



RHAND CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
A DIVISION OF THE GENMED CREDIT UNION PORTFOLIO
SCHEDULE OF BENEFITS 66 – 99

All benefits are quoted in TT dollars unless otherwise specified.

BENEFITS	LIMITS
Maximum 6 Year Renewable Benefit	\$500,000.00
Calendar Year Deductible	
Deductible per Person	\$1,000.00
Deductibles per Family	\$2,000.00
Co-Insurance Factor	70% - 30%
Eligible Expenses Per Calendar Year	
The Beacon Insurance Company Limited shall pay unless otherwise stated in the Schedule of Benefits 70% 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)	\$500.00
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	70% - 30%
Miscellaneous Hospital Expenses	
	70% - 30%
Surgical Benefit	
	70% 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	70% - 30%



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Specialist Consultation Benefit (Upon Referral)	
Office Visit	\$250.00
Home/Hospital Visit	\$250.00
Maximum no. of Visits per Day	1
Maximum no. of Visits per Disability	10
Co-Insurance Factor	70% - 30%
Prescribed Drugs Benefit	70% up to \$50,000 per policy year
Diagnostic, X-ray and Lab Benefit	70% up to \$50,000 per policy year
Psychologist/Psychiatrist Benefit (Upon Referral)	
Maximum per Visit	\$200.00
Maximum Visit per Calendar Year	20
Co-Insurance Factor	70% - 30%
Physiotherapy/Occupational/Speech Benefit (Upon Referral)	70% 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	70% - 30%



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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	70% - 30%
Airfare Benefit	70% up to
Maximum Benefit	\$5,000.00
Maximum No. of Trips per Calendar Year	2
Emergency Air Ambulance Benefit	
Maximum Benefit per Trip	US\$18,000.00
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
Mental/Nervous Disorder	\$25,000.00
HIV/AIDS	\$50,000.00
Covid 19 & Hospitalization	\$150,000.00
Durable Medical Equipment Benefit	70% 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 \$100,000
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	70% - 30%



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DENTAL CARE BENEFIT	
Maximum Benefit per Calendar Year	\$1,500.00
Deductible per Calendar Year	\$150.00
Co-Insurance Factor	70% - 30%
Waiting Period	3 Months
VISION CARE BENEFIT	
Maximum Benefit	\$1,250.00
Deductible per Calendar Year	\$150.00
Co-Insurance Factor	70% - 30%
Contact Lenses (Not medically approved)	Inc. in Vision Max.
Waiting Period	3 Months
<i>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</i>	



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MONTHLY MEDICAL PREMIUM RATES

- MEMBER ONLY \$572
- MEMBER & ONE \$1,071
- MEMBER & FAMILY \$1,652