Schedule of Benefits at a Glance

Benefits	1 Hospitalization Only	2	3	4	4A
Office Visit	J$ 1,000	J$ 1,200	J$ 1,500	J$ 1,800	J$ 1,800
Number of Visits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specialist Consultation	J$ 2,000	J$ 2,000	J$ 2,500	J$ 3,000	J$ 3,000
Number of Visits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Laboratory & X-ray, Ultra-sound: Annual Limit per Member	80% up to J$5,000 + MM	80% up to J$7,000 + MM	80% up to J$8,000 + MM	80% up to J$10,000 + MM	80% up to J$10,000 + MM
CT Scan, MRI & Other Specialized Tests (pre authorization required)	80% of UCR	80% of UCR	80% of UCR	80% of UCR	80% of UCR
Prescription Drugs Annual Limit per member - Continuous Swipe (1) Generic Drugs plan pays 90% - member co-pays 10% (2) Brand name where generic exists - Plan pays 70% - member co-pays 30% (3) NHF eligible but not enrolled - Plan pays 70% member co-pays 30%	N/A	80% up to J$8,000 + MM	80% up to J$10,000 + MM	80% up to J$12,500 + MM	80% up to J$12,500 + MM
Major Medical	J$ 3,000,000	J$ 5,000,000	J$ 8,000,000	J$ 10,000,000	J$ 10,000,000
Maternity Normal	N/A	J$ 25,000	J$ 35,000	J$ 50,000	J$ 50,000

	1	2	3	4	4A
	Hospitalization Only				
C-Section		J$ 50,000	J$ 70,000	J$ 100,000	J$ 100,000
Miscarriage		J$ 12,500	J$ 17,500	J$ 25,000	J$ 25,000
Dental	N/A	80% of cost up to J$ 7,000	80% of cost up to J$ 8,000	N/A	N/A
Vision	N/A	80% of cost up to J$ 7,000	80% of cost up to J$ 8,000	N/A	N/A
Dental & Vision Combined	N/A	N/A	N/A	80% of cost up to J$ 12,500	80% of cost up to J$ 25,000
Surgery					
Maximum Surgeon's Fee			80% of UCR		
Maximum Assistant Surgeon Fee			30% of Surgeon's Limit		
Maximum Anaesthetist's Fee			40% of Surgeon's		
Root Canal			80% of UCR		
Local Deductible	J$ 5,500	J$ 6,500	J$ 8,500	J$ 9,500	J$ 9,500
Other Covers Included	Radiology, Chemotherapy, Renal Dialysis, Local Ambulance	Physiotherapy, Speech Therapy, Occupational Therapy, Psychiatry, Radiology, Chemotherapy, Renal Dialysis, Hearing Aid, Local Ambulance, Gynecologist, Paediatrician, Urologist, Routine Medical, Podiatrist. Chiropractor & Dietitian. (Check Benefit Schedule for Limits and Deductible)			
OEMS			N/A		
Overseas Non Emergency (pre authorization required)		Yes (Check Benefit Schedule for Limits and Deductible)			

	1	2	3	4	4A
	Hospitalization Only				
Hospitalization Service & Misc (pre authorization required)		Yes (Check Benefit Schedule for Limits and Deductible)			
Life Insurance & AD & D Coverage			Monthly Premium		
		Option 1	400K	$216	
		Option 2	600K	$324	
		Option 3	1mill	$540	
		*** Life coverage for Employee only**			
Type					
Employee only	J$ 1,512	J$ 2,965	J$ 3,593	J$ 4,224	J$ 4,571
Employee +1	J$ 3,259	J$ 6,171	J$ 7,411	J$ 8,689	J$ 9,419
Employee + Family	J$ 4,658	J$ 8,751	J$ 10,493	J$ 12,262	J$ 13,282
		Above Monthly Premium doesn't include 16.5% GCT			