ANTILLES EMPLOYEES' CREDIT UNION
SCHEDULE OF BENEFITS
MEMBERS AGE 66-99

Maximum 6 Year Benefit Members age 66-69	**$500,000.00**
Calendar Year Deductible:	
Deductible per Person	$1,000.00
Deductibles per Family (maximum 2)	$2,000.00
Co- insurance Factor	70%-30%
Hospital Daily Room & Board Limit	
Overseas Maximum (Non-Caricom)	$2,500.00
Local Maximum (Caricom)	$500.00
Maximum No. of days per Disability	31
Co insurance Factor	70%-30%
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	70%-30%
Miscellaneous Hospital Expenses	70%-30%
Surgical Benefit	70% of UCR
Anaesthesia Benefit	25% of UCR and subject to Co-Insurance
Doctor's Visit	
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	70%-30%

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MEMBERS AGE 66-99

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	70%-30%
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	70%-30%
Prescribed Drugs Benefit (Controlled/Antibiotics)	70% up to
Maximum Per Policy Year	$50,000.00
Diagnostic, X-ray and Lab Benefits	70% up to
Maximum Per Policy Year	$50,000.00
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	70%-30%
Physiotherapy /Occupational/Speech Therapy(Upon Referral. Must be a Registered Physiotherapist)	**70% 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

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MEMBERS AGE 66-99

Chiropractic Benefit (Upon Referral)	
(The Chiropractor must be a member of the Chiropractic Association of T&T (CATT)	
Maximum per Consultation	$200.00
Maximum no. visits per Day	1
Maximum per Calendar Year	20
Co-Insurance Factor	70%-30%
Acupuncture Benefit (Upon Referral)	
(Acupuncture shall only be covered when performed by a licensed physician)	
Maximum per Consultation	$200.00
Maximum no. visits per Day	1
Maximum visits per Calendar Year	20
Co-Insurance Factor	70%-30%
Air Fare Benefit (Upon Referral and Approval)	**70% up to**
Maximum Benefit	$5,000.00
Maximum No. of trips per Calendar Year	2
Emergency Air Ambulance Benefit (Upon Referral and Approval)	
Maximum benefit	US$18,000.00
Maximum No. of trips per Calendar Year	2
Co-Insurance Factor	100%
Local Ground Ambulance	100%
Internal Lifetime Plan Limits (Not subject to Ded/Co-ins)	
Organ Transplants	50% Major Medical Maximum subject to UCR
Mental/Nervous Disorder	$25,000.00
HIV/AIDS	$50,000.00
Covid 19 & Hospitalization	$150,000.00

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Durable Medical Equipment	
Maximum Per Calendar Year	70% subject to UCR to a maximum of $20,000.00
Radiotherapy/Chemotherapy/Dialysis Maximum Per Calendar Year	Subj. to Deductible & Co-insurance) up to a maximum of $150,000.00
Repatriation of Mortal Remains (Lifetime)	TT$20,000.00

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MEMBERS AGE 66-99

Dental Care Benefit	
Maximum Benefit per Calendar Year:	$1,500.00
Deductible per Calendar Year	$150.00
Co-Insurance Factor	70%-30%
Waiting Period (New members)	3 Months
Vision Care Benefit	
Maximum Benefit per Calendar Year	$1,250.00
Deductible per Calendar Year	$150.00
Co-Insurance Factor	70%-30%
Contact Lenses (Not medically approved)	Inc. in Vision Maximum
Waiting Period (New members)	3 Months

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MEMBERS AGE 66-99

MONTHLY HEALTH PREMIUMS

RETIREE ONLY	$515.00
RETIREE & ONE	$964.00