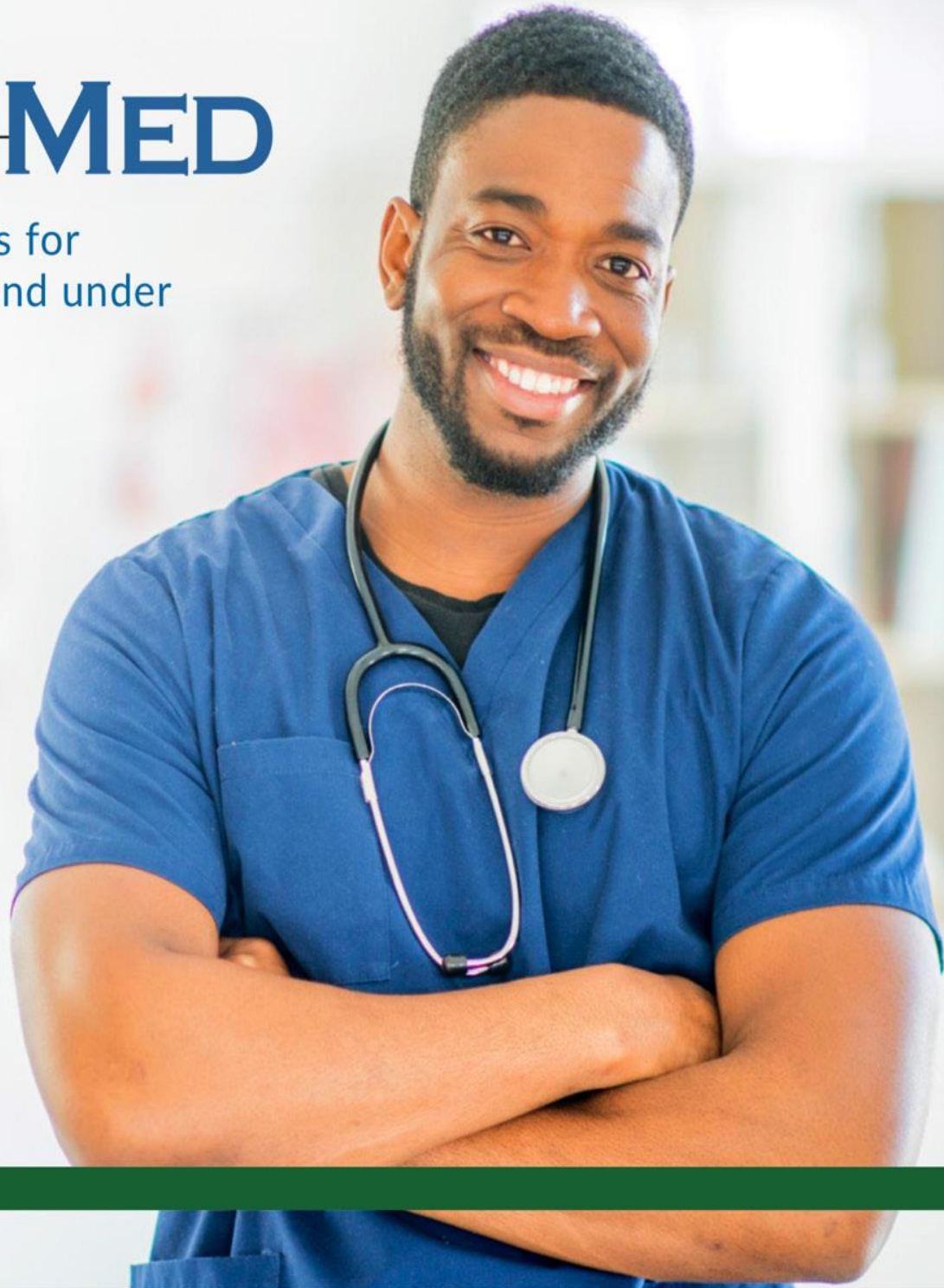


GEN MED

Schedule of Benefits for
members 65 years and under



Antilles Employees' Credit Union



We are Unique

For more information please contact
antedu@antillescredituniontt.com
217-3030 or 221-9685

Group Health Plan Schedule of Benefits – Effective May 1, 2023

BENEFITS GENMED 65 and Under	GENMED Benefits
Maximum Benefit:	\$1,000,000.00
Benefit Period	3 year
Calendar Year Deductible	\$750.00
Deductible per family	\$1,500.00
Co-insurance	75% - 25%
Pre-existing conditions (new members only)	\$2,500 1st 24 month
Hospital Daily Room and Board Limit	
Locally/ Caricom	\$700.00
Overseas (Non Caricom)	\$2,500.00
Intensive Care - Locally/ Caricom	\$1,000.00
Intensive Care - Overseas (Non- Caricom)	\$3,000.00
Miscellaneous Hospital Expense	
Benefit Maximum	75% - 25%
Surgical Benefit	
Disability Maximum	75% of R&C charges
Anaesthesia Benefit	25% of Surgical R&C
Doctor's Visit	
Office Visit	\$200.00
Home / Hospital Visit	\$250.00
Maximum number of visits per day	1 Visit per day
Specialists Consultation Expense	
Office Visit	\$300.00
Home / Hospital Visit	\$300.00
Maximum number of visits per day	1 Visit per day
Physiotherapy Benefit	
Maximum per visit	\$150.00
Maximum number of visits per calendar year	20 Visits
Psychologist Benefit	
Maximum per visit	\$200.00
Maximum number of visits per calendar year	20 Visits

