






**CARIBBEAN COMMUNITY OF RETRIED PERSONS (CCRP)  
COMPREHENSIVE GROUP HEALTH INSURANCE PLAN #46339  
SCHEDULE OF BENEFITS  
DECEMBER 1, 2021 – NOVEMBER 30, 2022**

	 <b>EXPIRING BENEFITS 2020-2021</b>	 <b>RENEWAL BENEFITS 2021-2022</b>
<b>DESCRIPTION OF BENEFITS</b>		
<b>PRESCRIPTION DRUGS (ONLY)</b> <b>Credit Limit – continuous swipe up to Absolute Limit</b> <i>(after satisfying deductible)</i>	80% of Cost up to \$10,000+ MM continuous swipe Co-payment 60%-40%	80% of Cost up to \$10,000+ MM continuous swipe <b>ABSOLUTE LIMIT: \$100,000.00</b> Co-payment 60%-40%
<b>POLICY DEDUCTIBLES</b>		
<b>Local Corridor Deductible for Prescription Drugs &amp; Diagnostic Services.</b> <i>Per person, per year.</i>	<b>\$15,000.00</b>	<b>\$20,000.00</b>
<b>Local Deductible for Major Medical Benefits – (Hospitalisation, HM, Room &amp; Board, Renal Dialysis &amp; Chemo etc.)</b>		<b>\$100,000.00</b>
<b>DOCTOR'S VISITS</b>		
Office Visits No. of Limitations	\$1,800.00 10 visits per disability	\$1,800.00 10 visits per disability
Home Visits ( <b>Emergency only</b> ) No. of Limitations	\$1,800.00 10 visits per disability	\$1,800.00 10 visits per disability
Routine Physical No. of Limitations	\$1,800.00 1 visits per year	\$1,800.00 1 visits per year
Specialist Consultation – <b>referred</b> No. of Limitations	\$3,000.00 6 visits per disability	\$3,000.00 6 visits per disability
Specialist Consultation – <b>unreferred</b> No. of Limitations	\$1,800.00 10 visits per disability	\$1,800.00 10 visits per disability
Direct Access Gynaecologist / Urologist No. of limitations	\$3,000.00 Unlimited	\$3,000.00 Unlimited
Direct Access Paediatrician (to age 13) No. of limitations	\$3,000.00 Unlimited	\$3,000.00 Unlimited
Ophthalmologist No. of visits	\$3,000.00 1 visit per 12 month period	\$3,000.00 1 visit per 12 month period
Clinical Psychologist Visit No. of Limitation	\$3,000 3 visits per disability	\$3,000 3 visits per disability
Dietician/Podiatrist/Chiropractor <b>On referral / Reimbursement only</b>	\$3,000 3 visits per disability	\$3,000 3 visits per disability
Physiotherapy Sessions No. of visits per disability	\$4,000 + MM 10 visits per disability	<b>\$5,000 + MM</b> 10 visits per disability
Occupational Therapy No. of Limitations	\$4,000 10 visits per year	<b>\$5,000</b> 10 visits per year



