

TWCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
MEMBERS PLAN 3
SCHEDULE OF BENEFITS

MAXIMUM BENEFIT	\$1,000,000.00
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
DOCTOR'S VISITS (Office)	\$200.00
Doctor's Visits (Home & Hospital)	\$200.00
Maximum number of treatments per calendar year per disability	31
Co-Insurance Percentage	65%
SPECIALIST VISIT (Office)	\$300.00
SPECIALIST VISIT (Home & Hospital)	\$300.00
Maximum number of treatments per calendar year	10
Co-Insurance Percentage	65%
HOME NURSING CARE (medically prescribed home nursing- by a registered nurse following hospitalization due to serious accident / illness)	\$250.00
Maximum of days per illness	30
Co-Insurance Percentage	65%
Acupuncture Benefit - by a licensed Physician - reimbursement only	
Maximum per treatment	\$300.00
Maximum number of treatments per calendar year	20
Co-Insurance Percentage	65%
Chiropractic Benefit - must be a member of CATT and authorized/referred by a Physician - reimbursement only	\$300.00
Maximum per treatment	20
Maximum number of treatments per calendar year	65%
Co-Insurance Percentage	65%
MATERNITY / OBSTETRICAL BENEFIT (subject to Deductible)	
Actives Only	
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
Hospital Room & Board	
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 \$1,000.00
 65%
 Co-payment \$100.00

Emergency Accident office visit

Co-insurance Percentage \$500.00
 65%

PRESCRIBED DRUGS (Controlled/Antibiotics)

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

DIAGNOSTIC SERVICES

65% after deductible
Co-payment per claim \$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 number of treatments per calendar year 20
 Co-Insurance Percentage 65%

DIALYSIS / RADIOTHERAPY / CHEMOTHERAPY BENEFIT

65% of UCR after Deductible

**PHYSICAL/CARDIAC REHABILITATION/REPIRATORY/
 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
Respiratory Testing
Complete Urinalysis
Complete Blood Testing - Fasting Blood sugar test, Total
Cholesterol Check, Hemoglobin
Glucose Testing | \$400.00 |
| 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
Co-insurance	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
Members - Plan 3	\$ 661.00	\$ 1,257.00	\$ 1,818.00

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.