The new value added benefits:
CLICO’s Health Plan includes a 24 hr assistance service for medical emergencies while traveling abroad. Members will be provided with a globally recognized ID card through Olympus Managed Health Care Inc. to enable access to this worldwide service.

Annual emergency air ambulance up to $30,000.00, maximum

Intensive care $600.00 per day

Paramedical services

Preventative care, including annual check up

Life insurance of $10,000.00, AD&D benefit for the insured only.

Benefits

LIFETIME MAXIMUM $500,000

Calendar Year deductible per member $150

Deductible per family Maximum of three (3) deductibles per calendar year

CO-INSURANCE FACTOR

Overseas
Pre-certified Treatment Within Manage Care Network 80%-20%
Pre-certified Overseas Treatment 75%-25%
Falling ill whilst overseas 75%-25%
Non pre-certified overseas Treatment 50%-50%

LOCAL/CARICOM

Caricom 75%-25%

Carry over Deductible Provision Last three (3) months of the calendar year

Benefit Period Life Time

Waiting period (excluding Prev.Care) three (3) months

Hospitalization
Applicable co-insurance up to: Room & Board per day
Locally (semi private or ward rate) $300.00
Applicable in USA, UK, Canada & Venezuela (semi private or ward rate) $1,500

INTENSIVE CARE per day $600

Other Hospital Services
Applicable co-ins subject to the Reasonable and Customary Limit

Surgical Benefit
Applicable co-insured subject to the Reasonable and Customary Limit

Doctor’s Visit
Applicable co-insurance factor up to a max of Office $40.00
Hospital $40.00
Home $40.00

Specialist Consultation (upon referral)
Applicable co-insurance up to a max of $60.

X-Ray & Laboratory Tests
Applicable to co-ins subject to the Reasonable and Customary Limit

Prescribed Drugs/Injections
Applicable to con-ins subject to the Reasonable and Customary Limit

Paramedical Services
Maximum per visit $30.00
Maximum per calendar Year $300.00

Maternity (waiting period six (6) months)
100% of Surgical, Doctor, Diagnostic and Hospital Expenses up to:
Normal Delivery $1,000
Caesarean Section/Extra-Uterine Pregnancy $2,000

Miscarriage $400.00
Pre-natal Care (part of Maternity Max.) $400.00

Outside Psychiatric Treatment
Maximum per calendar year $800.00
Maximum per visit $40.00
Co-Insurance factor 50%-50%

Medically Approved Overseas Travel Benefit

AIRFARE
Applicable co-insurance up to
(a) Maximum per calendar year $2,000
(b) Maximum no. of trips per calendar year— 2

Emergency Air Ambulance
Annual Maximum of $30,000

Preventive Care
100% up to
• 1 annual pap smear $35.00
• 1 annual mammogram (females over 40) $100.00
• 1 prostate test (for males over 40) $100.00
• 1 annual glaucoma test for insured only $100.00

DENTAL CARE
80% up to (per policy year) $750.00
Deductible per policy year $50.00
Orthodontic (Lifetime) Maximum $1,000

Waiting period:
Restorative & Major Restorative Six (6) months
Orthodontic Six (6) months

VISION CARE
80% up to (per policy year) $500.00
Deductible per policy year $50.00

Contact lenses (not medically required n/c Lenses once every policy year
Frames once every two policy year
Waiting period (not including examination) 6 months

LIFE COVERAGE
Life Coverage $10,000
AD&D Coverage $10,000

GECCU LTD in collaboration with CLICO

Presents

GROUP

COMPREHENSIVE

MAJOR MEDICAL PLAN

GECCUMED

General Employees Co-op Credit Union Ltd
P.O. Box 1636
Halifax Street, Kingstown, SVG
Tel: 456-1963 Fax: 456-1660
Email: insurance@geccu.com gec-
cu@vinesurf.com
Website: www.geccu.com
Premium payments are to be made monthly in advance. Monthly premiums are as follows:

- **Insured only**: $50.21
- **Insured plus one**: $88.21
- **Insured and family**: $143.07

**Insured:** Any individual eighteen years or older but not exceeding 55 years.

**Insured plus one:** Any individual eighteen years or older but not exceeding 55 years plus one other person/child (including stepchild and any legally adopted child) who is living in the members’ household, less than nineteen years old and is dependant on the insured for support and registered as a dependant of the member on the records of the policyholder.

**Insured & Family:** Any individual eighteen years or older but not exceeding 55 years and his/her family members (wife/husband and unmarried children including step-children and legally adopted children) who are living in the member’s household and are less than nineteen(19) years old provided that such members are dependant on the member for support and are registered on the records of the policyholder.

Also any unmarried children who are under 25 years and who would otherwise qualify as dependants provided such dependents are full time students at a University or any similar institute of learning.

Below is a breakdown as to how your premium is divided amongst the different aspects of the plan.

<table>
<thead>
<tr>
<th>Service</th>
<th>Employee</th>
<th>Employee &amp; One</th>
<th>Employee &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>$37.85</td>
<td>$70.03</td>
<td>$116.92</td>
</tr>
<tr>
<td>Dental</td>
<td>$4.68</td>
<td>$8.66</td>
<td>$13.01</td>
</tr>
<tr>
<td>Vision</td>
<td>$3.08</td>
<td>$4.92</td>
<td>$8.54</td>
</tr>
<tr>
<td>Health Premium</td>
<td>$45.61</td>
<td>$83.61</td>
<td>$138.47</td>
</tr>
<tr>
<td>Life rate (0.38) per $1000 of coverage ($10,000.00)</td>
<td>$3.80</td>
<td>$3.80</td>
<td>$3.80</td>
</tr>
<tr>
<td>ADD rate (0.08) per $1,000 of coverage ($10,000)</td>
<td>$0.80</td>
<td>$0.80</td>
<td>$0.80</td>
</tr>
<tr>
<td>Life premium</td>
<td>$4.60</td>
<td>$4.60</td>
<td>$4.60</td>
</tr>
<tr>
<td><strong>TOTAL PREMIUM</strong></td>
<td><strong>$50.21</strong></td>
<td><strong>$88.21</strong></td>
<td><strong>$143.07</strong></td>
</tr>
</tbody>
</table>

As you can see from the breakdown the plan includes a life coverage of $10,000.00 which would be paid to your beneficiary.

**Membership:**
Coverage under this plan is given in three groups. Single, Single & one and Family. Persons wishing to subscribe to the plan must do so on an application form which can be collected at the office. The first premium is paid upon joining.

This application form is sent to CLICO’s officer for approval, the process may take up to three weeks. After approval you will begin your monthly premium payments. Your claims for medical purposes should be made three(3) months after approval. Vision and Dental claims should be made six (6) months after approval.

A policy year shall mean the twelve month period commencing from the member’s effective date.

**Deductibles** are the amounts which must be satisfied for each covered person before commencement of the comprehensive major medical coverage benefits, of all covered expenses up to the maximum benefit provided. So before any monies are refunded to you, you must satisfy the deductible from your set of claims for each calendar year. Except for cases where the deductible was satisfied in the last three (3) months of the year, in which case the deductible is carried over to the next year.

**E.O.B** is an Explanation of Benefits. This is attached with your claim cheque and will give an explanation of how the monies were paid.

The new group health and life plan is a comprehensive Medical Plan structured around modern day life line to meet the growing needs of CLICO’s insured locally, regionally and internationally.