


Life to the Fullest

MAJOR MEDICAL ONLY PLAN
December 1, 2024 - November 30, 2025

SCHEDULE OF BENEFITS	Expiring Benefits	Renewal Benefits
	2023-2024	2024-2025
MAJOR MEDICAL	ANNUAL LIMIT	ANNUAL LIMIT
Major Medical Limit	\$9,000,000.00	\$9,000,000.00
LOCAL DEDUCTIBLE <i>(per person, per year)</i>	\$100,000.00	\$100,000.00
Office Visits		
No. of Limitations	N/A	N/A
PRESCRIPTION DRUGS (ONLY)	N/A	N/A
Specialist Consultation (referred)		
No. of Limitations	N/A	N/A
Specialist Consultation (not referred) No. of Limitations	N/A	N/A
Direct Access Gynaecologist / Urologist		
No. of limitations	N/A	N/A
Ophthalmologist No. of visits	N/A	N/A
Physiotherapy Sessions		
No. of visits per disability	N/A	N/A
Laboratory & X-Ray Services (Includes ECG/EKG, Pap Smears, CatScans, Ultrasounds)	80% of R & C	80% of R & C

Diagnostic Services	80% of R&C	80% of R&C
SURGERY BENEFITS		
Maximum Surgeon's Fee	80% of R&C	80% of R&C
Maximum Assistant Surgeon's Fee	33% of Surgeon's Fee	33% of Surgeon's Fee
Maximum Anaesthetist Fee	40% of Surgeon's Fee	40% of Surgeon's Fee
Root Canal Surgery	80% of R&C	80% of R&C
HOSPITALIZATION SERVICES		
Daily Room & Board (semi-private rates)	80% of R&C	80% of R&C
Public Hospital Ward	N/A	N/A
In – Hospital Misc. charges	80% of R&C	80% of R&C
Out Patient Misc. Charges	80% of R&C	80% of R&C
Doctor's In –Hospital Visit	\$1,500	\$1,500
Intensive Care	N/A	N/A
Renal Dialysis	80% of Cost	80% of Cost
Chemotherapy / Radiotherapy	80% of Cost	80% of Cost
OVERSEAS EMERGENCY SERVICES	N/A	N/A
Non-emergency overseas	reimbursable	reimbursable
Emergency overseas	reimbursable	reimbursable
Overseas deductible (per person/per year)	US \$1,000	US \$1,000
Room & Board overseas	US \$100	US \$100
Co-Insurance payment	80% - 20%	80% - 20%
DENTAL AND OPTICAL BENEFITS		
DENTAL - annual limit	N/A	N/A
OPTICAL - annual limit	N/A	N/A

CCRP - MAJOR MEDICAL ONLY #45759
GROUP HEALTH INSURANCE PLAN
PREMIUM RATES
DECEMBER 1, 2024 - NOVEMBER 30, 2025
(Including GCT)

	PLAN 1	
	SEMI-ANNUAL	ANNUAL
Member only	\$ 39,481.80	\$ 78,963.60
Member + one dependent	\$ 78,963.60	\$157,927.20
Member + two or more dependents	\$ 111,738.60	\$223,477.20
	PLAN 2	
	SEMI-ANNUAL	ANNUAL
Member only	\$ 58,525.80	\$117,051.60
Member + one dependent	\$117,051.60	\$234,103.20
Member + two or more dependents	\$165,427.50	\$330,855.00

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

PLEASE NOTE THE FOLLOWING:

- Major Medical Plan has an **annual** maximum of JMD \$9,000,000 .
- Annual Deductible under the MM plan is JMD\$100,000
- Existing members on the comprehensive health plan can transfer to the Major Medical Only plan without being medically underwritten if done by November 30, 2024. Their CHIP policy will therefore terminate effective November 30, 2024 if transfer is done.
- Applicable premiums for existing CHIP members transferring to the MM only plan will be at plan 2 rates, please refer to rates above.