Guardian Group
Guardian Life of The Caribbean Limited

LIFECARE PROVISOR

TECU CREDIT UNION – ACTIVE MEMBERS

SCHEDULE OF BENEFITS

Major Medical Maximum Benefit **$250,000.00**

The Major Medical Maximum Benefit amount includes any and all other Maximum Benefit amounts shown in this Schedule of Benefits or added by Policy Rider. The Maximum Benefit includes the fees incurred in the negotiations and/or contractual fees incurred to reduce the cost of such services.

Benefit Period	3 Years
Calendar Year Deductible	$1,000.00 per Person $3,000.00 per Family

The Deductible amount applies to all Eligible Medical Expenses unless otherwise noted.

The following will not be used to satisfy the Deductible amount:

(a) amounts which are greater than the Usual, Customary and Reasonable charges (UCR);

(b) charges incurred for treatment, services or supplies which are not covered under this Policy schedule;

(c) charges which are in excess of benefit limitations (e.g. number of days, months, visits or dollar amounts).

Eligible Expenses Per Calendar Year

The Company shall pay **60%** of Eligible Medical Expenses for services incurred within the Preferred Provider Network up to the applicable Maximum Limit after satisfaction of the Calendar year Deductible and subject to UCR charges. For services incurred out of the Preferred Provider Network the Company will pay **50%** of Eligible Medical Expenses up to the applicable Maximum Limit after satisfaction of the Calendar year Deductible and subject to UCR charges unless otherwise noted.

Covered Benefits	Within Network	Out of Network
Doctors Visits - at Office	60% to Maximum of $150.00 Limit of one (1) consultation per day	50% to Maximum of $150.00
Doctors Visits - at Home	60% to Maximum of $150.00 Limit of one (1) consultation per day	50% to Maximum of $150.00
Doctors Visits - In-Hospital	60% to Maximum of $150.00 Limit of one (1) consultation per day	50% to Maximum of $150.00
Specialists Visits - at Office	60% to Maximum of $300.00 Limit of one (1) consultation per day	50% to Maximum of $300.00
Specialists Visits - at Home	60% to Maximum of $300.00 Limit of one (1) consultation per day	50% to Maximum of $300.00
Specialists Visits - In-Hospital	60% to Maximum of $300.00 **Pre-certification is required for Admissions in excess of two (2) days**	50% to Maximum of $300.00
Surgical Benefit	60% of UCR	50% of UCR
Anesthetist Fee	60% to a Maximum of 25% of the Surgical UCR charges	50% to a Maximum of 25% of the Surgical UCR charges

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Covered Benefits	Within Network	Out of Network
Diagnostic Services - X-ray / Lab	60% of UCR up to a Maximum of $6,000.00 per Calendar Year	50% of UCR up to a Maximum of $6,000.00 per Calendar Year
	Minimum Insured's Co-payment is $100.00	
Hospital Room & Board	60% of the average cost of a semi-private room	50% of the average cost of a semi-private room
-Local (per Day)	$350.00	$350.00
-Overseas (per Day)	60% of UCR (semi-private room) to a Maximum of TT$2,000.00	50% of UCR (semi-private room) to a Maximum of TT$2,000.00
Intensive Care Unit	60% of UCR	50% of UCR
-Local	$2,500.00	$2,500.00
-Overseas	TT$2,500.00	TT$2,500.00
Emergency Accident	60% up to the Maximum below, subject to Deductible:	50% up to the Maximum below, subject to Deductible:
-In Hospital	$1,000.00	$1,000.00
-Office Visit	$500.00	$500.00
	Minimum Insured's Co-payment is $50.00	
Miscellaneous Hospital Expenses	60% of UCR	50% of UCR
Maternity (Available to members under age 65 only)	Subject to Deductible, No Co-Insurance. Covered up to the Maximums below:	
-Normal Delivery**	$3,600.00	$3,600.00
-Caesarean-Section**	60% of UCR up to a Maximum of $6,000.00 per Calendar Year	50% of UCR up to a Maximum of $6,000.00 per Calendar Year
-Miscarriage/ D & C/ Pre-Natal*	$2,000.00	$2,000.00
-Waiting Periods	Pre-Natal Benefit is included in the respective Maternity Maximums above and is offered on a REIMBURSEMENT BASIS ONLY ***Conception date must be at least thirty (30) days from inception of coverage** ****Subject to a ten (10) month waiting period from inception of coverage**	
Prescription Drugs (Controlled/Antibiotics)	60% of UCR up to a Maximum of $6,000.00 per Calendar Year	60% of UCR up to a Maximum of $6,000.00 per Calendar Year
Home Nursing Care	60% to a Maximum of $250.00 per Day Subject to a Maximum of thirty (30) days per illness **Medically Prescribed Home Nursing by a registered Nurse following hospitalization due to a serious accident / illness** **Benefit offered on a REIMBURSEMENT BASIS ONLY.**	

