





CARIBBEAN COMMUNITY OF RETIRED PERSONS (CCRP)

Comprehensive Group Health Insurance Plan #46339  
Schedule of Benefits

DECEMBER 1, 2024 – NOVEMBER 30, 2025

	 <i>Life to the Fullest</i> <b>RENEWAL BENEFITS 2024-2025</b>
DESCRIPTION OF BENEFITS	LIMITS
<b>PRESCRIPTION DRUGS (ONLY)</b> Credit Limit – continuous swipe up to <i>Absolute Limit</i>  <i>(after satisfying deductible)</i>	80% of Cost up to \$10,000+ MM continuous swipe <b>ABSOLUTE LIMIT: \$100,000.00</b> Co-payment 60%-40%
POLICY DEDUCTIBLES	
<b>Local Deductible</b> Prescription Drugs, Diagnostic Services & Root Canal <i>(per person, per year).</i>	<b>\$30,000.00</b>
<b>Local Deductible for Major Medical Benefits</b> <i>(Hospitalization, Hospital Miscellaneous, Room &amp; Board, Renal Dialysis &amp; Chemotherapy etc.)</i>	<b>\$100,000.00</b>
DOCTOR'S VISITS	
Office Visits No. of Limitations	\$1,800.00 10 visits per disability
Home Visits ( <b>Emergency only</b> ) No. of Limitations	\$1,800.00 10 visits per disability
Routine Physical No. of Limitations	\$1,800.00 1 visits per year
Specialist Consultation – <b>referred</b> No. of Limitations	\$3,000.00 6 visits per disability
Specialist Consultation – <b>not referred</b> No. of Limitations	\$1,800.00 10 visits per disability
Direct Access Gynaecologist /Urologist No. of limitations	\$3,000.00 Unlimited
Direct Access Paediatrician (to age 13) No. of limitations	\$3,000.00 Unlimited
Ophthalmologist No. of visits	\$3,000.00 1 visit per 12 month period
Clinical Psychologist Visit No. of Limitation	\$3,000 3 visits per disability
Dietician/Podiatrist/Chiropractor <b>On referral / Reimbursement only</b>	\$3,000 3 visits per disability
Physiotherapy Sessions No. of visits per disability	\$5,000 + MM 10 visits per disability
Occupational Therapy No. of Limitations	\$5,000 10 visits per year



DIAGNOSTIC SERVICES	
Laboratory & X-Ray Services (Includes ECG/EKG, Pap Smears, Ultrasounds)	80% of R & C to \$30,000.00 + MM Co-payment 80% - 20%
Diagnostic Services (MRI, CT Scans etc.)	
SURGERY BENEFITS	
Maximum Surgeon’s Fee	80% of R&C
Maximum Assistant Surgeon’s Fee	30% of R & C
Maximum Anaesthetist Fee	40% of R & C
Root Canal Surgery	80% of R & C
Crowning (as a result of root canal) No. of Limitations	80% of R & C 2 visits per year
HOSPITALIZATION SERVICES	
Daily Room & Board (semi-private rates) No. of Limitations	80% of R&C Unlimited
Public Hospital Ward (per day)	100% of cost up to \$2,500.00
In – Hospital Misc. charges	80% of R & C
Laboratory & X-ray Services (i.e ECG/EKG, pap smears, ultrasounds)	80% of R&C
Doctor’s In –Hospital Visit (Unlimited)	80% of R & C
Intensive Care	80% of R&C
Private Nursing (per 8 hour shift; requires pre-authorization)	\$2,000
OTHER MEDICAL SERVICES	
Supplemental Accident	\$3,000
Psychiatry	1 <sup>st</sup> 4 visits \$4,000 Next 20 visits \$ 2,400
Renal Dialysis	80% of R & C
Chemotherapy / Radiotherapy	80% of R & C
Hearing Aid (payable every 3 years)	80% of Cost to \$48,000 \$24,000 per ear
Speech Therapy Sessions <i>Excludes congenital disorders, congenital disease or birth defects existing at or before birth regardless of cause</i>	80% of R & C
Adult Inoculations	80% of Cost to \$10,000
Vasectomy	80% of Cost to \$10,000
Non-Emergency Overseas (requires pre-authorization)	Reimbursable
Emergency Overseas	Reimbursable
MAJOR MEDICAL BENEFITS	
Annual Major Medical Limit (Plan Year Maximum)	\$4,000,000
Local Deductible	See above
Co-Insurance Payment	Prescription Drugs in MM 60% - 40% All Other MM Payment 80% - 20%
Overseas Deductible (per person, per year)	USD \$500
Local Ground Ambulance	80% of R & C
Overseas Room & Board Per day	USD \$250
DENTAL & OPTICAL BENEFITS	
Dental – annual limit	80% of cost up to \$16,000
Optical – annual limit	80% of cost up to \$16,000



RENEWAL PREMIUM RATES  
(Including GCT)  
Effective: December 1, 2024 – November 30, 2025

AGE BAND 40-65 YEARS			
	QUARTER	SEMI-ANNUAL	ANNUAL
Member only	\$74,909.85	\$149,819.70	\$299,639.40
Member + one dependent	\$149,819.70	\$299,639.40	\$599,278.80
Member + two or more dependents	\$ 209,563.35	\$419,126.70	\$838,253.40
AGE BAND 66-70 YEARS			
	QUARTER	SEMI-ANNUAL	ANNUAL
Member only	\$82,361.85	\$164,723.70	\$329,447.40
Member + one dependent	\$164,723.70	\$329,447.40	\$658,894.80
Member + two or more dependents	\$230,729.10	\$461,458.20	\$922,916.40
AGE BAND 71 & OVER			
	QUARTER	SEMI-ANNUAL	ANNUAL
Member only	\$91,576.80	\$183,153.60	\$366,307.20
Member + one dependent	\$183,153.60	\$366,307.20	\$732,614.40
Member + two or more dependents	\$256,900.80	\$513,801.60	\$1,027,603.20

GROUP LIFE INSURANCE POLICY			
No GCT Applicable			
	QUARTER	SEMI-ANNUAL	ANNUAL
Member Only	\$7,530.00	\$15,060.00	\$30,120.00

IMPORTANT POINTS TO NOTE:

- Valid CHIP members will have the opportunity to transfer to the Major Medical plan without being medically underwritten if done by November 30, 2024. In order to do so, please send us an email to gc\_ccrphealth@ajg.com indicating your desire to transfer. Once indicated, please note that your CHIP policy will be terminated effective November 30, 2024 and your policy will be transferred to the Major Medical only plan effective December 1, 2024.
- The Major Medical plan covers only three (3) benefits; Surgery, Hospitalization and Diagnostic Services, with an annual limit of \$9M. (Refer to schedule of benefits.)
- The annual deductible on the Major Medical plan is \$100,000.00