REQUIREMENTS FOR SUBMISSION OF A CLAIM

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

1. Member's Statement must be fully completed (all questions answered) and signed by the member and the spouse, if spouse is the patient.
2. Credit Union's Statement must be completed and signed by the Plan Administrator and stamped with the Policyholder's stamp.
3. 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.
4. 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.
5. 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 Anaesthetist'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.
6. The time limit for submission of a claim is ninety (90) days from the from date of service. If treatment must continue beyond this period, written notice must be submitted with full details.
7. Supporting receipts/bills must be attached showing the following detailed information:
   (i) Hospital: The number of days spent and itemisation of all charges incurred during the period of confinement. Also a breakdown of the medications/drugs used with corresponding charges.
   (ii) X-rays and Lab Tests: Patient's name, name of referring doctor, date of service, type of procedures (itemised if there is more than one) and corresponding charges.
   (iii) Drugs: The patient's name, name of prescribing doctor, date, prescription number, the name of the drug (itemised if there is more than one) and the corresponding charges. This also applies to repeat prescriptions.
   (iv) Vision: Date of examination and itemisation of charges.
   (v) Dental: Itemisation of charges.

It is the responsibility of the plan member 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.

EXCEPTIONS AND LIMITATIONS

1. Any charges in excess of the usual reasonable and customary charge for the services, treatment or supply provided.
2. Injury or illness resulting from civil insurrections or war.
3. Cosmetic or plastic surgery unless necessitated by accidental injury.
4. General health examinations or the supply or fitting of spectacles, hearing aids and Psychological services unless stated in Schedule of Benefits.
5. Self-Inflicted injury while sane or insane; treatment of chronic alcoholism, drug addiction, allergy or nervous or mental disorders.
6. Any operation or treatment performed so as to induce pregnancy or to determine the cause of non-fertility, any birth control methods.
7. Medical treatment abroad unless it is approved to the satisfaction of the Insurer prior to treatment that such treatment is not available locally.
8. 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 service 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.

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.

This leaflet summarises 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.

MEDICAL EMERGENCY WHILE OVERSEAS

Member to call Global Excel's toll free number stated at the back of their medical card for assistance.

Member must make contact with their Credit Union liaison advising of emergency within 24 hours of the Emergency.

Global Excel will contact Beacon to verify coverage and Benefits and will provide Beacon with the necessary updates on Patient's condition. Members can contact their Broker or Beacon Insurance for updates.

GROUP HEALTH PORTAL

All registered members will be able to:
1. Enroll online
2. Submit claims and supporting invoices using the portal
3. Review their Explanation of Benefits

SUPERPHARM

All registered members will pay the percentage of costs on eligible prescription drugs, based on the Prescribed Drugs benefit. The member will be required to present their Beacon card with valid ID at any Superpharm store to access this benefit.

DISCLAIMER

This leaflet is intended only to provide information to you in a convenient form. It 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 you may be exposed to.

GEN MED

Schedule of Benefits
for members 66 to 99 years

Agricola Credit Union Co-operative Society Limited

For more information please contact our Health Plan Representative

insurance@agricolacu.com
625-4185, 627-3009

SCHEDULE OF BENEFITS 66 - 99 YEARS

(All benefits quoted in TT dollars unless otherwise specified)

Maximum Benefit:	**$500,000**
Benefit Period	**6 Year Renewable**
Calendar Year Deductible	**$1,000**
Deductible per family	**$2,000**
Co-insurance	**70%-30%**

Eligible Expenses Per Calendar Year

The Beacon Insurance Company Limited shall pay unless otherwise stated in the Schedule of Benefits **70% of eligible expenses** per disability after satisfaction of the calendar year deductible and subject to usual, customary and reasonable charges, which shall include:

Hospital Daily Room and Board Limit	
Locally (Caricom)	**$500**
Overseas (Non Caricom)	**$2,500**
Intensive Care - Locally (Caricom)	**$1,000**
Intensive Care - Overseas (Non Caricom)	**$3,000**
Maximum number of days per Disability	**31**

Miscellaneous Hospital Expenses	
Benefit Maximum	**70%-30%**

Surgical Benefit	
Disability Maximum	**70% of UCR**
Anaesthesia Benefit	**25% of UCR**

Doctor's Visits Benefit	
Office Visit	**$200**
Home/Hospital Visit	**$250**
Maximum number of visits per day	**1**
Maximum no. of visits per Disability	**31**

Specialist Consultant Benefit *(Upon referral)*	
Office/Home/Hospital Visit	**$250**
Maximum number of visits per day	**1**
Maximum number of visits per Disability	**10**

Physiotherapy/Occupational/Speech therapy *(Upon referral)*	
Maximum per visit	**$150**
Maximum number of visits per day	**1**
Maximum number of visits per calendar year	**20**

Psychologist/Psychiatric services *(Upon referral)*	
Maximum per visit	**$200**
Maximum number of visits per day	**1**
Maximum number of visits per calendar year	**20**

Private Duty Nursing	
Maximum Per 8-hour shift Private Residence (Day)	**$250**
Maximum Per 8-hour shift Private Residence (Night)	**$250**
Maximum Per 8-hour shift Hospital (Night)	**$250**
Maximum no. of days per Disability	**30**

Prescribed Drugs	**70% up to $50,000 per policy year**

Diagnostic, X-Ray and Lab Benefits	**70% up to $50,000 per policy year**

Airfare Benefit	
Maximum Benefit	**70% up to $5,000**
Number of trips per calendar year	**2**

Emergency Air Ambulance Benefit	
Maximum Benefit	**US $18,000**
Number of trips per calendar year	**2**
Co-insurance factor	**100%**

Preventative Care Expense	
Annual Maximum	**$1,000**

Local Ground Ambulance	
Benefit Maximum	**100%**

Acupuncture Benefit *(Upon referral)* *(Shall only be covered when performed by a licensed physician)*	
Maximum per visit	**$200**
Maximum number of visits per day	**1**
Maximum number of visits per calendar year	**20**

Chiropractic Benefit *(Must be performed by a member of the Chiropractic Association and referred by a licensed physician)*	
Maximum per visit	**$200**
Maximum number of visits per day	**1**
Maximum number of visits per calendar year	**20**

Radiotherapy/Chemotherapy/Dialysis	
Per Calendar Year	**Subject to Deductible and Co-Insurance up to a maximum of $100,000**

Internal Plan Limits *(Not subject to Deductible/Co-insurance)*	
Organ Transplant	**50% of Major Medical Maximum subject to UCR**
Mental and Nervous Disorders	**$25,000**
HIV/AIDS	**$50,000**
Covid 19 & Hospitalization	**$150,000**

Durable Medical Equipment	**70% subject to UCR to a maximum of $20,000**

Repatriation of Mortal Remains	**TT$20,000**

Vision Care Benefit	
Maximum per Calendar Year	**$1,250**
Calendar Year Deductible	**$150**
Co-Insurance	**70%-30%**
Contact lenses *(Not medically approved)* **Included in Vision max.**	
Waiting period *(New members only)*	**3 months**

Dental Expense Benefit	
Maximum per Calendar Year	**$1,500**
Calendar Year Deductible	**$150**
Co-insurance	**70%-30%**
Orthodontic Treatment	**Not Covered**
Waiting period *(New members only)*	**3 months**