CARICARE Advantage
SCHEDULE OF MEDICAL BENEFITS
TRINIDAD & TOBAGO MEDICAL ASSOCIATION - ACCOUNT 4

CARICARE ADVANTAGE	Benefit Maximums
Maximum Benefit	**$250,000.00**
Benefit Period	**3 Year Renewable**
Deductible per Calendar Year	**$1,900.00**
Deductibles per Family	**3**
Co-Insurance Percentage	**70%**
Carry Over Provision	**Last 3 months of Cal Yr**
Pre-existing Condition Maximum ***(24 months)***	**$1,000.00**
Daily Room & Board: (quoted in TT dollars)	
Overseas (Non-Caribbean)	**$2,500.00**
Locally (Caribbean)	**$750.00**
Intensive Care Benefit (Non-Caribbean)	**$4,000.00**
Intensive Care Benefit (Caribbean)	**$2,500.00**
Private Duty Nursing	
Maximum Per 8-hour shift - Private Residence (Day)	**$75.00**
Maximum Per 8-hour shift - Private Residence (Night)	**$100.00**
Maximum Per 8-hour shift - Hospital (Night)	**$120.00**
Maximum per calendar year	**$20,000.00**
Doctor Visits (Office, Home, Hospital)	**$150.00 / $200.00 / $200.00**
Specialist Visits (Office, Home, Hospital)	**$300.00 / $350.00 / $350.00**
Psychiatrist Visits (Office, Home, Hospital)	**$300.00 / $350.00 / $350.00**
Psychologist Benefit:	
Maximum per treatment	**$250.00**
Maximum number of treatments per calendar year	**12**
Co-Insurance Percentage	**70%**
Physiotherapy Benefit:	
Maximum per treatment	**$250.00**
Maximum number of treatments per calendar year	**12**
Co-Insurance Percentage	**70%**
Maternity Benefit:	
Normal Delivery	**$5,000.00**
Caesarean Section/Extra Uterine Pregnancy	**R&C Charges**
Miscarriage/ Dilation & Curettage	**$3,500.00**
Pre-natal Screenings / Investigations (incl in Maternity Max)	**$3,500.00**
Airfare Benefit:	
Maximum per calendar year	**$4,500.00**
Maximum Number of Trips per Calendar Year	**2**
Co-Insurance Percentage	**70%**
Emergency Air Ambulance Benefit	
Maximum per calendar year	**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	**70%**
Radiotherapy/ Chemotherapy Benefit/ Dialysis	**70% after Deductible**
Congenital Birth Defects	**$150,000.00**
Surgical Benefit (Reasonable & Customary fees apply)	**70% after Deductible**
Anaesthetic Benefit	**25% of Surgical R&C**
Prescribed Drugs, Generic or Brand Name	**70% after Deductible**
Maximum per Calendar Year	**$7,500.00**
Durable Medical Equipment (On initial equipment only)	**70% after Deductible**
Miscellaneous Benefit	**70% after Deductible**
Diagnostic Benefit (X-rays,Blood work, CT/PET scans,MRIs)	**70% after Deductible**
Internal Plan Limits	**Lifetime Maximums**
Mental & Nervous	**$25,000.00**
Acquired Immune Deficiency Syndrome	**$50,000.00**
Transplants	**$100,000.00**
AGE LIMIT FOR COVERAGE:	**65TH BIRTHDAY**

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Preventative Care Benefits

Male Wellness*	**$1,000.00**
Female Wellness*	**$1,000.00**

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

Listed below are the eligible benefits:

1. Annual physical examination	
2. Chest X-ray	
3. Complete urinalysis	
4. Blood profiles	
a. HBAIC	
b. CBC	
c. Lipid profile	
d. Kidney function	
e. Liver function	
f. PSA	
g. FBS	
h. Cholesterol	
i. Creatinine	
j. Thyroid profile	
5. Annual gynecological exam	
6. Annual pap smear test	
7. Annual screening mammogram and/or ultrasound	
8. Annual prostate exam	
9. Annual CA 125 test - women age 35 and over	**$350.00**
10. Annual fecal immunochemical blood test (FiT)	**$1,000.00**
11. Colonoscopy - over age 50, and every 10 years	**$1,000.00**
12. Adult immunizations:	**$750.00**
a. yellow fever	
b. chicken pox	
c. tetanus	
d. HPV (Adults and Children up to age 26)	
13. Dependant child **(up to age 7)** immunizations: ALL	**$750.00**
14. Doctor's visit - One doctor's visit is payable on ONE preventative care benefit per annum for adults and children	

All services are subject to overall Annual Wellness Benefit of	**TT$1,000.00**

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	Benefit Maximums
DENTAL:	
(3-Month Waiting Period)	
Maximum Benefit per Calendar Year:	**$2,500.00**
Deductible per Calendar Year:	**$200.00**
Benefit:	
Level 1 - Preventative	**75%**
Level 2 - Restorative	**70%**
Level 3 - Major Restorative	**50%**
VISION:	
(3-Month Waiting Period)	
Maximum Benefit per Calendar Year:	**$1,500.00**
Deductible per Calendar Year:	**$200.00**
Co-Insurance Percentage	**70%**
Contacts	**Paid under Vision Max**
Lenses & Contacts - Every 12 months	
Frames - Every 24 months	
AGE LIMIT FOR COVERAGE:	**65TH BIRTHDAY**