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Covered Benefits	Within Network	Out of Network
Acupuncture	60% to a Maximum of $150.00 Limit of twenty (20) Visits per Calendar Year **This benefit is only covered when performed by a Licensed Physician. Benefit offered on a REIMBURSEMENT BASIS ONLY.**	
Chiropractic	60% to a Maximum of $150.00 Limit of twenty (20) Visits per Calendar Year **This benefit is only covered when performed by a Chiropractor who is a member of the Chiropractic Association of Trinidad & Tobago and has been Authorized / referred by an attending Physician. Benefit offered on a REIMBURSEMENT BASIS ONLY.**	
Radiotherapy and Chemotherapy Benefit	60% of UCR up to a Maximum of TT$30,000.00 per Calendar Year	
Dialysis	60% of UCR up to a Maximum of TT$30,000.00 per Calendar Year	
Psychiatric Care / Substance Abuse (upon referral)	60% up to a Maximum of $8,000.00 Per Calendar Year. Per Visit Maximum of $400.00. Limit of twenty (20) Visits per Calendar Year.	
Psychologist (upon referral)	60% up to a Maximum of $5,000.00 Per Calendar Year. Per Visit Maximum of $250.00. Limit of twenty (20) Visits per Calendar Year.	
Physical/Physiotherapy/ Cardiac Rehabilitation/ Respiratory/ Occupational/ Speech Therapy (upon referral)	60% up to a Maximum of $2,000.00 Per Calendar Year. Per Visit Maximum of $100.00. Limit of twenty (20) Visits per Calendar Year.	
Hearing Aids	60% of UCR up to the Maximum of $10,000.00 every 24 calendar months	
Durable Medical Equipment/ Prosthesis	60% of UCR up to a Maximum of $10,000.00 per Calendar Year	
Preventative Care	100% of UCR up to the Calendar Year Maximum below:	60% of UCR up to the Calendar Year Maximum below:
	$600.00	
	Services available to Primary Insured or Covered Spouse and comprised of: Annual Medical Examination (Services must be provided by a Physician and includes): Blood Pressure Testing, Respiratory Testing, Complete Urinalysis, Complete Blood Testing, Glucose Testing, Colonoscopy - over age 50, every 5 years Annual Lipid Profile Annual Glaucoma Test Vaccination/Immunization **Males**:- Prostate Cancer Test - PSA **Females**:- Pap Smear Mammogram CA125 Ovarian Cancer Test (as recommended by a Physician for high risk women) Routine well baby immunizations for Covered Dependent Children up to age 5	
	All Preventative Care benefits listed above are subject to the overall Preventative Care benefit maximum of $600.00	

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Covered Benefits	Within Network	Out of Network
Airfare Benefit	60% of the Airfare up to a Maximum of $2,500.00 per trip. Limit of one (1) trip per Calendar Year	
Emergency Air Ambulance Benefit	100% up to a Maximum of US$18,000.00 per trip Limit of one (1) trip per Calendar Year **This benefit can only be accessed through our preferred Carrier**	
Emergency Local Ground Ambulance	100% of UCR, subject to Deductible	
Newborn Care / Congenital Birth Defects	60% of UCR up to a Maximum of $50,000.00 per Calendar Year	
Organ Transplant (Lifetime Maximum)	50% of Major Medical Maximum, subject to UCR & Co-Insurance	
Mental & Nervous Disorder (Lifetime Maximum)	60% of UCR up to the Lifetime Maximum of $25,000.00	
HIV/AIDS (Lifetime Maximum)	60% of UCR up to the Lifetime Maximum of $50,000.00	
HEART AND CIRCULATORY CONDITIONS (Calendar Year Maximum)	60% of UCR up to a Maximum of TT$60,000.00 per Calendar Year	
Repatriation of Mortal Remains (Lifetime Maximum)	60% of UCR up to the Lifetime Maximum of TT$20,000.00	
Dental and Vision Riders		
Covered Benefits	**Within Network**	**Out of Network**
Dental Benefit	60% of UCR up to the Calendar Year Maximum below:	50% of UCR up to the Calendar Year Maximum below:
-Maximum	$1,500.00	$1,500.00
-Deductible	$350.00 per Calendar Year	$350.00 per Calendar Year
-Major Restorative: **-Otherwise:**	50% of UCR 60% of UCR	50% of UCR 50% of UCR
-Waiting Period	**There is a six (6) month waiting period for all new Insureds**	
Vision Benefit	60% of UCR up to the Calendar Year Maximum below:	50% of UCR up to the Calendar Year Maximum below:
-Maximum	$1,200.00	$1,200.00
-Deductible	$350.00 per Calendar Year	$350.00 per Calendar Year
-Contact Lenses not medically required - included in Maximum	$600.00	$600.00
-Waiting Period	**There is a six (6) month waiting period for all new Insureds**	