

**Maximum Lifetime Benefit: Members to age 66-99 - \$500,000.00**

Calendar Year Deductible	\$250.00 Per Person \$500.00 Per Family
Carry Over Provision	Last 3 Months of Cal. Yr.

Eligible Expenses Per Calendar Year

The Beacon Insurance Company shall pay **80% of eligible expenses** per disability after satisfaction of the calendar year deductible and subject to Usual, Customary & Reasonable charges, which shall include:

Hospital Daily Room and Board Limit

Local Maximum – Caricom	\$500.00
Overseas Maximum – Non Caricom	\$3,500.00
Maximum no. days per Disability	31
Co-Insurance Factor	80%-20%

Intensive Care Unit

Local Maximum – Caricom	\$1,000.00
Overseas Maximum – Non Caricom	\$4,000.00
Maximum no. days per Disability	31
Co-Insurance Factor	80%-20%

Miscellaneous Hospital Expenses	80%-20%
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Surgical Benefit

Disability Maximum	80% of UCR
Anaesthesia Benefit	25% of UCR

Doctors' Visits

Office	\$250.00
Home/Hospital	\$300.00
Maximum no. Visits per day	1
Maximum no. Visits per Disability	31
Co-Insurance Factor	80%-20%



AGRICOLA CREDIT UNION

SCHEDULE OF BENEFITS

Specialists' Visits

Office/Hospital/Home	\$400.00
Maximum no. Visits per Day	1
Maximum no. of Visits per Disability	10
Co-Insurance Factor	80%-20%

Physiotherapy (upon referral)

	80% UP TO
Maximum per Visit	\$150.00
Maximum no. Visits per Day	1
Maximum no. of Visits per Calendar Year	20

Psychologist (upon referral)

Visit Maximum	\$200.00
Maximum no. Visits per Day	1
Maximum no. of Visits per Calendar Year	20
Co-Insurance Factor	80%-20%

Prescription Drugs (Controlled/Antibiotics) 80%-20%

Diagnostic/XRAY/Lab 80%-20%

Air Fare Benefit

	80% UP TO
Maximum per Trip	\$10,000
Maximum Trips per Calendar Year	2

Emergency Air Ambulance

	US\$25,000.00
Maximum No. of Trips per Cal. Year	2
Co-Insurance Factor	100%

Preventative Care Benefits

Benefit Maximum	\$1,000.00
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Local Ground Ambulance

100%

**Internal Lifetime Plan Limits(not subj to ded/co-in)**

Organ Transplants	50% Major Medical Maximum subject to UCR
Mental & Nervous Disorder	\$25,000.00
HIV/AIDS	\$50,000.00

Durable Medical Equipment 80% subject to UCR

Radiotherapy/Chemotherapy/Dialysis 80% subject to UCR

Private Duty Nursing (Medically prescribed private nursing by a registered nurse following hospitalization due to serious accident/illness)

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 no. of days per Disability	30
Co-Insurance Factor	80%-20%

Acupuncture (shall only be covered when performed by a licensed Physician)

Maximum per Visit	\$200.00
Maximum no. Visits per Day	1
Maximum no. of Visits per Disability	20
Co-Insurance Factor	80%-20%

Chiropractic (must be performed by a member pf the Chiropractic Assoc & referred by a licensed Physician)

Maximum per Visit	\$200.00
Maximum no. Visits per Day	1
Maximum no. of Visits per Disability	20
Co-Insurance Factor	80%-20%

Repatriation of Mortal Remains TT\$20,000.00



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SCHEDULE OF BENEFITS

Vision Care

Maximum Benefit per Calendar Year	\$2,500.00
Deductible per Calendar Year	\$100.00
Co-Insurance Factor	80%-20%
Contact Lenses not medically required	Included in benefit maximum
Waiting Period	Not Applicable

LIMITATIONS:

- 1 Examination during any 12 consecutive months
- 1 Pair of Contact Lenses or Conventional Lenses and/or Frames during any 12 consecutive months
- 1 Set of Frames during any 24 consecutive months

Dental Care

Maximum Benefit per Calendar Year	\$3,000.00
Deductible per Calendar Year	\$100.00
Co-Insurance Factor:	80%-20%
Waiting Period	Not Applicable

Group Life

Amount of Insurance

Coverage per Member	\$25,000.00
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Monthly Health Premiums

Member Only	\$320.25
Member and One	\$595.25