PCU SCHEDULE OF BENEFITS

Members 70 and under

BENEFITS	GENMED Renewal Benefits
Maximum Benefit:	**$1,000,000**
Benefit Period	3 year
Calendar Year Deductible	$750
Deductible per family	$1,500
Co-insurance	75%-25%
Pre-existing conditions (**new members only**)	$2,500 1st 24 months
Hospital Daily Room and Board Limit	
Locally/ Caricom	$700
Overseas (Non Caricom)	$2,500
Intensive Care - Locally/ Caricom	$1,000
Intensive Care - Overseas (Non Caricom)	$3,000
Miscellaneous Hospital Expense	
Benefit Maximum	75%-25%
Surgical Benefit	
Disability Maximum	75% of R&C charges
Anesthesia Benefit	25% of Surgical R&C
Doctor's Visit	
Office Visit	$200
Home / Hospital Visit	$250
Maximum number of visits per day	1 visit per day
Specialists Consultation Expense	
Office Visit	$300
Home / Hospital Visit	
Maximum number of visits per day	1 visit per day
Physiotherapy Benefit	
Maximum per visit	$150

PCU SCHEDULE OF BENEFITS

BENEFITS	GENMED Renewal Benefits
Maximum number of visits per calendar year	20 visits
Psychologist Benefit	
Maximum per visit	$200
Maximum number of visits per calendar year	20 visits
Private Duty Nursing	
Maximum Per 8-hour shift Private Residence (Day)	$250
Maximum Per 8-hour shift Private Residence (Night)	
Maximum Per 8-hour shift - Hospital (Night)	
Maximum no. of days per Disability	30 days
Prescribed Drugs	75%-25%
Diagnostic Benefit	75%-25%
BENEFITS	**GENMED Renewal Benefits**
Maternity Expense Benefit	
Normal Delivery	$5,000
Caesarean section/extra-uterine pregnancy	$8,000
Dilation & Curettage/Miscarriage	$2,000
Pre-natal (Incl. in maternity max.)	
Waiting period	10 months
Airfare Benefit	
Maximum Benefit	$10,000
Number of trips per calendar year	2
Emergency Air Ambulance Benefit	
Maximum Benefit	US $25,000
Number of trips per calendar year	2
Preventative Care Expense	

PCU SCHEDULE OF BENEFITS

BENEFITS	GENMED Renewal Benefits
Annual Maximum	$1,000 - Blanket Cover
Local Ground Ambulance	
Benefit Maximum	100%
Acupuncture Benefit (Shall only be covered when performed by a licensed physician)	
Maximum per visit	$200
Maximum number of visits per calendar year	20 visits
Chiropractic Benefit (Must be performed by a member of the Chiropractic Association and referred by a licensed physician)	
Maximum per visit	$200
Maximum number of visits per calendar year	20 visits
Radiotherapy/Chemotherapy/Dialysis	Subject to Deductible and Co-Insurance up to a maximum of $150,000 Max. per Cal. Yr.
Internal Plan Limits	
Organ Transplant	50% of Major Med. Max. subject to R&C charges
Congenital Birth Defects	$250,000
Durable Medical Equipment	75% subject to R&C to a maximum of $20,000
Repatriation of Mortal Remains	$20,000
Mental and Nervous Disorders	$25,000
AIDS	$50,000
Covid 19 & Hospitalization	$150,000
Vision Care Benefit	
Maximum per Calendar Year	$1,750
Calendar Year Deductible	$150
Co-Insurance	75%-25%
Contact Lenses (Incl. in Vision Max)	Paid under Vision Max.
Waiting Period (new members)	3 months

PCU SCHEDULE OF BENEFITS

BENEFITS	GENMED Renewal Benefits
Dental Expense Benefit	
Maximum per Calendar Year	$2,000
Calendar Year Deductible	$150
Co-Insurance	75%-25%
Orthodontic Treatment	For children only up to age 19
Orthodontic Lifetime Maximum	$2,000
Orthodontic Annual Maximum	$1,000
Waiting Period (new members)	3 months
Life Coverage	
Life Benefit	$15,000