Private Duty Nursing

Maximum Per 8-hour shift Private Residence (Day)	
Maximum Per 8-hour shift Private Residence (Night)	\$250.00
Maximum Per 8-hour shift - Hospital (Night)	
Maximum no. of days per Disability	30 days
Prescribed Drugs	75% - 25%
Diagnostic Benefit	75% - 25%

Maternity Expense Benefit (Waiting Period: 10 Months)

Normal Delivery	\$5,000.00
Caesarean section/extra-uterine pregnancy	\$8,000.00
Dilation & Curettage/Miscarriage	
Pre-natal (Incl. in maternity max.)	\$2,000.00

Airfare Benefit

Maximum Benefit	\$10,000.00
Number of trips per calendar year	2 Trips

Emergency Air Ambulance Benefit

Maximum Benefit	US \$25,000.00
Number of trips per calendar year	2 Trips

Preventative Care Expense

Annual Maximum	\$1,000.00 - Blanket Cover
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Local Ground Ambulance

Maximum Benefit	100%
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Acupuncture Benefit (Shall only be covered when performed by a licensed physician)

Maximum per visit	\$200.00
Maximum number of visits per calendar year	20 Visits

Chiropractic Benefit (Performed by a Chiropractic Association member, referred by a licensed physician)

Maximum per visit	\$200.00
Maximum number of visits per calendar year	20 Visits

Radiotherapy/Chemotherapy/Dialysis

Subject to Deductible and Co-Insurance	\$150,000.00 Max. per Cal. Yr.
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Internal Plan Limits

Organ Transplant (Subject to R&C charges)	50% of Major Med. Max.
Congenital Birth Defects	\$250,000.00
Durable Medical Equipment	75% subject to R&C to a maximum of \$20,000
Repatriation of Mortal Remains	\$20,000.00
Mental and Nervous Disorders	\$25,000.00
AIDS	\$50,000.00
Covid 19 & Hospitalization	\$150,000.00

Vision Care Benefit

Maximum per Calendar Year	\$1,750.00
Calendar Year Deductible	\$150.00
Co-Insurance	75% - 25%
Contact Lenses (Incl. in Vision Max)	Paid Under Vision Max.
Waiting Period (new members)	3 Months

Dental Expense Benefit

Maximum per Calendar Year	\$2,000.00
Calendar Year Deductible	\$150.00
Co-Insurance	75% - 25%
Orthodontic Treatment	For children only up to age 19
Orthodontic Lifetime Maximum	\$2,000.00
Orthodontic Annual Maximum	\$1,000.00
Waiting Period (new members)	3 Months



Beacon



GENESIS
Insurance Brokers &
Benefits Consultants Limited

In co-operation with **AON**

Members 65 Years and under

	Member Only	Member + one	Family
Total Monthly Premium	\$ 236.50	\$ 418.00	\$ 632.50

THE GROUP MEDICAL INSURANCE PLAN

Your Medical Insurance Plan will provide the benefits specified in accordance with the terms of the Group Policy.

Dependent coverage is also available to spouses, legally married or common-law.

This leaflet summarizes the main provision under your Medical Plan and is intended to inform you of the benefits to which you are entitled. It does not create any contractual obligations upon the Company and should the provisions given herein differ from those in the Master Contract, the latter will prevail.

The Plan is designed to give valuable assistance in meeting the financial difficulties you may encounter as a result of accident or sickness.

It is important that you are fully conversant with the scope of the benefits provided under your Plan, since any amount charged for medical attention over the amount of benefit provided by the Plan will be paid by you.

MEDICAL EMERGENCY WHILE OVERSEAS

Member to call Global Excel's toll free number stated at the back of their medical card for assistance.

Member must make contact with their Credit Union liaison advising of emergency within 24 hours of the Emergency.

The Credit Union will contact Beacon to verify coverage and Benefits and will provide Beacon with the necessary updates on Patient's condition. Members can contact Broker or Beacon Insurance for updates.

GROUP HEALTH PORTAL

SUPERPHARM

All registered members will only pay 20% of the cost on eligible prescription drugs that are purchased at Superpharm pharmacies. Beacon will pay 80%. The member will be required to present their Beacon card with valid ID at any Superpharm store to access this benefit.

DISCLAIMER

This leaflet is intended only to provide information to you in a convenient form. It does not in any way modify or change the meaning of the text of the actual Insurance Contract under which this Plan is funded. The complete policy contract set forth the Terms and Conditions and governs any rights and obligations you may be exposed to.

