



## THE GROUP MEDICAL INSURANCE PLAN

Your Medical Insurance Plan will provide the benefits specified in accordance with the terms of the Group Policy. Dependent coverage is also available to spouses, legally married or common-law and children up to age 19 or 25 if attending school full-time.

This leaflet summarizes the main provision under your Medical Plan and is intended to inform you of the benefits to which you are entitled. It does not create any contractual obligations upon the Company and should the provisions given herein differ from those in the Master Contract, the latter will prevail.

The Plan is designed to give valuable assistance in meeting the financial difficulties you may encounter as a result of accident or sickness.

It is important that you are fully conversant with the scope of the benefits provided under your Plan, since any amount charged for medical attention over the amount of benefit provided by the Plan will be paid by you.

## OVERSEAS MEDICAL EMERGENCIES

Members should call Global Excel Management Inc., using the toll free number stated at the back of their medical card for assistance. Employee must make contact with their employer advising of emergency within 24 hours of the Emergency. Olympus will contact Beacon to verify coverage and Benefits and will provide Beacon with the necessary updates on Patient's condition. Employer can contact Broker or Beacon for updates.

## ONLINE HPS PORTAL

We encourage you to register on the portal as it allows you to:

1. Check your claim status online
2. View your coverage
3. Review your Explanation of Benefits (EOB) at your convenience

## SUPERPHARM CO-PAY BENEFIT

All registered employees will only pay 20% of the cost on eligible prescription drugs that are purchased at Superpharm pharmacies. The member will be required to present their Beacon card with valid ID at any Superpharm store to access this benefit.

## TELEMEDICINE BENEFIT

Beacon will honor claims submitted through the use of Telemedicine services. You are free to utilize a Provider of your choice for these services however, a Co-Pay arrangement will apply for all Providers except for Health Care at Your Door which will be free to you.



## DISCLAIMER

This leaflet does not in any way modify or change the meaning of the text of the actual Insurance Contract under which this Plan is funded. The complete policy contract set forth the Terms and Conditions and governs any rights and obligations to which you may be exposed.

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# Schedule of Benefits

Employee Benefits,  
Life & Health plan



www.tranquillitycu.com

## EXCEPTIONS AND LIMITATIONS

1. Disability originating prior to the effective date of the insured's coverage - will be covered after the first 12 months of coverage, unless an exclusion is applied.
2. Any charges in excess of the usual reasonable and customary charge for the services, treatment or supply provided.
3. Injury or illness resulting from civil insurrections or war.
4. Cosmetic or plastic surgery unless necessitated by accidental injury.
5. General health examinations or the supply or fitting of spectacles, hearing aids and Psychological services unless stated in Schedule of Benefits.
6. Self-Inflicted injury while sane or insane; treatment of chronic alcoholism, drug addiction, allergy or nervous or mental disorders.
7. Any operation or treatment performed so as to induce pregnancy or to determine the cause of non-fertility, any birth control methods.
8. Medical treatment abroad unless it is approved to the satisfaction of the Insurer prior to treatment that such treatment is not available locally.
9. Injury or illness covered under Workmen's Compensation or similar laws arising out of the Insured's occupation.

## OUT-OF-HOSPITAL TREATMENT

The cost of doctor's visits, prescribed drugs, injections and other treatment received out of hospital should be paid by the individual. The client will then be reimbursed by Beacon up to the amount of benefit under the plan.

## IN-HOSPITAL TREATMENT

If you wish Beacon to make direct payment to the hospital or surgeon, please ensure that the appropriate assignment of Benefits on the claim form is completed and forwarded with all other documentation.

Written notice of loss must be given to Beacon within 30 days after the ailment or injury occurred and affirmative proof of loss must be submitted within 90 days from date of loss for which claim is made.

Failure to comply with this policy condition will result in your claim being time-barred. All claim forms must be completed, and all relevant questions answered.

## SCHEDULE OF BENEFITS

Maximum 3 Year Benefit (Up to age 70)	\$ 250,000.00
Maximum Lifetime Benefits (over age 70)	\$ 125,000.00
Calendar Year Deductible (per person)	\$ 1,000.00

### ELIGIBLE EXPENSES PER CALENDAR YEAR

The Insurance Company shall pay 70% of eligible expenses per disability after satisfaction of the calendar year deductible and subject to Usual, Customary & Reasonable charges and up to stated limits, which shall include:

#### HOSPITAL DAILY ROOM AND BOARD LIMIT

Local Maximum – Caricom	\$ 500.00
Overseas Maximum – Non Caricom	\$ 2,000.00
Maximum no. days per Disability	30
Co-Insurance Factor	70%-30%

#### INTENSIVE CARE UNIT

Local/ Overseas Maximum	\$ 1,800.00
Co-Insurance Factor	70%-30%

#### HOME NURSING CARE (Upon Referral)

Medically prescribed home nursing by a registered nurse following hospitalization due to a serious accident/illness):	
Maximum per Visit	\$ 200.00
Maximum no. of Days per Disability	30
Co-Insurance Factor	70%-30%

#### MISCELLANEOUS HOSPITAL EXPENSES 70% - 30%

#### SURGICAL BENEFIT

Disability Maximum	UCR
Anaesthesia Benefit	25% of UCR
Co-Insurance Factor	70%-30%

#### DOCTORS' VISITS

Office/ Hospital/Home	\$ 150.00
Maximum no. of visits per day	1
Maximum no. of visits per disability	31
Co-Insurance Factor	70%-30%

#### SPECIALIST VISITS (upon referral, pediatrician up to age 5 years)

Office/ Hospital/Home	\$ 250.00
Maximum no. of visits per day	1
Maximum visits per Disability	10
Co-Insurance Factor	70%-30%

