



**RHAND CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
A DIVISION OF THE GENMED CREDIT UNION PORTFOLIO
SCHEDULE OF BENEFITS 65 & UNDER**

All benefits are quoted in TT dollars unless otherwise specified.

BENEFITS	LIMITS
Maximum 3 Year Renewable Benefit	\$1,500,000.00
Calendar Year Deductible	
Deductible per Person	\$750.00
Deductibles per Family	\$1,500.00
Co-Insurance Factor	75% - 25%
Pre-Existing Condition – 1st 24 Months (new members only)	\$2,500.00
Eligible Expenses Per Calendar Year	
The Beacon Insurance Company Limited shall pay unless otherwise stated in the Schedule of Benefits 75% of eligible expenses per disability after satisfaction of the calendar year deductible and subject to usual, customary and reasonable charges, which shall include:	
Hospital Daily Room & Board Limit	
Locally (Caricom)	\$700.00
Overseas (Non Caricom)	\$2,500.00
Intensive Care – Locally/Caricom	\$1,000.00
Intensive Care – Overseas (Non Caricom)	\$3,000.00
Maximum no. of days per Disability	31
Co-Insurance Factor	75% - 25%
Miscellaneous Hospital Expenses	75% - 25%
Surgical Benefit	75% of UCR
Anesthesia Benefit	25% of Surgical R&C
Doctor's Visits Benefit	
Office Visit	\$200.00
Home/Hospital Visit	\$250.00
Maximum no. of Visits per Day	1
Maximum no. of Visits per Disability	31
Co-Insurance Factor	75% - 25%



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Specialist Consultation Benefit (Upon Referral)	
Office Visit	\$300.00
Home/Hospital Visit	\$300.00
Maximum no. of Visits per Day	1
Maximum no. of Visits per Disability	10
Co-Insurance Factor	75% - 25%
Maternity Expenses Benefit (Subject to Deductible /No Coinsurance)	
Normal Delivery	\$5,000.00
Caesarean Section/Extra Uterine Pregnancy (inc. Surgeon, Anesthetist, R&B, Misc. Exp)	\$8,000.00
Dilation & Curettage/Miscarriage	\$2,000.00
Pre-Natal (included in Maternity Max.)	\$2,000.00
Waiting Period	10 Months
Prescribed Drugs Benefit	
	75% - 25%
Diagnostic, X-ray and Lab Benefit	
	75% - 25%
Psychologist/Psychiatrist Benefit (Upon Referral)	
Maximum per Visit	\$200.00
Maximum Visit per Calendar Year	20
Co-Insurance Factor	75% - 25%
Physiotherapy/Occupational/Speech Therapy (Upon Referral)	
	75% up to
Maximum per Visit	\$150.00
Maximum no. of Visits per Day	1
Maximum Visits per Calendar Year	20
Preventative Care Benefit - (Annual Maximum)	
	\$1,000.00
Chiropractic Benefit (Upon Referral)	
<i>(Must be performed by a member of the Chiropractic Association of T&T and referred by a licensed physician)</i>	
Maximum per Consultation	\$200.00
Maximum no. of Visits per Day	1
Maximum per Calendar Year	20
Co-Insurance Factor	75% - 25%



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Acupuncture (Upon Referral)	
<i>(Acupuncture shall only be covered when performed by a licensed physician)</i>	
Maximum per Consultation	\$200.00
Maximum no. Visits per Day	1
Maximum Visits per Calendar Year	20
Co-Insurance Factor	75% - 25%
Airfare Benefit	75% up to
Maximum Benefit	\$10,000.00
Maximum No. of Trips per Calendar Year	2
Emergency Air Ambulance Benefit	
Maximum Benefit per Trip	US\$25,000.00
Maximum No. of trips per Calendar Year	2
Co-Insurance Factor	100%
Local Ground Ambulance Benefit	100%
Internal Lifetime Plan Limits (Not subject to Ded/Co-ins)	
Organ Transplants	50% Major Medical Maximum subject to UCR
Congenital Birth Defects	\$250,000.00
Mental/Nervous Disorder	\$25,000.00
HIV/AIDS	\$50,000.00
Covid 19 & Hospitalization	\$150,000.00
Durable Medical Equipment Benefit	75% subject to UCR to a maximum of \$20,000.00
Radiotherapy/Chemotherapy/Dialysis Benefit - Per Calendar Year	Subject to Deductible and Co-Insurance up to a maximum of \$150,000
Repatriation of Mortal Remains Benefit	\$20,000.00
Private Duty Nursing Benefit	
Maximum per 8 hr shift - Private Residence -Day	\$250.00
Maximum per 8 hr shift - Private Residence -Night	
Maximum per 8 hr shift - Hospital-Night	
Maximum no. of Days per Disability	30
Co-Insurance Factor	75% - 25%



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DENTAL CARE BENEFIT	
Maximum Benefit per Calendar Year	\$2,000.00
Deductible per Calendar Year	\$150.00
Orthodontic Treatment (Lifetime Benefit limited to children up to age 19)	\$2,000.00
Orthodontic Treatment Annual Maximum	\$1,000.00
Co-Insurance Factor	75% - 25%
Waiting Period	3 Months
VISION CARE BENEFIT	
Maximum Benefit	\$1,750.00
Deductible per Calendar Year	\$150.00
Co-Insurance Factor	75% - 25%
Contact Lenses (Not medically approved)	Inc. in Vision Max.
Waiting Period	3 Months

Exam and Lens (Conventional or Contacts) are payable once every twelve (12) consecutive months and Frames are payable once every twenty-four (24) consecutive months.



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MONTHLY MEDICAL PREMIUM RATES

• MEMBER ONLY	\$362
• MEMBER & ONE	\$639
• MEMBER & FAMILY	\$967