

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

<b>MAXIMUM BENEFIT</b>	<b>\$300,000.00</b>
BENEFIT PERIOD - Active Staff	Three (3) Year Renewable
Deductible per Calendar Year	\$2,500.00
Deductible per Family	\$5,000.00
Co-Insurance Percentage	50% after Deductible
<b>DOCTOR'S VISITS (Office)</b>	<b>\$150.00</b>
<b>Doctor's Visits (Home &amp; Hospital)</b>	<b>\$200.00</b>
Maximum number of treatments per calendar year per disability	31
Co-Insurance Percentage	50%
<b>SPECIALIST VISIT (Office)</b>	<b>\$300.00</b>
<b>SPECIALIST VISIT (Home &amp; Hospital)</b>	<b>\$350.00</b>
Maximum number of treatments per calendar year	10
Co-Insurance Percentage	50%
<b>HOME NURSING CARE (medically prescribed home nursing- by a registered nurse following hospitalization due to serious accident / illness)</b>	<b>\$250.00</b>
Maximum of days per illness	30
Co-Insurance Percentage	50%
<b>Acupuncture Benefit - by a licensed Physician - reimbursement only</b>	
Maximum per treatment	\$200.00
Maximum number of treatments per calendar year	20
Co-Insurance Percentage	50%
<b>Chiropractic Benefit - Chiropractor must be a member of CATT and authorized/referred by an attending Physician - reimbursement only</b>	
Maximum per treatment	\$200.00
Maximum number of treatments per calendar year	20
Co-Insurance Percentage	50%
<b>Hospital Room &amp; Board</b>	
Daily Room & Board – Caribbean	\$450.00
Daily Room & Board – Elsewhere	\$1,500.00
<b>Intensive Care Benefit</b>	
Intensive Care - Caribbean	\$450.00
Intensive Care - Elsewhere	\$1,800.00
<b>Miscellaneous Hospital Services</b>	<b>50% of R&amp;C up to \$50,000.00</b>



<b>Airfare Benefit:</b>	
Maximum per Calendar	\$4,000.00
Maximum Number of Trips per Calendar Year	2
Co-Insurance Percentage	50%
<b>Emergency Air Ambulance Benefit:</b>	US\$18,000.00
Number of trips per calendar year	1
Co-Insurance Percentage	50%
<b>Emergency Accident in hospital</b>	\$1,000.00
Co-insurance Percentage	50%
Co-payment	\$100.00
<b>Emergency Accident office visit</b>	\$500.00
Co-insurance Percentage	50%
<b>PRESCRIBED DRUGS (Controlled/Antibiotics)</b>	50% after deductible
<b>Maximum per Calendar Year</b>	\$20,000.00
<b>DIAGNOSTIC SERVICES</b>	50% after deductible
<b>Co-payment per claim</b>	\$100.00
<b>Surgical Benefit: (Reasonable &amp; Customary fees apply)</b>	50% after Deductible
Anesthesia Benefit	25% Surgical R&C subject to co-ins
<b>PSYCHIATRIC OUT OF HOSPITAL EXPENSE BENEFIT</b>	
Maximum per visit	\$250.00
Maximum per calendar year	\$5,000.00
Co-Insurance Percentage	50%
<b>DIALYSIS / RADIOTHERAPY / CHEMOTHERAPY BENEFIT</b>	50% of UCR after Deductible
<b>PHYSICAL/CARDIAC REHABILITATION/REPIRATORY/ OCCUPATIONAL/SPEECH THERAPY:</b>	
Maximum per visit	\$150.00
Maximum per calendar year	\$5,000.00
Co-Insurance Percentage	50%
<b>Durable Medical Equipment (On Initial equipment only)</b>	50% after Deductible up to \$10,000.00
<b>Internal Plan Limit</b>	Lifetime Maximum
Transplants	50% of Major Medical Maximum
<b>Repatriation of Mortal Remains:</b>	
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	\$200.00
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	\$100.00
<b>Co-insurance</b>	50%
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	\$100.00
Co-insurance Percentage	50%
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 - Senior</b>	\$ 554.00	\$ 988.00	\$ n/a

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

#### **LIFE**

(Coverage is for the Employee Only)

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 @ \$ 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\$ 8.13

#### **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.