



**TRINIDAD & TOBAGO POLICE CREDIT UNION**  
**A DIVISION OF THE GENMED CREDIT UNION PORTFOLIO**  
**SCHEDULE OF BENEFITS 70 & UNDER**

*All benefits are quoted in TT dollars unless otherwise specified.*

<b>BENEFITS</b>	<b>LIMITS</b>
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 – 1 <sup>st</sup> 12 months (new members only)	\$2,500.00
<b>Eligible Expenses Per Calendar Year</b>	
The Beacon Insurance Company Limited shall pay unless otherwise stated in the Schedule of Benefits <b>75% of eligible expenses</b> per disability after satisfaction of the calendar year deductible and subject to usual, customary and reasonable charges, which shall include:	
<b>Hospital Daily Room &amp; Board Limit</b>	
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%
<b>Miscellaneous Hospital Expenses</b>	75% - 25%
<b>Surgical Benefit</b>	75% of UCR
<b>Anesthesia Benefit</b>	25% of Surgical R&C
<b>Doctor's Visits Benefit</b>	
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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<b>BENEFITS</b>	<b>LIMITS</b>
<b>Specialist Consultation Benefit (Upon Referral)</b>	
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%
<b>Maternity Expenses Benefit (Subject to Deductible/No co-insurance)</b>	
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
<b>Prescribed Drugs Benefit</b>	
	75%-25%
<b>Diagnostic, X-ray and Lab Benefit</b>	
	75%-25%
<b>Psychologist/Psychiatrist Benefit (Upon Referral)</b>	
Maximum per Visit	\$200.00
Maximum Visit per Calendar Year	20
Co-Insurance Factor	75% - 25%
<b>Physiotherapy/Occupational/Speech Benefit (Upon Referral)</b>	
	75% up to
Maximum per Visit	\$150.00
Maximum no. of Visits per Day	1
Maximum Visits per Calendar Year	20
<b>Preventative Care Benefit - (Annual Maximum)</b>	
	\$1,000.00
<b>Chiropractic Benefit (Upon Referral)</b>	
<i>(Must be performed by a member of the Chiropractic Association of T&amp;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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<b>Acupuncture (Upon Referral)</b>	
<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%
<b>Airfare Benefit</b>	75% up to
Maximum Benefit	\$10,000.00
Maximum No. of Trips per Calendar Year	2
<b>Emergency Air Ambulance Benefit</b>	
Maximum Benefit per Trip	US\$25,000.00
Maximum No. of trips per Calendar Year	2
Co-Insurance Factor	100%
<b>Local Ground Ambulance Benefit</b>	100%
<b>Internal Lifetime Plan Limits (Not subject to Ded/Co-ins)</b>	
Organ Transplants	50% Major Medical Maximum subject to UCR
Congenital Birth Defects	\$250,000
Mental/Nervous Disorder	\$25,000.00
HIV/AIDS	\$50,000.00
Covid 19 & Hospitalization	\$150,000.00
<b>Durable Medical Equipment Benefit</b>	75% subject to UCR to a maximum of \$20,000.00
<b>Radiotherapy/Chemotherapy/Dialysis Benefit</b> - Per Calendar Year	Subject to Deductible and Co-Insurance up to a maximum of \$150,000
<b>Repatriation of Mortal Remains Benefit</b>	\$20,000.00
<b>Private Duty Nursing Benefit</b>	
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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<b>BENEFITS</b>	<b>LIMITS</b>
<b>DENTAL CARE BENEFIT</b>	
Maximum Benefit per Calendar Year	\$2,000.00
Orthodontic Treatment (Lifetime Benefit) Limited to children to age 19	\$2,000.00
Orthodontic Treatment (Annual Benefit)	\$1,000.00
Deductible per Calendar Year	\$150.00
Co-Insurance Factor	75% - 25%
Waiting Period	3 Months
<b>VISION CARE BENEFIT</b>	
Maximum Benefit	\$1,750.00
Deductible per Calendar Year	\$150.00
Co-Insurance Factor	75% - 25%
Contact Lenses (Not medically approved)	<b>Inc. in Vision Max.</b>
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>	

**GROUP LIFE BENEFITS**

<b>BENEFIT</b>	<b>SUM ASSURED</b>
Group Life	15,000
Accidental Death & Dismemberment	15,000



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**MONTHLY MEDICAL & LIFE  
PREMIUM RATES**

• MEMBER ONLY	\$376.50
• MEMBER & ONE	\$653.50
• MEMBER & FAMILY	\$981.50