

CARICARE Advantage
SCHEDULE OF MEDICAL BENEFITS
LAW ASSOCIATION OF TRINIDAD AND TOBAGO
MEMBERS TO AGE 60

<u>CARICARE ADVANTAGE</u>	<u>Benefit Maximums</u>
Maximum Benefit	\$1,000,000.00
Benefit Period	3 year Renewable
Deductible per Calendar Year	\$300.00
Deductibles per Family	3
Co-Insurance Percentage	80%
Carry Over Provision	Last 3 months of Cal Yr
Pre-existing Condition Maximum - (24 Months New Members)	\$1,000.00
 Daily Room & Board: (quoted in TT dollars)	
Overseas (Non-Caricom)	\$4,000.00
Locally (Caricom)	\$600.00
Intensive Care Benefit (Non-Caricom)	\$4,000.00
Intensive Care Benefit (Caricom)	\$600.00
 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
 Doctor's Visits (Office, Home, Hospital)	
	\$200.00
Specialist & Psychiatrist Visits (Office, Home, Hospital)	\$300.00
 Psychologist Benefit:	
Maximum per treatment	\$150.00
Maximum number of treatments per calendar year	20
Co-Insurance Percentage	80%
 Physiotherapy Benefit:	
Maximum per treatment	\$150.00
Maximum number of treatments per calendar year	20
Co-Insurance Percentage	80%
 Maternity Benefit:	
Normal Delivery	\$5,000.00
Caesarean Section/Extra Uterine Pregnancy	\$8,000.00
Miscarriage/ Dilation & Curettage/ Pre-natal (incl in Maternity Max)	\$3,000.00
 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	
	TTD\$100,000.00
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	100%
 Radiotherapy/ Chemotherapy Benefit/ Dialysis	 \$250,000.00
 Congenital Birth Defects	 \$250,000.00
 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)	80% after Deductible
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
Transplants	\$250,000.00
 AGE LIMIT FOR COVERAGE:	 61ST 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

Benefits are provided for routine examinations that may include any of the following:

1. Annual Physical Examination including:
 - Medical Exam
 - Chest X-Ray
 - Complete Urinalysis
 - Blood Profile – HBA1C, CBC, Lipid Profile, Kidney Function, Liver Function
2. Annual Gynecological and Pap Smear test
3. Annual Mammogram
4. Prostate Examination and PSA
5. Annual CA 125 Test (Women age 35 & over) **\$350.00 limit**
6. Colonoscopy (over age 50, and every 10 years) and Annual Fecal immunochemical blood test (FiT) **\$750.00 limit**
7. Immunizations: **\$300.00 limit**
 - Adult Immunizations – Yellow Fever, Chicken Pox and Tetanus
 - Routine Well baby Immunizations – dep. child under age 5
8. Doctor's visit - *One Doctor's visit is payable on ONE Preventative Care Benefit per Annum.*

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

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	Benefit Maximums
DENTAL:	
(3 Month Waiting Period)	
Maximum Benefit per Calendar Year:	\$3,000.00
Deductible per Calendar Year:	\$100.00
Benefit:	
Level 1 - Preventative	80%
Level 2 - Restorative	80%
Level 3 - Major Restorative	80%
Orthodontic Treatment (for children only up to age 19)	
Maximum Lifetime Benefit	\$3,000.00
Annual Maximum	\$1,500.00
Co-Insurance Percentage	80%
 VISION:	
(3 Month Waiting Period)	
Maximum Benefit per Calendar Year:	\$2,000.00
Deductible per Calendar Year:	\$100.00
Co-Insurance Percentage	80%
Contacts	Paid under Vision Max
 AGE LIMIT FOR COVERAGE:	 61ST BIRTHDAY

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PROPOSED SCHEDULE OF BENEFITS
LAW ASSOCIATION OF TRINIDAD AND TOBAGO

OVERSEAS TREATMENT BENEFIT

Type of Eligible Expense	Percentage paid by Sagicor Life Inc.	
	Core Network or Other Provider	
	% Paid	Comment
Emergency Treatment	Co-ins. on plan	R & C for the nearest location for treatment
Pre - Certified	Co-ins. on plan	R & C for the nearest location for treatment
Referred overseas and Pre - Certified	Co-ins. on plan	R & C for the nearest location for treatment
Not Approved	60%	R & C for the nearest location for treatment
<ul style="list-style-type: none"> ➤ Not pre-certified & Non-Emergency use of the ER ➤ All Procedures that can be performed locally 	Reasonable and Customary charges within the locality of the Group Plan.	