

Eastern CU - MEMBER BENEFITS

Maximum Benefit - Actives	\$	300,000.00	\$	500,000.00	\$	1,000,000.00
Maximum Benefit - Retirees	\$	300,000.00				
Benefit Period - Actives		3 years		3 years		3 years
Benefit Period - Retirees		3 years		3 years		3 years
Calendar Year Deductible - Actives	\$	300.00	\$	300.00	\$	300.00
Calendar Year Deductible - Retirees	\$	500.00				
Deductible per family - Actives		3		3		3
Deductible per family- Retirees		2				
Co-insurance		80%/ 20%		80%/ 20%		80%/ 20%
Pre-existing conditions maximum	\$	-	\$	-	\$	-
Pre-ex period		12 months		12 months		12 months
<u>Daily Hospital Room & Board</u>		80% up to		80% up to		80% up to
Applicable Locally / Caribbean	\$	700.00				
		80% UCR (semi-private		80% UCR (semi-private room)		80% UCR (semi-private
Applicable Overseas		room)		room)		room)
Intensive Care (Locally, Caribbean, Overseas)		\$1,000/\$4,000		\$1,000/\$4,000		\$1,000/\$4,000
<u>Miscellaneous Hospital Expenses</u>		80%		80%		80%
<u>Surgical Expense</u>						
Maximum Benefit		80% R&C Charges		80% R&C Charges		80% R&C Charges
Anaesthesia		25% of surgical R&C		25% of surgical R&C		25% of surgical R&C
<u>Doctor's Visit</u>						
Office/Home/Hospital		\$300/\$350		\$300/\$350		\$300/\$350
Maximum visits per Day		1 visit per Day		1 visit per Day		1 visit per Day
Maximum visits per Disability		31 visits per disability		31 visits per disability		31 visits per disability

Specialist Consultation Expense (on referral)

(No referral needed for paed & gynae)

Office/Home/Hospital	\$400/\$500	\$400/\$500	\$400/\$500
Maximum visits per Day	1 visit per Day	1 visit per Day	1 visit per Day
Maximum visits per Disability	10 visits per disability	10 visits per disability	10 visits per disability

Prescribed Drugs

80%	80%	80%
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Diagnostic Benefit

80%	80%	80%
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Chiropractic Benefit (when treated by a member of the CATT and authorized/referred by a Physician)

Maximum per visit	\$ 200.00	\$ 200.00	\$ 200.00
Maximum per Calendar Year	20 Visits	20 Visits	20 Visits

Acupuncture Benefit (Acupuncture shall only be performed when performed a licensed Physician)

Maximum per visit	\$ 200.00	\$ 200.00	\$ 200.00
Visits per day	1	1	1
Maximum per Calendar Year	20 Visits	20 Visits	20 Visits

Home Nursing Care (Medically prescribed Home Nursing by a registered nurse following hospitalization due to a serious accident/illness)

Maximum per 8-hour shift - Private Residence (Day)	\$ 300.00	\$ 300.00	\$ 300.00
Maximum per 8-hour shift - Private Residence (Night)	\$ 300.00	\$ 300.00	\$ 300.00
Maximum per 8-hour shift - Hospital (Night)	\$ 300.00	\$ 300.00	\$ 300.00
Maximum per Calendar Year			
Maximum no. of days per Illness	30 days	30 days	30 days

Emergency Ground Ambulance

100%	100%	100%
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Psychiatric Care (on Referral)

Maximum per Visit	\$ 500.00	\$ 500.00	\$ 500.00
Maximum per Calendar Year	20 visits	20 visits	20 visits

Psychologist Benefit (on Referral)

Maximum per Visit	\$	80% up to 150.00	\$	80% up to 150.00	\$	80% up to 150.00
Maximum per Calendar Year		20 visits		20 visits		20 visits

Physiotherapy Benefit (on Referral)

