calendar Year:</b>	<b>\$1,500.00</b>	<b>\$1,500.00</b>
<b>Deductible per Calendar Year:</b>	<b>\$250.00</b>	<b>\$250.00</b>
<b>Benefit:</b>		
Level 1 - Preventative	<b>75%</b>	<b>70%</b>
Level 2 - Restorative	<b>75%</b>	<b>70%</b>

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