

About Guardian Life of The Caribbean Ltd

Guardian Life of The Caribbean Ltd is the Life, Health and Pensions services provider of Guardian Group, the number one insurance and financial services group across the English and Dutch Caribbean.

Guardian Life of The Caribbean Ltd provides integrated financial services for the discerning customer and underwrites all classes of long-term (individual and group) life, health and pensions insurance business. The Company has been rated A-Excellent by AM Best, the most respected global credit rating agency, with a focus on the insurance industry worldwide.

For more information on Guardian Group you can call 800-5433 or visit www.myguardiangroup.com

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EASTERN CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

Group Health Plan





Exclusive Health Coverage for Eastern Credit Union Members *Secure Your Future Today*

***Not a member? Call 800-4ECU or visit
any ECU Branch to sign up today!***

This insurance plan offers Eastern Credit Union members the unique opportunity to access the best health care services through our LifeCare Provisor Plan.

This plan gives you unlimited access to one of the largest Preferred Provider Organisations (PPO) in the region. There are over 800 providers to choose from with limited up-front payment for Medical treatment. No claim forms to be submitted. With Provisor you even have the option of using practitioners and facilities outside the network.

Our Medical Insurance Plan secures you and your family against the high cost of medical care and the serious financial burdens which accompany it. At Guardian Life, we understand your unique needs for health insurance and medical services and we are confident that our LifeCare Provisor plan will meet your specific medical and financial needs.

Schedule of Benefits

COMPREHENSIVE MAJOR MEDICAL BENEFITS

Monthly Premium Rates (Members to age 59):

Member Only:	\$ 403.00
Member & 1 Dependent:	\$ 681.00
Family Coverage:	\$1,054.00

Maximum Benefit:

Members to Age 59	\$250,000.00
Members 60 and Over	\$250,000.00
Maximum Age For Enrolment	Fifty-Nine (59)

Benefit Period

Members Up to Age 59	3 Years
Members Aged 60 and Over	Lifetime

Pre-Existing Conditions	Not Covered in the first 12 months
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Deductible Per Calendar Year:

Members Up to Age 59	\$300.00 per person
Members Aged 60 and Over	\$500.00 per person

Doctors' Visits (Subject to Co-Insurance)

Office Maximum	\$300.00
Hospital/Home Maximum	\$350.00
Maximum Per Disability	1 Visit Per Day

Specialist' Visits (Subject to Co-Insurance)

Office Maximum	\$400.00
Hospital/Home Maximum	\$500.00
Maximum Per Disability	1 Visit Per Day

Schedule of Benefits

COMPREHENSIVE MAJOR MEDICAL BENEFITS

Psychiatric & Psychologist Services (Subject to Co-Insurance)

Visit Maximum \$350.00

Calendar Year Maximum 20 Visits

Physiotherapy (Subject to Co-Insurance)

Visit Maximum \$250.00

Calendar Year Maximum 20 Visits

Acupuncture Benefit (must be performed by licensed

Physician & Subject to Co-Insurance)

Maximum per Consultation \$200.00

Calendar Year Maximum 20 Visits

Chiropractic Benefit (Subject to Co-Insurance)

(The Chiropractor must be a member of the Chiropractic Association of T&T (CATT) and authorized/referred by an attending Physician)

Maximum per Consultation \$200.00

Calendar Year Maximum 20 Visits

Surgical Benefit

Disability Maximum 80% of UCR

Anesthesia Benefit 25% of Surgical UCR

Hospital Daily Room & Board Limit

Local Maximum \$800.00

Overseas 80% OF UCR

(semi-private room)

Schedule of Benefits

COMPREHENSIVE MAJOR MEDICAL BENEFITS

Intensive Care Unit

Local Maximum 80% Up To \$1600.00

Overseas 80% Up to \$4,000.00

Home Nursing Care (Subject to Co-Insurance)

(Medically prescribed home nursing by a registered nurse following hospitalisation due to serious accident/illness)

Maximum per Day \$250.00

Maximum no. of days
per illness 30 Days

Prescription Drugs

(Controlled/Antibiotics) 80% Of UCR

Diagnostic/X-ray/Lab

80% Of UCR

Dialysis/Chemotherapy/

Radiotherapy 80% Of UCR

Hearing Aids

80% Of UCR

Maximum Benefit per

24 Calendar Months \$10,000.00

Schedule of Benefits

Maternity

Members Up To Age 59 Only

Subject to deductible & UCRs)