<b>DIAGNOSTIC SERVICES</b>		
<b>Laboratory &amp; X-Ray Services</b> (Includes ECG/EKG, Pap Smears, Ultrasounds)	80% of cost to \$30,000.00 +MM Co-payment 80% - 20%	80% of R & C to \$30,000.00 +MM Co-payment 80% - 20%
<b>Diagnostic Services</b> (MRI, CT Scans etc.)	80% of cost to \$30,000.00 +MM Co-payment 80% - 20%	80% of R & C to \$30,000.00 +MM Co-payment 80% - 20%
<b>SURGERY BENEFITS</b>		
	<b>Capped at \$1,500,000 (for each surgery)</b>	<b>Capped at \$1,500,000 (for each surgery)</b>
Maximum Surgeon's Fee	80% of R&C	80% of R&C
Maximum Assistant Surgeon's Fee	30% of R & C	30% of R & C
Maximum Anaesthetist Fee	40% of R & C	40% of R & C
Root Canal Surgery	80% of R & C	80% of R & C
Crowning (as a result of root canal) No. of Limitations	80% of R & C 2 visits per year	80% of R & C 2 visits per year
<b>HOSPITALIZATION SERVICES</b>		
Daily Room & Board (semi-pvt. rates) No. of Limitations	80% of R&C Unlimited	80% of R&C Unlimited
Public Hospital Ward (per day)	100% of cost up to \$2,500.00	100% of cost up to \$2,500.00
In - Hospital Misc. charges	80% of Cost	80% of R & C
Doctor's In -Hospital Visit (Unlimited)	80% of Cost	80% of R & C
Intensive Care	80% of R&C	80% of R&C
<b>OTHER MEDICAL SERVICES</b>		
Supplemental Accident	\$3,000	\$3,000
Psychiatry	1 <sup>st</sup> 4 visits \$4,000 Next 20 visits \$ 2,400	1 <sup>st</sup> 4 visits \$4,000 Next 20 visits \$ 2,400
Renal Dialysis	80% of Cost	80% of R & C
Chemotherapy / Radiotherapy	80% of Cost	80% of R & C
Hearing Aid (Payable every 3 years)	80% of Cost to \$48,000 \$24,000 per ear	80% of Cost to \$48,000 \$24,000 per ear
Speech Therapy Sessions Excludes congenital disorders, congenital disease or birth defects existing at or before birth regardless of cause	80% of R & C	80% of R & C
Adult Inoculations	80% of Cost to \$10,000	80% of Cost to \$10,000
Vasectomy	80% of Cost to \$10,000	80% of Cost to \$10,000
Non-Emergency Overseas (requires pre-authorization)	Reimbursable	Reimbursable
Emergency Overseas	Reimbursable	Reimbursable
<b>MAJOR MEDICAL BENEFITS</b>		
Annual Major Medical Limit	\$3,500,000 Plan Year Maximum	\$3,500,000 Plan Year Maximum
Local Deductible	\$15,000	<b>See above</b>
Co-Insurance Payment	Prescription Drugs in MM 60% - 40% All Other MM Payment 80% - 20%	Prescription Drugs in MM 60% - 40% All Other MM Payment 80% - 20%
Overseas Deductible (per person, per year)	USD \$500	USD \$500
Local Ground Ambulance	80% of R & C	80% of R & C
Overseas Room & Board Per day	USD \$250	USD \$250
<b>DENTAL &amp; OPTICAL BENEFITS</b>		
Dental - annual limit	80% of cost up to \$16,000	80% of cost up to \$16,000
Optical - annual limit	80% of cost up to \$16,000	80% of cost up to \$16,000



<p><b>RENEWAL PREMIUM RATES</b>  <b>(Including GCT)</b>  <b>Effective: December 1, 2021 - November 30, 2022</b></p>
---

	QUARTER	SEMI-ANNUAL	ANNUAL
<b>Age Band 50-65 years</b>			
<b>Member Only</b>	\$30,242.70	\$60,485.40	\$120,970.80
<b>Member + One dep.</b>	\$60,485.40	\$120,970.80	\$241,941.60
<b>Member + Family</b>	\$83,803.95	\$167,607.90	\$335,215.80
<b>Age Band 66-70 years</b>			
<b>Member Only</b>	\$33,316.65	\$66,633.30	\$133,266.60
<b>Member + One dep.</b>	\$66,633.30	\$133,266.60	\$266,533.20
<b>Member + Family</b>	\$92,442.75	\$184,885.50	\$369,771.00
<b>Age Band 71 years &amp; Over</b>			
<b>Member Only</b>	\$37,122.00	\$74,244.00	\$148,488.00
<b>Member + One dep.</b>	\$74,244.00	\$148,488.00	\$296,976.00
<b>Member + Family</b>	\$103,134.30	\$206,268.60	\$412,537.20

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