## SCHEDULE OF BENEFITS

### PSYCHIATRIC SERVICES (upon referral)

Visit Maximum	\$ 150.00
Maximum no. of Visits per Day	1
Maximum no. of Visits per Calendar Year	20
Co-Insurance Factor	70%-30%

#### PHYSIOTHERAPY

Visit Maximum	\$ 100.00
Maximum no. Visits per Day	1
Maximum no. of Visits per Calendar Year	20
Co-Insurance Factor	70%-30%
Prescriptive Drugs (Controlled/Antibiotics)	70%-30%
DIAGNOSTIC/X-RAY/LAB	70%-30%

#### MATERNITY/OBSTETRICAL

(Members up to age 65 / Subject to Deductible / No Co-insurance)

Normal Delivery Maximum	\$ 4,000.00
Caesarean Section	\$ 8,000.00
Dilation and Curettage/Miscarriage	\$ 2,500.00
Per-natal Maximum (inc. in Mat. Max)	\$ 1,500.00
Waiting Period (new employee)	10 months

#### AIR FARE BENEFIT

Maximum per trip	\$3,000.00
Maximum trips per Calendar year	2
Co-Insurance Factor	70%-30%

#### EMERGENCY AIR AMBULANCE

Maximum Benefit per Calendar Year (USD)	\$ 18,000.00
Maximum no. of trips per Calendar Year	1
Co-Insurance Factor	100%

#### LOCAL GROUND AMBULANCE 100%

#### INTERNAL LIFETIME PLAN LIMITS (Not subject to Deductible / No Co-insurance)

Organ Transplants (subject to UCR)	50% of Major Medical
Congenital Birth Defects	\$ 100,000.00

#### PREVENTATIVE CARE

Benefit Maximum	Annual Maximum \$ 1,000.00
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## DENTAL & VISION CARE BENEFITS

### VISION CARE BENEFIT

Maximum Benefit per Calendar Year	\$ 1,200.00
Deductible per Calendar Year	\$ 200.00
Co-Insurance Factor	70% – 30%
Contact Lenses	Included in benefit maximum
Waiting Period (new employees)	6 months

#### LIMITATIONS

Examination/Lenses or Contact Lenses limited to one per person during any twelve consecutive month period.

Frames are limited to one set per person during any twenty-four consecutive month period.

#### DENTAL CARE BENEFIT

Maximum Benefit per Calendar Year	\$ 1,500.00
Deductible per Calendar Year	\$ 200.00
Maximum Annual Orthodontic Benefit	\$ 1,500.00
Maximum Lifetime Orthodontic Benefit	\$ 750.00
Co-Insurance Factor	0%-30%
Waiting Period (new employees)	6 months

#### LIMITATIONS

Orthodontic Benefit is Limited to children up to age 19.

## THE GROUP LIFE INSURANCE PLAN

Benefit Maximum \$100,000.00

Group Life coverage reduces by 50% at age 65 & ceases at age 70.

#### Group Medical Rates - Active Staff- Up to Age 70

Employee Tier	Employee Only	Employee & One	Employee & Family
Rates Inclusive of Life (Additional \$40TTD)	\$410.00	\$631.00	\$1000.00

#### Group Medical Rates -Retirees- Over Age 70

	Retiree Only	Retiree & One
Rates	\$480.00	\$769.00

## REQUIREMENTS FOR SUBMISSION OF A CLAIM

The procedures outlined below must be strictly adhered to in the best interest of all members concerned.

- Employee's Statement must be fully completed (all questions answered) and signed by the employee and the spouse, if spouse is the patient.
- Employer's Statement must be completed and signed by the Plan Administrator and stamped with the Policyholder's stamp.
- Attending Physician's Statement (reverse side of medical form) must be completed by the doctor, giving details of the treatment and fees. It is necessary that the diagnosis, the name of the injection and drugs be clearly stated, as this information is vital for settlement.
- It should also be noted that the patient's name on the reverse side of all claim forms (medical/dental/vision) must always be stated by the attending physician/dentist/optometrist/ophthalmologist ONLY and NOT BY THE INSURED. Failure to comply with the foregoing will result in the claim(s) being declined.
- A receipt must be submitted for drugs supplied or tests done by the doctor in excess of twenty-five dollars (\$25.00). Receipts must also be submitted for Anesthetist's fees, Obstetrician's fee and all Surgical Procedures. Referral to a Specialist by the Attending Physician must be indicated on the claim form or in a letter.
- The time limit for submission of a claim is ninety (90) days from the date of loss. If treatment must continue beyond this period, written notice must be submitted with full details.
- Supporting receipts/bills must be attached showing the following detailed information:
  - Hospital:** The number of days spent, and itemization of all charges incurred during the period of confinement. A breakdown of the medications / drugs used with corresponding charges should be included.
  - X-rays and Lab Tests:** Patient's name, name of referring doctor, date of service, type of procedures (itemized if there is more than one) and corresponding charges.
  - Drugs:** The patient's name, name of prescribing doctor, date, prescription number, the name of the drug (itemized if there is more than one) and the corresponding charges. This also applies to repeat prescriptions.
  - Vision:** Date of examination and itemization of charges.
  - Dental:** Itemization of charges.

It is the responsibility of the employee to ensure that claims submitted are accompanied by relevant and accurate documentation. Failure to do so will result, in many instances, in an increase in the time taken to process and settle the claim, as we would have to obtain the missing information from doctors, nursing homes and pharmacies.

Your co-operation on the foregoing is greatly appreciated.

