

Credit Unions

Group Health & Life Plan





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This insurance plan offers its members the unique opportunity to access the best health care services through our LifeCare Provisor Plan.

This plan gives you unlimited access to one of the largest Preferred Provider Organizations (PPO) in the region. There are over 450 providers to choose from with limited up-front payment for Medical treatment. No claim forms to be submitted. With Provisor you even have the option of using practitioners and facilities outside the network.

Our Medical Insurance Plan, secures you and your family against the high cost of medical care and the serious financial burdens which accompany it. At Guardian Life, we understand your unique needs for health insurance and medical services.

We are confident that our LifeCare Provisor plan will meet your specific medical and financial needs.

Schedule of Benefits

COMPREHENSIVE MAJOR MEDICAL BENEFITS

Maximum Benefit:

Members Up To Age 65	\$500,000.00
Senior Members	\$300,000.00

Benefit Period

Members Under Age 60	3 Years
Members Age 60 and Over	3 Years

Deductible Per Calendar Year:

Members Under Age 60	\$300.00 Per Person
Members Age 60 and Over	\$500.00 Per Person
Maximum Number of Deductibles Per Family	3

Co-Insurance

Under Age 65	80%-20%
Senior Members	75%-25% (All benefits)

Doctors' Visits

Office	\$300.00
At Home/ In Hospital	\$350.00
Maximum Per Disability	1 Visit Per Day

Specialist' Visits

Office	\$400.00
At Home/ In Hospital	\$500.00
Maximum Per Disability	1 Visit Per Day

Psychiatric Services

Visit Maximum	\$500.00
Calendar Year Maximum	20 Visits

Physiotherapy

Visit Maximum	\$150.00
Calendar Year Maximum	20 Visits

Acupuncture Benefit (must be performed by licensed Physician)

Maximum per Consultation	\$200.00
Calendar Year Maximum	20 Visits

Chiropractic Benefit (The Chiropractor must be a member of the Chiropractic Association of T&T (CATT) and authorized/referred by an attending Physician)

Maximum per Consultation	\$200.00
Calendar Year Maximum	20 Visits

Surgical Benefit

Disability Maximum	80% of UCR
Anesthesia Benefit	25% of Surgical UCR

Hospital Daily Room & Board Limit

Local Maximum	\$700.00
Overseas	80% of UCR (semi-private room)

Intensive Care Unit

Local Maximum	\$1,000.00
Overseas	\$4,000.00

Miscellaneous Hospital Expenses

80% of UCR

Home Nursing Care

(Medically prescribed home nursing by a registered nurse following hospitalization due to serious accident/illness)

Maximum per Day	\$250.00
Maximum no. of days per illness	30 Days

Prescription Drugs

(Controlled/Antibiotics) 80%-20%

Diagnostic/X-ray/Lab

80%-20% (Co-Payment per procedure) \$50.00

Dialysis/Chemotherapy/ Radiotherapy

80%-20%

Schedule of Benefits

Maternity
(Subject to deductible, No Co-Insurance,)

Normal Delivery	\$5,000.00
Caesarean Section	80% of UCR
Dilation & Curettage	\$2,500.00
Pre-Natal Maximum (included in Maternity Maximum)	\$2,000.00

Conception date must be at least 30 days from inception of coverage. Waiting Period -10 Months from inception of coverage

New Born Care and Congenital Birth Defects
Calendar Year Maximum \$100,000.00
(subject to UCR and Co-Insurance)

Airfare Benefit	
Maximum per Trip	\$5,000.00
Maximum Trips per Calendar Year	2
Co-Insurance Factor	80%-20%

Emergency Air Ambulance	US\$18,000.00
Maximum Trips Per Calendar Year	1

Repatriation of Mortal Remains
Lifetime Maximum TT\$20,000.00

Emergency Accident in Hospital
Maximum Benefit \$1,000.00
Co-Insurance 80%-20%

Preventative Care Benefits
Calendar Year Maximums \$1,200.00

Comprised of:

- Annual Medical Examination
- Services must be provided by a Physician and include
- Blood Pressure Testing
- Respiratory Testing
- Complete Urinalysis
- Complete Blood Testing
- Glucose Testing

Annual Lipid Profile
Annual Mammogram for Females
Annual CA125 Test for Ovarian Cancer
(for High Risk Women as recommended by a Physician)
Annual Pap Smear

Annual Test Prostate Cancer
Annual Glaucoma Test
Vaccinations/Immunizations for children up to age 5

