



**CARIBBEAN COMMUNITY OF RETIRED PERSONS
(CCRP)**

**Comprehensive Group Health Insurance Plan #46339
Schedule of Benefits**

DECEMBER 1, 2022 – NOVEMBER 30, 2023

	 <p>RENEWAL BENEFITS 2022-2023</p>
DESCRIPTION OF BENEFITS	
<p>PRESCRIPTION DRUGS (ONLY) Credit Limit – continuous swipe up to <i>Absolute Limit</i> (after satisfying deductible)</p>	<p>80% of Cost up to \$10,000+ MM continuous swipe ABSOLUTE LIMIT: \$100,000.00 Co-payment 60%-40%</p>
POLICY DEDUCTIBLES	
<p>Local Corridor Deductible for Prescription Drugs & Diagnostic Services. <i>Per person, per year.</i></p>	\$20,000.00
<p>Local Deductible for Major Medical Benefits – (Hospitalization, Hospital Miscellaneous, Room & Board, Renal Dialysis & Chemo etc.)</p>	\$100,000.00
DOCTOR'S VISITS	
<p>Office Visits No. of Limitations</p>	<p>\$1,800.00 10 visits per disability</p>
<p>Home Visits (Emergency only) No. of Limitations</p>	<p>\$1,800.00 10 visits per disability</p>
<p>Routine Physical No. of Limitations</p>	<p>\$1,800.00 1 visits per year</p>
<p>Specialist Consultation – referred No. of Limitations</p>	<p>\$3,000.00 6 visits per disability</p>
<p>Specialist Consultation – not referred No. of Limitations</p>	<p>\$1,800.00 10 visits per disability</p>
<p>Direct Access Gynaecologist /Urologist No. of limitations</p>	<p>\$3,000.00 Unlimited</p>
<p>Direct Access Paediatrician (to age 13) No. of limitations</p>	<p>\$3,000.00 Unlimited</p>
<p>Ophthalmologist No. of visits</p>	<p>\$3,000.00 1 visit per 12 month period</p>
<p>Clinical Psychologist Visit No. of Limitation</p>	<p>\$3,000 3 visits per disability</p>
<p>Dietician/Podiatrist/Chiropractor On referral / Reimbursement only</p>	<p>\$3,000 3 visits per disability</p>
<p>Physiotherapy Sessions No. of visits per disability</p>	<p>\$5,000 + MM 10 visits per disability</p>
<p>Occupational Therapy No. of Limitations</p>	<p>\$5,000 10 visits per year</p>



DIAGNOSTIC SERVICES	
Laboratory & X-Ray Services (Includes ECG/EKG, Pap Smears, Ultrasounds)	80% of R & C to \$30,000.00 + MM <i>Co-payment 80% - 20%</i>
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-pvt. 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
Doctor's In –Hospital Visit (Unlimited)	80% of R & C
Intensive Care	80% of R&C
OTHER MEDICAL SERVICES	
Supplemental Accident	\$3,000
Psychiatry	1 st 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	\$3,500,000 Plan Year Maximum
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, 2022 - November 30, 2023

AGE BAND 50-65 YEARS			
	QUARTER	SEMI-ANNUAL	ANNUAL
Member only	\$59,581.50	\$119,163.00	\$238,326.00
Member + one dependent	\$119,163.00	\$238,326.00	\$476,652.00
Member + two or more dependents	\$165,696.60	\$331,393.20	\$662,786.40
AGE BAND 66-70 YEARS			
	QUARTER	SEMI-ANNUAL	ANNUAL
Member only	\$65,636.25	\$131,272.50	\$262,545.00
Member + one dependent	\$131,272.50	\$262,545.00	\$525,090.00
Member + two or more dependents	\$182,770.65	\$365,541.30	\$731,082.60
AGE BAND 71 & OVER			
	QUARTER	SEMI-ANNUAL	ANNUAL
Member only	\$73,133.10	\$146,266.20	\$292,532.40
Member + one dependent	\$146,266.20	\$292,532.40	\$585,064.80
Member + two or more dependents	\$203,912.25	\$407,824.50	\$815,649.00

GROUP LIFE INSURANCE POLICY			
No GCT Applicable			
	QUARTER	SEMI-ANNUAL	ANNUAL
Member Only	\$7,380.00	\$14,760.00	\$29,520.00

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, 2022**. In order to do so, please send us an email to cgmng_ccrphealth@ajg.com indicating your desire to transfer. Once indicated, please note that your CHIP policy will be terminated effective November 30, 2022 and your policy will be transferred to the Major Medical only plan effective December 1, 2022.

Please note the following as you contemplate switching from the Comprehensive Health Insurance Plan (CHIP) to Major Medical (MM)

- The Major Medical plan covers only three (3) benefits; Surgery, Hospitalization and Diagnostic Services, with an annual limit of \$8M. *(Refer to schedule of benefits.)*
- The annual deductible on the Major Medical plan is \$100,000.00