

CARICARE Advantage
SCHEDULE OF MEDICAL BENEFITS
AGRICOLA CREDIT UNION CO-OPERATIVE SOCIETY LIMITED - RETIREE MEMBERS

<u>CARICARE ADVANTAGE</u>	Benefit Maximums
Maximum Benefit	\$500,000.00
Benefit Period	Lifetime
Deductible per Calendar Year	\$600.00
Deductibles per Family	2
Co-Insurance Percentage	80%
Carry Over Provision	Last 3 months of Cal Yr
Daily Room & Board: (quoted in TT dollars)	
Overseas (Non-Caricom)	\$3,500.00
Locally (Caricom)	\$500.00
Intensive Care Benefit (Non-Caricom)	\$4,000.00
Intensive Care Benefit (Caricom)	\$1,000.00
Private Duty Nursing	
Maximum Per 8-hour shift - Private Residence (Day)	\$75.00
Maximum Per 8-hour shift - Private Residence (Night)	\$100.00
Maximum Per 8-hour shift - Hospital (Night)	\$120.00
Maximum per calendar year	\$20,000.00
Doctor Visits (Office, Home, Hospital)	\$250.00
Specialist Visits (Office, Home, Hospital)	\$250.00
Psychiatrist Visits (Office, Home, Hospital)	\$250.00
Psychologist Benefit:	
Maximum per treatment	\$100.00
Maximum number of treatments per calendar year	20
Co-Insurance Percentage	80%
Physiotherapy Benefit:	
Maximum per treatment	\$100.00
Maximum number of treatments per calendar year	20
Co-Insurance Percentage	80%
Acupuncture Benefit:	
Maximum per treatment	\$100.00
Maximum number of treatments per calendar year	20
Co-Insurance Percentage	80%
Chiropractic Benefit:	
Maximum per treatment	\$100.00
Maximum number of treatments per calendar year	20
Co-Insurance Percentage	80%
Airfare Benefit:	
Maximum per calendar year	\$4,000.00
Maximum Number of Trips per Calendar Year	2
Co-Insurance Percentage	80%
Emergency Air Ambulance Benefit	US\$25,000.00
Maximum Number of Trips per Calendar Year	2
Benefit Payment	100%
Emergency Local Ground Ambulance Benefit	
Benefit Payment	100%
Repatriation of Mortal Remains	
Benefit Payment	\$20,000
Radiotherapy/ Chemotherapy Benefit/ Dialysis	80% after Deductible
Surgical Benefit (Reasonable & Customary fees apply)	80% after Deductible
Anaesthetic Benefit	25% of Surgical R&C
Prescribed Drugs	80% after Deductible
Durable Medical Equipment (On initial equipment only)	\$20,000.00
Miscellaneous Benefit	80% after Deductible
Diagnostic Benefit	80% after Deductible
Internal Plan Limits	<u>Lifetime Maximums</u>
Mental & Nervous	\$25,000.00
Acquired Immune Deficiency Syndrome	\$50,000.00
COVID-19 and Hospitalization	\$150,000.00
Transplants	\$250,000.00
AGE LIMIT FOR COVERAGE:	99TH BIRTHDAY

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Preventative Care Benefits

Male Wellness* **\$750.00**

Female Wellness* **\$750.00**

** Available to all full time employees and their covered spouses*

Listed below are the eligible benefits:

1. Annual physical examination
2. Chest X-ray
3. Complete urinalysis
4. Blood profiles
 - a. HBA1C
 - b. CBC
 - c. Lipid profile
 - d. Kidney function
 - e. Liver function
 - f. PSA
 - g. FBS
 - h. Cholesterol
 - i. Creatinine
 - j. Thyroid profile
5. Annual gynecological exam
6. Annual pap smear test
7. Annual screening mammogram and/or ultrasound
8. Annual prostate exam
9. Annual CA 125 test - women age 35 and over **\$350.00**
10. Annual fecal immunochemical blood test (FIT) **\$750.00**
11. Colonoscopy - over age 50, and every 10 years **\$750.00**
12. Adult immunizations: **\$375.00**
 - a. yellow fever
 - b. chicken pox
 - c. tetanus
 - d. HPV (Adults and Children up to age 26)
13. Doctor's visit - One doctor's visit is payable on ONE preventative care benefit per annum for adults and children

All services are subject to overall Annual Wellness Benefit of **TT\$750.00**

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DENTAL:	Benefit
(3-Month Waiting Period)	<u>Maximums</u>
Maximum Benefit per Calendar Year:	\$2,000.00
Deductible per Calendar Year:	\$150.00
Benefit:	
Level 1 - Preventive	80%
Level 2 - Restorative	80%
Level 3 - Major Restorative	50%
VISION:	
(3-Month Waiting Period)	
Maximum Benefit per Calendar Year:	\$1,200.00
Deductible per Calendar Year:	\$150.00
Co-Insurance Percentage	80%
Contacts	Paid under Vision Max
Lenses & Contacts - Every 12 months	
Frames - Every 24 months	
AGE LIMIT FOR COVERAGE:	99TH BIRTHDAY