Only 1 Doctor Visit is payable for 1 Preventative
Benefits per Calendar Year

Durable Medical Equipment/Prosthesis
Calendar Year Maximum \$10,000.00

Organ Transplants
Lifetime Maximum 50% of Major Medical
Maximum
(subject to UCR and Co-Insurance)

Mental & Nervous Disorder
Lifetime Maximum \$25,000.00

HIV/AIDS
Lifetime Maximum \$50,000.00

Dental Care Benefit / Vision Care Benefit
Maximum Benefit
per Calendar Year \$3,500.00 / \$2,000.00
Deductible
per Calendar Year \$100.00 / \$100.00
Co-Insurance Factor 80%- 20%

Contact Lenses \$1,000.00

Waiting Period
(New Entrants) 3 months

Group Life Benefits

Basic Life

Members Under age 65	\$100,000.00
Senior Members Age 65 to 70	\$50,000.00
Senior Members Age 70 to Lifetime	\$25,000.00

Accidental Death and Dismemberment (AD&D)

Members Under age 60	\$100,000.00
Members Age 60 and Over	N/A

Life Coverage reduces by 50% at age 65

Life Coverage reduces further by 50% at age 70

AD&D coverage terminates at age 60

Terms & Conditions

1. For Credit Unions with less than 1,000 Financial Members, a minimum of 100 members or 20% participation is required to effect the plan.
2. For Credit Unions with 1,000 or more Financial Members, a minimum of 250 members or 10% participation is required to effect the plan.
3. Open Enrolment Period of 90 days from plan effective date will be provided.
4. Members age 60 and over can only join the plan during open enrolment.
5. Member can join the plan up to age 64, subject to underwriting requirements as advised by GLOC. Upon attainment of age 65 they would be transferred to the corresponding "Senior Members" plan.
6. Members age 65 and over can only join the plan during open enrolment
7. Ratio of "Senior Members" must not exceed 25% of total Membership.
8. Plan subject to termination at renewal if participation requirements are not met.
9. A member's coverage does not begin until confirmed by GLOC.

10. Claims payments for Members will only be available via ACH – directly to the account of the Member. It is imperative that the correct account information and supporting documents are provided at time of application.
11. All pre-existing conditions will be excluded for coverage. A pre-existing condition is defined as follows:
12. "Pre-Existing Condition shall be deemed to refer to any:
13. Condition resulting from illness or injury for which a covered person has received consultation, medical treatment, services, supply or drug prescription for a diagnosis that existed prior to the effective date of coverage whether or not the insured was aware or diagnosed prior to the effective date of coverage or reinstatement of coverage.
14. A condition for which symptom and/or sign of illness, if presented to a physician would have resulted in the

Frequently Asked Questions

What is the Deductible?

This is the dollar amount of covered expenses for which the Insured is responsible before benefits are payable under the major medical plan.

What is Co-Insurance?

Under your Major Medical plan, the co-insurance is: 80% up to Maximum Benefit stated in the Schedule.

What are Reasonable & Customary Charges (R&C)?

These are charges or fees determined by the Insurer to be the general rates charged by Providers who render or furnish treatments, services or supplies to persons who reside in the same area; and whose injury or illness is comparable in nature and severity.

For example, if a doctor charges \$3,000.00 for a surgical procedure and the normal level of fees for the procedure is \$2,000.00, then the plan will reimburse you based on the charge of \$2,000.00.

What is the timeframe for submission?

All claims must be submitted to the insurer within 90 days of the date the service was rendered.

What is Pre-Certification?

Pre-certification is a notification of anticipated or scheduled medical services that is required in advance of the medical treatment.

All expenses for surgery must be Pre-certified.





Expenses Not Covered

PRE-EXISTING CONDITIONS

Pre-existing conditions are defined as conditions that were in existence before the cover was effective whether the insured was aware of it or not, and for which he/she may or may not have received advice or treatment.

“Limitations”

New Groups: This limitation applies only during the first twelve (12) months of a Covered Insured's Coverage Insurance unless exclusion has been placed on insured's coverage.

Expenses incurred before the effective date of coverage.

Cosmetic or plastic surgery unless necessitated by accidental injury incurred while covered under this plan.

About Guardian Life of the Caribbean Ltd

Guardian Life of the Caribbean Ltd is the Life, Health and Pensions services provider of Guardian Group, the number one insurance and financial services group across the English and Dutch Caribbean.

Guardian Life of the Caribbean Ltd provides integrated financial services for the discerning customer and underwrites all classes of long-term (individual and group) life, health and pensions insurance business. The Company has been rated A-Excellent by AM Best, the most respected global credit rating agency, with a focus on the insurance industry worldwide.

For more information on Guardian Group you can call 800-5433 or visit www.myguardiangroup.com

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