Maximum per Visit	\$	80% up to 150.00	\$	80% up to 150.00	\$	80% up to 150.00
Maximum per Calendar Year		20 visits		20 visits		20 visits

Maternity Benefit (Actives Only)

Normal Delivery	\$	6,000.00	\$	6,000.00	\$	6,000.00
Caesarean Section / Extra-uterine pregnancy		Payable as surgical and subject to co-insurance		Payable as surgical and subject to co-insurance		Payable as surgical and subject to co-insurance
Miscarriage / Dilation & Curettage	\$	3,000.00	\$	3,000.00	\$	3,000.00
Pre-natal	\$	2,500.00	\$	2,500.00	\$	2,500.00

*(included in maternity maximum)*****Conception date must be at least 30 days from inception of coverage**

Waiting Period		10 months		10 months		10 months
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Preventative Care Benefits

Annual Maximum	\$	1,800.00	\$	1,800.00	\$	1,800.00
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Services must be provided by a Physician and include:

1. Annual Medical Examination including:

- Medical Exam
- Chest X-Ray
- Complete Urinalysis
- Blood Profile (HBA1C, CBC, Lipid Profile, Kidney Function and Liver Function)

2. Annual Papsmear for females

3. Annual Mammogram for females

4. Annual Proctology / Prostate Test for males

5. Vaccinations / Immunizations

6. Annual Glaucoma Test

7. Colonoscopy (over 50 years and every 10 years) and

Annual Fecal innunchenica, blod test (FIT)

8. Annual CA125 test for Ovarian Cancer (women over 35 years, included in overall annual maximum)

9. Immunizations - Adult: Yellow Fever, chicken pox & Tetanus (included in overall annual maximum)

10. Routine Well Baby Immunizations - dependant child under 5 years (included in overall annual maximum)

<u>Airfare Benefit</u>				
Maximum per trip	\$	80% up to 5,000.00	\$	80% up to 5,000.00
Number of trips per calendar year		2		2
<u>Emergency Air Ambulance</u>				
Maximum per trip	\$	100% up to 150,000.00	\$	100% up to 150,000.00
Number of trips per calendar year		1		1
<u>Vision Care Benefit</u>				
Maximum Benefit per Calendar Year	\$	1,500.00	\$	1,500.00
Calendar Year Deductible	\$	100.00	\$	100.00
Co-insurance		80%/20%		80%/20%
Contact lenses not Medically required	\$	750.00	\$	750.00
Lenses are paid every 12 consecutive months.				
Frames and/or Contact lenses are paid every 24 months				
Waiting period		6 months		6 months
<u>Dental Care Benefit</u>				
Maximum Benefit per Calendar Year	\$	3,500.00	\$	3,500.00
Calendar Year Deductible	\$	100.00	\$	100.00
Co-insurance		80%/20%		80%/20%
Orthodontic Treatment (Applicable to Dependent Children up to age 19)				
Waiting period		6 months		6 months
<u>Internal Limits - Lifetime Maximum</u>				
Radiotherapy / Chemotherapy/Dialysis		80% after deductible		80% after deductible
Newborn Care & Congenital Birth Defects		100,000.00 subject to UCR and Co-insurance		100,000.00 subject to UCR and Co-insurance
Organ Transplants		0% Major Medical Maximum		50% Major Medical Maximum
Durable Medical Equipment	\$	10,000.00	\$	10,000.00
Repatriation of Mortal Remains	\$	25,000.00	\$	25,000.00
Mental & Nervous Disorders	\$	25,000.00	\$	25,000.00
Acquired Immune Deficiency Syndrome	\$	50,000.00	\$	50,000.00
Age Limit: Actives		65th Birthday		65th Birthday
Age Limit: Retirees		Lifetime		Lifetime
<u>Premiums</u>				
		Actives		Actives
Single	\$	250.00	\$	400.00
Single + One	\$	420.00	\$	660.00
Family	\$	730.00	\$	1,100.00
		Retirees		
Single	\$	320.00		
Single + Spouse	\$	610.00		