



# COVER THAT CARES.



PREMIER HEALTH YOUR SCHEDULE OF BENEFITS

# On and Off Island Benefits

EFFECTIVE 1<sup>ST</sup> JANUARY, 2024



After satisfaction of the selected calendar Year Deductible, Coralisle Medical Insurance will pay the benefits set forth below at the listed percentage of the Reasonable and Customary (R&C) rates. Please note that any fees charged above R&C rates will be the responsibility of the Insured..

**Please note: This Schedule of Benefits is a guide only. Please refer to the Employer’s Policy Contract for full Terms and Conditions. All funds stated are in East Caribbean Dollars unless otherwise stated.**

## THE MEDICAL PLAN

Insurance cover for Medical Health Care Benefits is extended to Insured Employees and their eligible Insured Dependents unless otherwise stated.

**Overall Lifetime Maximum Per Insured:** \$4,000,000

**Calendar Year Deductible** (choice of 3 options) Individual: \$250 or \$500 or \$750  
Family: 3x Individual

**Calendar Year Out of Pocket (OOP) Maximum** (excludes Deductibles) Individual: \$5,000 or \$10,000 or \$15,000  
Family: 3x Individual

Please ensure you know which Deductible and Out-of-Pocket Maximum option applies to your plan.

Please note that the Out of Pocket (OOP) Maximum will not apply to Out of Network Providers/non Preferred Provider Organisations (non-PPOs).

Medical Health Care Benefits Deductible applies to all benefits unless otherwise stated.	On Island and Overseas In Network (PPO) (OOP Max. applies)	Overseas Out of Network (non-PPO) (No OOP Max. applies)
<b>Hospital In-patient &amp; Surgery</b> Room & Board: hospital's average semi-private charge per day of confinement	90%	70%
<b>Intensive Care Unit</b>	90%	70%
<b>In-patient Ancillary Services</b> Includes blood transfusions, plasma at Calendar Year max: \$5,000	90%	70%
<b>Out-patient Surgery &amp; Services</b>	90%	70%
<b>Hospital Emergency Room</b>	90%	70%
<b>Physician Office visits &amp; Specialist Fees</b>	90%	70%
<b>Physiotherapy/Chiropractor/Occupational Therapy</b> Calendar Year max: \$5,000 (combined)	90%	70%
<b>Speech Therapy</b> Calendar Year max: \$5,000	90%	70%
<b>Prescription Drugs</b> No OOP max applies. Exclusions: Expenses for oral contraceptives, contraceptive devices, over the counter medications, prenatal vitamins, and smoking cessation products.	80% Brand Name 90% Generic No Deductible	60% Brand Name 70% Generic Deductible Applies
<b>Child Preventative Care</b> 3 month waiting applies with the exception of newborn babies. Includes routine physical exam, health history, development assessments, anticipatory guidance, appropriate immunisations (see below) and laboratory tests. Deductible does not apply. Subject to the following Calendar Year Maximums: Birth - 17 years: \$1,000 18 years to age 23 (only if full-time student): \$2,000	100%	100%
<b>Adult Preventive Care</b> Calendar year max: \$2,000. 3 month waiting period. For charges made for or in connection with the overall health and well being for Primary Insured and eligible dependents age 18+ years. Includes gynecological exam (1 per year for females), prostate exam (1 per year for males from age 50), mammography and immunisations. Deductible does not apply.	90%	90%

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<b>Maternity Expenses</b> There is a 10 month waiting period for this benefit. Not subject to the deductible Employee and eligible spouses only. Complications treated as any other illness. Normal delivery per pregnancy max: \$20,000 Caesarean Section/Complications per pregnancy max: \$24,000	90%	70%
<b>Routine Nursery</b> Hospital In-patient (includes male circumcision prior to discharge) Hospital Out-patient, Physician's Fees, Diagnostic Fees	90%	70%
<b>Newborn Cover, Premature Births, Congenital Conditions, Birth Anomalies</b> Lifetime max. \$500,000	90%	70%
<b>Infertility</b> Covers procedures directly related to a diagnosis. Exclusions: Treatment, prescription drugs, and/or other methods to bypass	90%	70%
<b>Private Duty Nursing</b> Lifetime max: \$15,000; Calendar Year max: 240 hours	90%	90%
<b>Mental Health Benefits</b> OOP max. does not apply. Includes treatment for Mental Illness and Alcohol and Drug Abuse. Lifetime max: \$50,000; Calendar Year max: \$10,000 In-patient Services Lifetime max: 30 days Out-patient Services: Calendar year max: 24 visits	80%	60%
<b>EAP Programme</b> Connects you to local resources to help support you and your dependents' emotional, practical or physical needs through professional counselling. This service is free, confidential and available 365 days a year.	100%	
<b>Durable Medical Equipment</b> Lifetime max: \$30,000	90%	70%
<b>Skilled Nursing Facility</b> Lifetime max: \$15,000	90%	70%
<b>Home Health Care</b> Lifetime max: \$5,000	90%	70%
<b>Hospice Care Services</b> Lifetime max: \$20,000	90%	70%
<b>Dental Care</b> For accidental injury of sound, natural teeth sustained while covered under plan	90%	70%
<b>TMJ Treatment</b> Lifetime max: \$2,000	90%	70%
<b>HIV/AIDS Treatment</b> Lifetime max: \$50,000	90%	70%
<b>Transplant Procedures</b> Only available through the Managed Transplant Program. Transplant must be pre-certified and approved by Coralisle Medical. Failure to comply will result in treatment not being covered. Lifetime max. \$1,000,000	100%	Not Covered
<b>Ground Ambulance and Approved Local Emergency Transport</b> Calendar Year Max: \$800	100% up to CYM	100% up to CYM
<b>Air Ambulance</b> Not subject to Deductible. Requires a letter of medical necessity from doctor ordering patient to be airlifted, indicating condition is life threatening and that treatment is not available locally.	100% up to a maximum of US\$20,000	Not Covered

