

**TWCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED**  
**MEMBERS PLAN 1**  
**SCHEDULE OF BENEFITS**

<b>MAXIMUM BENEFIT</b>	<b>\$300,000.00</b>
BENEFIT PERIOD - Active Staff	Three (3) Year Renewable
Deductible per Calendar Year	\$750.00
Deductible per Family	\$2,250.00
Co-Insurance Percentage	65% after Deductible
<b>DOCTOR'S VISITS (Office)</b>	\$200.00
<b>Doctor's Visits (Home &amp; Hospital)</b>	\$200.00
Maximum number of treatments per calendar year per disability	31
Co-Insurance Percentage	65%
<b>SPECIALIST VISIT (Office)</b>	\$300.00
<b>SPECIALIST VISIT (Home &amp; Hospital)</b>	\$300.00
Maximum number of treatments per calendar year	10
Co-Insurance Percentage	65%
<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	65%
<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	65%
<b>Chiropractic Benefit - Chiropractor 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	65%
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	65% 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**

65% of R&C up to \$50,000.00

**Airfare Benefit:**

Maximum per Calendar \$4,000.00  
 Maximum Number of Trips per Calendar Year 2  
 Co-Insurance Percentage 65%

**Emergency Air Ambulance Benefit:**

Number of trips per calendar year 1  
 Co-Insurance Percentage 65%

**Emergency Accident in hospital**

Co-insurance Percentage 65%  
 Co-payment \$100.00

**Emergency Accident office visit**

Co-insurance Percentage 65%

**PRESCRIBED DRUGS (Controlled/Antibiotics)**

Maximum per Calendar Year 65% after deductible  
 \$20,000.00

**DIAGNOSTIC SERVICES**

Co-payment per claim 65% after deductible  
 \$100.00

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

Anesthesia Benefit 65% after Deductible  
 25% Surgical R&C subject to co-ins

**PSYCHIATRIC OUT OF HOSPITAL EXPENSE BENEFIT**

Maximum per visit \$250.00  
 Maximum per calendar year \$5,000.00  
 Co-Insurance Percentage 65%

**DIALYSIS / RADIOTHERAPY / CHEMOTHERAPY BENEFIT**

65% of UCR after Deductible

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

Maximum per visit \$150.00  
 Maximum per calendar year \$5,000.00  
 Co-Insurance Percentage 65%

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

65% after Deductible up to \$10,000.00

**Congenital Birth Defects:**

65% after Deductible up to a maximum  
 of \$100,000.00 per calendar year



**Internal Plan Limit**

Transplants

Lifetime Maximum  
50% of Major Medical Maximum

**Repatriation of Mortal Remains:**

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:

**ANNUAL LIMITS**

- |   |            |
|---|------------|
| 1. Annual Medical Examination including - must be by a Physician                            |            |
| Blood Pressure Testing  | \$400.00   |
| Respiratory Testing   |            |
| Complete Urinalysis   |            |
| Complete Blood Testing - Fasting Blood sugar test, Total                                    |            |
| Cholesterol Check, Haemoglobin  |            |
| Glucose Testing   |            |
| 2. Annual Lipid Profile   | \$150.00   |
| 3. Annual Mammogram for females over 35 years old   | \$250.00   |
| 4. Annual CA125 Test for Ovarian Cancer (for High Risk Women as recommended by a Physician) | \$400.00   |
| 5. Annual Gynecological and Pap Smear test for females between age 20 to 65                 | \$75.00    |
| 6. Annual Proctology/Prostate Examination for males over 40 years                           | \$300.00   |
| 7. Vaccinations / Immunizations children under age 5  | \$1,000.00 |
| 8. Annual Glaucoma Test   | \$100.00   |

**Dental Benefit:**

Maximum Benefit per Calendar Year	\$2,500.00
Deductible per Calendar Year	\$200.00
<b>Co-insurance</b>	65%
Waiting Period - New Enrollment	6 months

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

Lifetime Maximum	\$2,500.00
Annual Maximum	\$1,250.00
Co-insurance Percentage	50%
Waiting Period	6 months

**VISION BENEFIT**

Maximum Benefit per Calendar Year	\$1,200.00
Deductible per Calendar Year	\$200.00
Co-insurance Percentage	65%
Contact Lenses not medically required	\$600.00
Waiting Period - New Enrollment	6 months



## RATES

### GROUP HEALTH PREMIUMS

	Employee Only	Employee +1	Employee +Family
<b>Members - Plan 1</b>	\$ 438.00	\$ 744.00	\$ 1,224.00

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

#### **LIFE**

(Coverage is for the Employee Only)

LIFE BENEFIT - 65 years and under - Option 1	\$100,000.00
LIFE BENEFIT - 65 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	\$0.65

#### **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%.
- Medical required for persons 45 years and over.
- Life Benefit is compulsory.