ANTILLES EMPLOYEES' CREDIT UNION
SCHEDULE OF BENEFITS
MEMBERS AGE 65 AND UNDER

Maximum Three-Year Benefit Members up to age 65	**$1,500,000.00**
Calendar Year Deductible:	
Deductible per Person	$750.00
Deductibles per Family (maximum 2)	$1,500.00
Co- insurance Factor	75%-25%
Pre Existing condition	$2,500 (1st 24 months)
Hospital Daily Room & Board Limit	
Overseas Maximum (Non-Caricom)	$2,500.00
Local Maximum (Caricom)	$700.00
Maximum No. of days per Disability	31
Co-insurance Factor	75%-25%
Intensive Care Unit	
Overseas Maximum (Non-Caricom)	$3,000.00
Local Maximum (Caricom)	$1,000.00
Maximum No. of days per Disability	31
Co-insurance Factor	75%-25%
Miscellaneous Hospital Expenses	75%-25%
Surgical Benefit	75% of UCR
Anaesthesia Benefit	25% of UCR and subject to Co-Insurance
Doctor's Visits Benefit	
Office Visit	$200.00
Home Visit	$250.00
Hospital Visit	$250.00
Maximum No. of visits per Day	1
Maximum No. of visits per Disability	31
Co-insurance Factor	75%-25%

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Specialist Visit (Upon Referral, except for Gynaecological Visits and Pediatrician Visits for Children up to age 12 years)	
Office Visit	$400.00
Home/Hospital Visit	$400.00
Maximum No. of visits per Day	1
Maximum No. of visits per Disability	10
Co-insurance Factor	75%-25%
Maternity Benefit (Subject to Deductible /No Coinsurance)	
Normal Delivery	$5,000.00
Caesarean Section\Extra Uterine Pregnancy (inc. Surgeon, Anaesthesist, R&B;Misc. Exp)	$8,000.00
Dilation & Curettage\Miscarriage	$2,000.00
Pre-natal (included in Maternity Max.)	$2,000.00
Waiting Period	10 months
Private Duty Nursing	
Maximum per 8 hr shift - Private Residence -Day	
Maximum per 8 hr shift - Private Residence -Night	$250.00
Maximum per 8 hr shift - Hospital-Night	
Maximum No. of days per disability	30
Co-Insurance Factor	75%-25%
Prescribed Drugs Benefit (Controlled/Antibiotics)	75%-25%
Diagnostic, X-ray and Lab Benefits	75%-25%
Psychologist/Psychiatrist Services (Upon Referral)	
Maximum per Visit	$200.00
Maximum No. of visits per day	1
Maximum No. of visits per Calendar Year	20
Co-Insurance Factor	75%-25%

Beacon

ANTILLES EMPLOYEES' CREDIT UNION
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MEMBERS AGE 65 AND UNDER

Physiotherapy /Occupational/Speech Therapy(Upon Referral. Must be a Registered Physiotherapist)	**75% up to**
Maximum per Visit	$200.00
Maximum No. of visits per Day	1
Maximum No. of visits per Calendar Year	20
Preventative Care Benefits - (Annual Maximum)	$1,500.00
Chiropractic Benefit (Upon Referral)	
(The Chiropractor must be a member of the Chiropractic Association of T&T (CATT)	
Maximum per Visit	$200.00
Maximum No. of visits per Day	1
Maximum No. of visits per Calendar Year	20
Co-Insurance Factor	75%-25%
Acupuncture Benefit (Upon Referral)	
(Acupuncture shall only be covered when performed by a licensed physician)	
Maximum per Consultation	$200.00
Maximum No. of visits per Day	1
Maximum No. of visits per Calendar Year	20
Co-Insurance Factor	75%-25%
Air Fare Benefit (Upon Referral and Approval)	75% up to
Maximum Benefit	$10,000.00
Maximum No. of trips per Calendar Year	2
Emergency Air Ambulance Benefit (Upon Referral and Approval)	
Maximum benefit	US$25,000.00
Maximum No. of trips per Calendar Year	2
Co-Insurance Factor	100%
Local Ground Ambulance	100%

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Internal Lifetime Plan Limits (Not subject to Ded/Co-ins)	
Organ Transplants	50% Major Medical Maximum subject to UCR
Congenital Birth Defects	$250,000.00
Mental/Nervous Disorder	$25,000.00
HIV/AIDS	$50,000.00
Covid 19 & Hospitalization	$150,000.00
Durable Medical Equipment	
Maximum per Calendar year	75% subject to UCR to a maximum of $20,000.00
Radiotherapy/Chemotherapy/Dialysis (Subject to Ded & Co-ins)	Subject to Deductible & Co-insurance) up to a maximum of $150,000.00
Maximum per Calendar Year	
Repatriation of Mortal Remains (Lifetime)	TT$20,000.00

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Dental Care Benefit	
Maximum Benefit per Calendar Year:	$2,000.00
Deductible per Calendar Year	$150.00
Orthodontic Treatment:(Limited to children up to age 19)	
• Lifetime Benefit	$2,000.00
• Annual Benefit	$1,000.00
Co-Insurance Factor	75%-25%
Waiting Period (New members)	3 Months
Vision Care Benefit	
Maximum Benefit per Calendar Year	$1,750.00
Deductible per Calendar Year	$150.00
Co-Insurance Factor	75%-25%
Contact Lenses (Not medically approved)	Incl. in Vision Maximum
Waiting Period (New members)	3 Months

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MONTHLY HEALTH PREMIUMS

MEMBER ONLY	$326.00
MEMBER & ONE	$575.00
MEMBER & FAMILY	$870.00