Normal Delivery (100%)	\$6,000.00
Caesarean Section	Subject to UCR & Coinsurance
Dilation & Curettage (100%)	\$3,000.00
Pre-Natal Maximum (included in Maternity Maximum) (100%)	\$2,500.00

Conception date must be at least 30 days from inception of coverage. Waiting Period -10 Months from inception of coverage

New-Born Care and Congenital Birth Defects
Calendar Year Maximum \$100,000.00
(subject to UCR and Co-Insurance)

Airfare Benefit	
Maximum per Trip	\$4,000.00
Maximum Trips per Calendar Year	2
Co-Insurance Factor	80%-20%

Emergency Air Ambulance	US\$18,000.00
Maximum Trips Per Year	1

Schedule of Benefits

Emergency Ground Ambulance	100% of UCR
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Emergency Accident in Hospital	
In Hospital	\$1,000.00
Office Visit	\$500.00
Co-Insurance	80%-20%

Repatriation of Mortal Remains	
Lifetime Maximum (80%)	TT\$20,000.00

Preventative Care Benefits	(100% Of UCR)
Calendar Year Maximums	\$1,800.00

Annual Medical Examination Comprising
Services must be provided by a Physician and include:

- Blood Pressure Testing
- Respiratory Testing
- Complete Urinalysis
- Complete Blood Testing
- Glucose Testing

Annual Lipid Profile
Annual Mammogram for Females
Annual CA125 Test for Ovarian Cancer
(for High Risk Women as recommended by a Physician)
Annual Pap Smear
Annual Test For Prostate Cancer
Annual Glaucoma Test
Vaccinations/Immunisations for children up to age 5
Only 1 Preventative Care Doctor Visit is payable per Year

Schedule of Benefits

Durable Medical Equipment/Prosthesis

(Subject to UCR And Co-Insurance)

Calendar Year Maximum \$10,000.00

Organ Transplants

(Subject to UCR and Co-Insurance)

Lifetime Maximum \$125,000.00

Mental & Nervous Disorder

Lifetime Maximum 80% Up To \$25,000.00

HIV/AIDS

Lifetime Maximum 80% Up To \$50,000.00

Dental Care Benefit

Maximum Benefit (subject to UCR and Co-Insurance)

Calendar Year \$3,500.00

Deductible

per Calendar Year \$100.00

Waiting Period 3 months

Vision Care Benefit

Maximum Benefit (subject to UCR and Co-Insurance)

Calendar Year \$1,500.00

Contact Lenses \$750.00

(Included in Vision Maximum Benefit)

Deductible \$100.00

Co-Insurance 80%-20%

Waiting Period 3 months

Frequently Asked Questions

What is the Deductible?

This is the dollar amount of expenses covered for which the Insured is responsible before benefits are payable under the major medical plan.

What is Co-Insurance?

Unless otherwise stated under your Major Medical plan, the co-insurance factor is: 80% In Network & 70% Out Of Network up to the Benefit stated in the Schedule of Benefits.

What are Reasonable & Customary Charges (R&C)?

These are charges or fees determined by the Insurer to be the general rates charged by Providers who render or furnish treatments, services or supplies to persons who reside in the same area; and whose injury or illness is comparable in nature and severity.

For example, if a doctor charges \$3,000.00 for a surgical procedure and the normal level of fees for the procedure is \$2,000.00, then the plan will reimburse you based on the charge of \$2,000.00.

What is the timeframe for submission?

All completed claims documents must be submitted to the insurer via email to : healthclaimstt@myguardiangroup.com within 90 days of the date the service was rendered.

What is Pre-Certification?

Pre-certification is a notification of anticipated or scheduled medical services that is required in advance of the medical treatment. All expenses for surgery must be Pre-certified.

Expenses Not Covered

PRE-EXISTING CONDITIONS

Pre-existing conditions are defined as conditions that were in existence before the cover was effective whether the insured was aware of it or not, and for which he/she may or may not have received advice or treatment

“Limitations”

This limitation applies only during the first twelve (12) months of a Covered Insured's Coverage Insurance unless exclusion has been placed on insured's coverage.

Expenses incurred before the effective date of coverage.

Cosmetic or plastic surgery unless necessitated by accidental injury incurred while covered under this plan.

