



TRINIDAD & TOBAGO POLICE CREDIT UNION

SCHEDULE OF BENEFITS

Maximum 3 Year Benefit: Members to age 70 - \$1,000,000.00

Calendar Year Deductible	\$250.00 Per Person \$500.00 Per Family
Carry Over Provision	Last 3 Months of Cal. Yr.
Pre-Existing Condition – 1st 12 Months	\$2,500.00

Eligible Expenses Per Calendar Year

The Beacon Insurance Company shall pay **80% of eligible expenses** per disability after satisfaction of the calendar year deductible and subject to Usual, Customary & Reasonable charges, which shall include:

Hospital Daily Room and Board Limit

Local Maximum – Caricom	\$700.00
Overseas Maximum – Non Caricom	\$4,000.00
Maximum no. days per Disability	31
Co-Insurance Factor	80%-20%

Intensive Care Unit

Local Maximum – Caricom	\$1,000.00
Overseas Maximum – Non Caricom	\$4,000.00
Maximum no. days per Disability	31
Co-Insurance Factor	80%-20%

Miscellaneous Hospital Expenses

80%-20%

Surgical Benefit

Disability Maximum	80% of UCR
Anaesthesia Benefit	25% of UCR

Doctors' Visits

Office	\$300.00
Home	\$350.00
Hospital	\$400.00
Maximum no. Visits per day	1
Maximum no. Visits per Disability	31
Co-Insurance Factor	80%-20%



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Specialists' Visits

Office/Hospital/Home	\$450.00
Maximum no. Visits per Day	1
Maximum no. of Visits per Disability	10
Co-Insurance Factor	80%-20%

Physiotherapy/Occupational/Speech (upon referral) 80% UP TO

Maximum per Visit	\$150.00
Maximum no. Visits per Day	1
Maximum no. of Visits per Calendar Year	20

Psychologist (upon referral)

Visit Maximum	\$200.00
Maximum no. Visits per Day	1
Maximum no. of Visits per Calendar Year	20
Co-Insurance Factor	80%-20%

Prescribed Drugs (Controlled/Antibiotics) 80%-20%

Diagnostic/XRAY/Lab 80%-20%

Maternity/Obstetrical (subject to Deductible) (No Coinsurance)

Normal Delivery	\$7,500.00
Caesarean Section	Payable as Surgery
Dilation and Curettage/Miscarriage	\$3,000.00
Pre-natal Maximum (inc. in Mat. Max)	\$,3,000.00
Waiting Period (new members)	10 Months

Air Fare Benefit 80% UP TO

Maximum per Trip	\$10,000.00
Maximum Trips per Calendar Year	2

Emergency Air Ambulance US\$25,000.00

Maximum No. of Trips per Cal. Year	2
Co-Insurance Factor	100%



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Preventative Care Benefits

Benefit Maximum \$1,500.00

Local Ground Ambulance

100%

Internal Lifetime Plan Limits(not subj to ded/co-in)

Organ Transplants 50% Major Medical Maximum subject to UCR

Mental & Nervous Disorder \$25,000.00

HIV/AIDS \$50,000.00

Congenital Birth Defects \$250,000.00

Durable Medical Equipment

80% subject to UCR

Radiotherapy/Chemotherapy/Dialysis

80% subject to UCR

Private Duty Nursing (Medically prescribed home nursing by a registered nurse following hospitalization due to serious accident/illness)

Maximum per 8-hour shift Private Residence - Day \$100.00

Maximum per 8-hour shift Private Residence - Night \$150.00

Maximum per 8-hour shift – Hospital - Night \$200.00

Maximum no. of days per Disability 30

Acupuncture (shall only be covered when performed by a licensed Physician)

Maximum per Visit \$200.00

Maximum no. Visits per Day 1

Maximum no. of Visits per Disability 20

Co-Insurance Factor 80%-20%

Chiropractic (must be performed by a member of the Chiropractic Assoc & referred by a licensed Physician)

Maximum per Visit \$200.00

Maximum no. Visits per Day 1

Maximum no. of Visits per Disability 20

Co-Insurance Factor 80%-20%

Repatriation of Mortal Remains

TT\$20,000.00



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Vision Care

Maximum Benefit per Calendar Year	\$3,000.00
Deductible per Calendar Year	\$100.00
Co-Insurance Factor	80%-20%
Contact Lenses not medically required	Included in benefit maximum
Waiting Period (new members only)	3 Months

LIMITATIONS:

- 1 Examination during any 12 consecutive months
- 1 Pair of Contact Lenses or Conventional Lenses and/or Frames during any 12 consecutive months
- 1 Set of Frames during any 24 consecutive months

Dental Care

Maximum Benefit per Calendar Year	\$4,000.00
Deductible per Calendar Year	\$100.00
Orthodontic Lifetime Maximum – Limited to children up to age 19	\$4,000.00
Orthodontic Annual Maximum	\$2,000.00
Co-Insurance Factor:	80%-20%
Waiting Period (new members only)	3 months



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Group Life, Accidental Death & Dismemberment (AD&D)	Amount of Insurance
Coverage per Member	\$50,000.00

Monthly Premiums

Member Only -	\$230.00
Member + 1 -	\$394.50
Family -	\$589.00

