

RHAND CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
GROUP HEALTH PLAN SCHEDULE OF BENEFITS



65 & UNDER

Maximum Three-Year Benefit	\$1,000,000.00
Calendar Year Deductible:	
Deductible per Person	\$750.00
Deductibles per Family (max 2)	\$1,500.00
Co-insurance Factor	75%-25%
Pre-Existing condition	\$2,500 (1st 24 months)
Hospital Daily Room & Board Limit	
Overseas (Non-Caricom)	\$2,500.00
Locally (Caricom)	\$700.00
Maximum no. days per Disability	31
Co-insurance Factor	75%-25%
Intensive Care Unit	
Overseas (Non-Caricom)	\$3,000.00
Locally (Caricom)	\$1,000.00
Maximum no. days per Disability	31
Co-insurance	75%-25%
Miscellaneous Hospital Expenses	75%-25%
Surgical Benefit	75% of UCR
Anaesthesia Benefit	25% of UCR
Doctor's Visits Benefit	
Office	\$200.00
Home	\$250.00
Hospital	\$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 Consultant Benefit (Upon Referral)	
Office	\$300.00
Home/Hospital	\$300.00
Maximum no. of visits per Day	1
Maximum No. of visits per Disability	10
Co-insurance Factor	75%-25%
Maternity Benefit (Subject to Deductible /No Co-insurance)	
Normal Delivery	\$5,000.00
Caesarean Section\Extra Uterine Pregnancy(inc. Surgeon, Anaesthetist, R&B; Misc. Exp)	\$8,000.00
Dilation & Curettage\Miscarriage	\$2,000.00
Pre-natal (included in Maternity Maxs.)	\$2,000.00
Waiting Period	10 months
Prescribed Drugs Benefit	
	75%-25%
Diagnostic, X-ray, and Lab Benefits	
	75%-25%
Psychologist/Psychiatrist Services (Upon Referral)	
Maximum per Visit	\$200.00
Maximum no. visits per day	1
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. visits per Day	1
Maximum visit per Calendar Year	20
Preventative Care Benefits - (Annual Maximum)	
	\$1,000.00
Chiropractic Benefit (Upon Referral)	
(The Chiropractor must be a member of the Chiropractic Association of T&T (CATT))	
Maximum per Consultation	\$200.00
Maximum no. visits per Day	1
Maximum per Calendar Year	20
Co-Insurance Factor	75%-25%

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Acupuncture Benefit (Upon Referral)	
(Acupuncture shall only be covered when performed by a licensed physician)	
Maximum per Consultation	\$200.00
Maximum no. visits per Day	1
Maximum visits per Calendar Year	20
Co-Insurance Factor	75%-25%
Air Fare Benefit	75% up to
Maximum Benefit	\$10,000.00
Maximum No. of trips per Calendar Year	2
Air Ambulance Benefit	
Maximum benefit	US\$25,000.00
Maximum No. of trips per Calendar Year	2
Co-Insurance Factor	100%
Local Ground Ambulance	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 - Per Calendar Year	75% subject to UCR to a maximum of \$20,000.00
Radiotherapy/Chemotherapy/Dialysis - Per Calendar Year	Subject to deductible and co-insurance up to a maximum of \$150,000.00
Repatriation of Mortal Remains	TT\$20,000.00
Private Duty Nursing	
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 Benefits 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 Benefit	\$1,000.00
Co-Insurance Percentage	75%-25%
Waiting Period	3 Months
VISION CARE BENEFIT	
Maximum per Calendar Year	\$1,750.00
Deductible per Calendar Year	\$150.00
Co-Insurance percentage factor	75%-25%
Contact Lenses (Not medically approved)	Inc. in Vision Max.
Waiting Period	3 Months