

Trinidad & Tobago Medical Association

Member Health Plan

Starting December 2015 ...

Members and their families can now get back -



Up to 80% \$\$ paid for Doctor Visits



Up to \$3500 for Dentist Visits



Up to \$12000 for Maternity costs



Up to \$2500 for glasses



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<u>CARICARE ADVANTAGE</u>	<u>Benefit Maximums</u>
Maximum Benefit	\$1000,000.00
Benefit Period	3 year Renewable
Deductible per Calendar Year	\$500.00
Deductibles per Family	3
Co-Insurance Percentage	80%
Carry Over Provision	Last 3 months of Cal Yr
Pre-existing Condition Maximum <i>(24 months)</i>	\$1,000.00
Daily Room & Board: (quoted in TT dollars)	
Overseas (Non-Caricom)	\$4,000.00
Locally (Caricom)	\$750.00
Intensive Care Benefit (Non-Caricom)	\$6,000.00
Intensive Care Benefit (Caricom)	\$3,500.00
Doctor's Visits (Office, Home, Hospital)	\$250.00
Specialist & Psychiatrist Visits	\$350.00
Psychologist Benefit:	
Maximum per treatment	\$250.00
Maximum number of treatments per calendar year	20
Co-Insurance Percentage	80%
Physiotherapy Benefit:	
Maximum per treatment	\$250.00
Maximum number of treatments per calendar year	20
Co-Insurance Percentage	80%
Maternity Benefit:	
Normal Delivery	\$8,000.00
Caesarean Section/Extra Uterine Pregnancy	\$12,000.00
Miscarriage/ Dilation & Curettage/ Pre-natal (incl in Maternity Max)	\$4,000.00
Airfare Benefit:	
Maximum per calendar year	\$4,500.00
Maximum Number of Trips per Calendar Year	2
Co-Insurance Percentage	80%
Emergency Air Ambulance Benefit	US\$25,000.00
Maximum Number of Trips per Calendar Year	2
Benefit Payment	100%
Emergency Local Ground Ambulance Benefit	
Benefit Payment	100%
Repatriation of Mortal Remains	
Benefit Payment	100%
Radiotherapy/ Chemotherapy Benefit/ Dialysis	80% after Deductible
Congenital Birth Defects	80% after Deductible
Surgical Benefit (Reasonable & Customary fees apply)	80% after Deductible
Anaesthetic Benefit	25% of Surgical R&C

Prescribed Drugs
Durable Medical Equipment (On initial equipment only)
Miscellaneous Benefit
Diagnostic Benefit

80% after Deductible
80% after Deductible
80% after Deductible
80% after Deductible

Internal Plan Limits

Mental & Nervous
Acquired Immune Deficiency Syndrome
Transplants

Lifetime Maximums

\$25,000.00
\$50,000.00
\$250,000.00

AGE LIMIT FOR COVERAGE: 60TH BIRTHDAY

Preventative Care Benefits

Male Wellness* **\$1,200.00**

Female Wellness* **\$1,200.00**

** Available to all full time employees and their covered spouses*

Benefits are provided for routine examinations that may include any of the following:

1. Annual Physical Examination including:

- Medical Exam
- Blood Pressure testing
- Respiratory assessment
- Complete Urinalysis
- Blood Profile – Fasting Blood sugar test, Total Cholesterol Check, Haemoglobin,

Lipids

2. Annual Gynecological and Pap Smear test

3. Annual Mammogram

4. Annual Proctology/Prostate Examination

5. Immunizations:

- Adult Immunizations – Yellow Fever and Chicken Pox
- Routine Well baby Immunizations – dep. child under age 5

\$600.00 limit

All services are subject to overall Annual Wellness Benefit of **TT\$1,200.00**

DENTAL:

(No Waiting Period)

**Benefit
Maximums**

Maximum Benefit per Calendar Year: **\$3,500.00**

Deductible per Calendar Year: **\$100.00**

Benefit:

Level 1 - Preventative **100%**

Level 2 - Restorative **80%**

Level 3 - Major Restorative **50%**

VISION:

(No Waiting Period)

Maximum Benefit per Calendar Year: **\$2,500.00**

Deductible per Calendar Year: **\$100.00**

Co-Insurance Percentage **80%**

Contacts **Paid under Vision Max**

AGE LIMIT FOR COVERAGE: 60TH BIRTHDAY