

SCHEDULE OF BENEFITS

<u>CLASSIFICATION</u>	<u>GROUP LIFE</u>	<u>ACCIDENTAL DEATH & DISMEMBERMENT</u>
ALL ELIGIBLE STAFF	\$20,000.00	\$20,000.00

Accidental Death & Dismemberment benefit covers each member on and off the job and losses up to 365 days after the accident.

Life Insurance coverage reduces to 50% at age 65 and ceases at age 70 or retirement, whichever is earlier.

Accidental Death and Dismemberment benefits terminate at age 65.

SCHEDULE OF BENEFITS

GENERAL MAJOR MEDICAL BENEFITS

BENEFIT MAXIMUMS/LIMITS

Maximum Benefit

For Active Members under age 65	\$1,000,000.00
For Active Members age 65 & over and Retirees	\$300,000.00
Benefit Period	Lifetime

Survivor Spouse Benefit Included

Internal Plan Limits per insured (*applies toward Lifetime Major Medical Maximum*)

Lifetime Benefits for:

Transplants for Active Members under age 65	\$150,000.00
Transplants for Active Members age 65 & over and Retirees	\$75,000.00
AIDS or AIDS-related Illnesses	\$50,000.00
Psychiatric Care (Applicable to Out-patient & Hospital Care)	\$10,000.00
Congenital Disorders (Newborn) for Active Members under age 65	\$250,000.00
Congenital Disorders (Newborn) for Active Members age 65 & over and Retirees	\$150,000.00

Deductible per Calendar Year:

Per Each Individual Insured	\$800.00
Per Family	3

Co-Insurance Payment: *Local Benefit*

On the first \$100,000 per Calendar Year	70%
Thereafter to the Maximum	100%

Co-insurance Payment: *Overseas Benefit*

Pre-certified Overseas Treatment within Managed Care Network or Emergency treatment	80% on the 1st \$50,000.00, 100% thereafter
Pre-certified Overseas Treatment outside of Managed Care Network	75% on the 1st \$200,000.00, 100% thereafter
Not approved or Not Pre-certified	40% - no stop loss will apply

Carry Over Provision

Last 3 months of Calendar Year

BENEFITS SUBJECT TO THE DEDUCTIBLE & THE CO-INSURANCE

BENEFIT MAXIMUMS/LIMITS

Pre-existing Condition (Maximum per Disability)	\$1,000.00
Duration	12 months

Daily Room & Board:

Local (Caribbean)	\$400.00
Overseas (Non-Caribbean)	\$2,000.00
Intensive Care	2.5 times Average Semi-Private Room Rate

Private Duty Nursing:

Maximum per 8-hour Shift – In private residence (Day)	\$40.00
Maximum per 8-hour Shift – In private residence (Night)	\$60.00
Maximum per 8-hour Shift – In hospital (Night)	\$80.00
Maximum Days per Calendar Year	20

Psychiatric Benefit:

Out-patient Care

Maximum per Treatment	50%
Maximum per Treatment	\$60.00
Maximum Visits per Day	1
Maximum per Calendar Year	\$2,000.00

Hospital Confinement

70%

Physiotherapy and other Health-care Professional Groups - Maximum Allowable Expense

70% to a maximum of \$75.00

Maximum Visits per Day	1
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SCHEDULE OF BENEFITS

BENEFITS SUBJECT TO THE DEDUCTIBLE & THE CO-INSURANCE (Cont'd)

BENEFIT MAXIMUMS/LIMITS

Doctor's Visits

Office Visit	Maximum Allowable Expense
Home Visit	\$60.00
Hospital Visit	\$60.00
Specialist Visit by Referral Only	\$80.00
Emergency Doctor's Visits Benefit (Home and Hospital)	\$100.00

Local Ground Ambulance

Maximum per Calendar year	70% of R&C Charges
	\$300.00

Surgical Expense

	70% of R&C Charges
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Other Hospital Services

	70% of R&C Charges
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Miscellaneous Expense

	70% of R&C Charges
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Prescription Drugs

	70% of R&C Charges
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Diagnostic Expense

	70% of R&C Charges
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Medical Prosthesis

	70% of R&C Charges
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Radiotherapy/Chemotherapy

	70% of R&C Charges
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Hearing Aid Benefit

Maximum Benefit per 5-year period	\$1,500.00
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Medically Necessary Ferry Transportation Benefit

Maximum trips per Calendar Year	70% of R&C Charges
	2

Maximum per Calendar Year

	\$300.00
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Medical Air Transportation Benefit (Economy Airfare)

Maximum per Calendar Year	70% of R&C Charges
	\$3,000.00

Maximum trips per Calendar Year

	See Notes Below
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Medical Air Transportation Benefit (Repatriation of Mortal Remains)