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<b>Medical Health Care Benefits</b> Deductible applies to all benefits unless otherwise stated.	<b>On Island and Overseas In Network</b> (PPO) (OOP Max. applies)	<b>Overseas Out of Network</b> (non-PPO) (No OOP Max. applies)
<b>Commercial Air Benefit</b> Covers pre-approved economy air fare for patient plus companion, specialist referral required. Max. 2 trips per calendar year.	80% of R&C up to \$5,000 per Calendar Year	Not Covered
<b>Repatriation</b> Airfare for repatriation to home country of mortal remains	100% up to \$6,500 Lifetime Maximum	

## Pre-Certification Requirements

Please take note of the following Pre-Certification requirements. If the insured fails to pre-certify for hospitalisation or out-patient surgery, the normal benefit (payment) will be reduced by 50% with OOP Maximum applied. For Pre-Certification, please call 1-441-296-3200.

Pre-Certification is required from Coralisle Medical Insurance for the following treatments, no matter where treatment is sought: all in-patient procedures, all out-patient surgery, MRIs and CT scans

Pre-Certification is required from Coralisle Medical Insurance for all treatments/services sought within the United States or Canada (except emergency medical transportation). Please remember that the OOP Maximum will not apply to non-PPOs.

## Pre-Existing Condition Limitation

Pre-existing conditions are not covered for the first 12 months of coverage. This applies to Medical Health Care Benefits only.

## MAKING THE MOST OF YOUR PREMIER HEALTH COVER

- Always carry your Member ID and RX Cards with you when you travel
- Toll-free 24/7 Nurse on Call line: 1-800-423-9130 Option 2
- To verify benefits or receive advice, call Coralisle Medical 8:30am - 5:00pm Monday - Friday: 1-441-296-3200
- Over 50,000 US Pharmacies participate in the Prescription programme. Find a pharmacy: 1-800-927-8802
- When seeking medical services overseas, we recommend that you use an In Network provider
  - **Our US Network:** To locate a provider visit [www.aetna.com/asa](http://www.aetna.com/asa)
  - **Our Puerto Rico Network:** To locate a provider, please call 1-800-423-9130
  - **Our Canada and Worldwide Network:** To locate a provider, call collect 1-312-935-3758



CG United Insurance Ltd.

Administered by Coralisle Medical Insurance Company Ltd.

[www.CGUnited.com](http://www.CGUnited.com)

Members of Coralisle Group Ltd.

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# Optional Extra Benefits

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**Note:** These optional benefits are available only upon the request of the employer and for an additional premium.

Dental Care	Benefit Payable
Calendar Year Maximum	\$2,000
Calendar Year Deductible	\$25
<b>Level 1 - Preventative:</b> Routine Examinations, Cleaning & Scaling, Bitewings, Fluoride Treatment (under 16 years) - 2 per calendar year; Full mouth X-ray - 1 per 2 calendar years; Sealants (under 14 years); Space maintainers (under 14 years)	100% of R&C
<b>Level 2 - Restorative:</b> Fillings; Extractions; Oral Surgery; Rebasing & Relining of Dentures; Root Canals; Periodontal Treatment of Gums - 4 per calendar year	80% of R&C
<b>Level 3 - Major Restorative:</b> Inlays; Onlays; Crowns; Bridges; Dentures; Denture Repair; Implants	50% of R&C
<b>Orthodontic:</b> Braces for Teeth Alignment (Lifetime Maximum of \$2,000 applicable to Orthodontic)	50% of R&C

Preventative Dental expenses are not subject to a waiting period. Orthodontic Dental Care expenses are subject to a six month waiting period. All other covered Dental Care expenses are subject to a three month waiting period for all employees from the date of enrolment on the Plan.

Vision Care	Benefit Payable
Calendar Year Maximum	\$1,000
Calendar Year Deductible	\$50
Vision Benefit	80% of R&C

Vision care expenses are subject a three month waiting period for all covered individuals from the date of Enrolment on the Plan.



**CG United Insurance Ltd.**

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