Maximum Benefit	70% of R&C Charges
	\$5,000.00

BENEFITS SUBJECT TO THE CO-INSURANCE ONLY

BENEFIT MAXIMUMS/LIMITS

Maternity Benefit:

Normal Delivery	(Inclusive of Pre-natal payment)	\$1,500.00
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Caesarean Section	(Inclusive of Pre-natal payment)	\$2,500.00
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Miscarriage	(Inclusive of Pre-natal payment)	\$1,000.00
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Pre-natal		\$1,000.00
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Complications including Extra-Uterine pregnancy are treated as any other illness

SCHEDULE OF BENEFITS

BENEFITS NOT SUBJECT TO THE DEDUCTIBLE NOR THE CO-INSURANCE

BENEFIT MAXIMUMS/LIMITS

Medical Air Transportation Benefit (Emergency Air Ambulance)

100%

Maximum trips per Calendar Year

See Notes Below

Preventative Care:

Annual Maximum - Members

\$600.00

Annual Maximum - Spouses

\$500.00

Annual Maximum - Immunisation for each dependent child under age 5

\$100.00

The below procedures / tests are eligible for reimbursement under Preventative Care up to the stated maximums for Members & Spouses:

Annual Physical Examination for Members & Spouses, including

a) Blood Pressure Check

b) Respiratory Check

c) Complete Urinalysis

d) Blood Profile, including

(I) Fasting Blood Sugar Test

(II) Total Cholesterol Check

(III) Haemoglobin

(IV) Estimated Sedimentation Rate (ESR) Test

Electrocardiogram for male & female members age 40 and over

Annual Gynaecological and Pap Smear test for each female member or spouse of a male member.

Annual Mammogram for each female member or spouse of a male member age 40 and over.

Annual Proctology/Prostate inclusive of PSA test Examination for each male member or spouse of a female member age 40 and over.

Annual Glaucoma Test for members only.

Annual Lipid Profile for members and spouses.

NOTE:

Only 2 trips per Calendar Year are covered under the Medical Air Transportation Benefit.

Prescription Drugs – Reimbursement/Payment limited to “prescribed drugs” as set out and required by law in the insurer’s jurisdiction.

R & C means Reasonable & Customary.

SCHEDULE OF BENEFITS

DENTAL BENEFITS

BENEFIT MAXIMUMS/LIMITS

Maximum per Calendar year	\$1,000.00
Deductible per Calendar year	\$150.00
Waiting Period	Three (3) months

Amount of Benefit:

Level 1 – Preventative	80%
Level 2 – Restorative	70%
Level 3 – Major Restorative	65%

Orthodontia Benefit – Limited to dependent children under age nineteen (19)

Maximum Lifetime Benefit	\$2,000.00
Deductible per Calendar Year	\$100.00
Benefit Payment	50%
Waiting Period	Six (6) months

DESCRIPTION:

LIMITS

Prophylaxis-Adult	\$200.00
Prophylaxis-Child	\$120.00
Periodic Oral Evaluation	\$70.00
Amalgam-One Surface, Primary or Permanent	\$170.00
Amalgam-Two Surfaces, Primary or Permanent	\$200.00
Amalgam-Three Surfaces, Primary or Permanent	\$220.00
Bitewings-Two Films	\$100.00
Extraction, Erupted Tooth or Exposed Root (Elevation)	\$170.00
Panoramic Film	\$160.00
Resin-One Surface, Anterior	\$200.00
Resin-Two Surfaces, Anterior	\$220.00
Resin-Three Surfaces, Anterior	\$240.00

VISION BENEFITS

BENEFIT MAXIMUMS/LIMITS

COMPREHENSIVE VISION CARE:

Maximum per Calendar Year	\$900.00
Deductible per Calendar Year	\$200.00
Benefit Payment	70%
Waiting Period	Six (6) months

This benefit provides for the reimbursement of expenses incurred by necessary vision care treatment and supplies which are recommended by a duly qualified optician, optometrist or ophthalmologist up to the amounts shown in the schedule of benefits.

SCHEDULE OF BENEFITS

Guidelines and Stipulations for the Survivor Spousal Benefit

- The deceased employee must have been a plan member for a minimum of 10 years prior to death.
- Coverage will be limited to the spouse and dependent children only.
- No new dependents will be added.
- Coverage will terminate in the event that the spouse re-marries.
- Coverage will be subject to all current plan Limitations and Exclusions.
- The dependent spouse will continue to pay the premiums
- Spouses of Regular and Retired employees will be eligible.
- Deathbed Marriages are to be excluded.
- Coverage will terminate if the dependent spouse attains insurance coverage otherwise.