CARIBBEAN ASSURANCE BROKERS LIMITED

Credit Union

GOLD SERIES

Executive Gold Plan

Covering you for Health, Life & Personal Accident Insurance

Credit Union

GOLD SERIES

HEALTH, LIFE & PERSONAL ACCIDENT COVERAGE ALL UNDER **1 PLAN**

The Credit Union Gold Series Health Plan is specifically designed for Credit Union members. The plan provides members access to Comprehensive Healthcare along with Life Insurance coverage & Personal Accident Insurance coverage of $1,000,000 each.

Entry age is 18 to 70 years. Members have the option to add dependents (spouse and children).

PLAN COVERAGE

COMPREHENSIVE HEALTHCARE

Two (2) Health Plan options, both designed to cover medical expenses with Major Medical coverage of **$6,000,000** renewed annually.

Standard Gold Plan
Executive Gold Plan

LIFE INSURANCE COVERAGE

In the event of an untimely death your beneficiary will be paid $1,000,000. Members who are 61 to 64 years old will be covered for $500,000 and members 65 years and older will be covered for $250,000.

PERSONAL ACCIDENT

Accidental Death and Dismemberment (AD&D) Permanent Total Disablement (PTD)	**$1,000,000**
Accidental Medical Reimbursement	**$100,000**
Temporary Total Disability (income replacement)	**$25,000** /week up to 52 weeks

Insured by Guardian Life

FOR ADDITIONAL INFORMATION PLEASE VISIT WWW.CREDITUNIONGOLDSERIES.COM OR SPEAK WITH A CUSTOMER SERVICE REPRESENTATIVE AT YOUR CREDIT UNION.

HOW TO APPLY

Visit www.credituniongoldseries.com and fill out the online enrollment form or find forms at your Credit Union. Completed enrollment forms can be submitted to your Credit Union or emailed to: goldseries@cabjm.com. If you are not a Credit Union member, it is a required that you become a member of one of our participating Credit Unions.

Credit Union Partners

Broadcast & Allied Co-op Credit Union | C&WJ Co-op Credit Union | COK Sodality Co-op Credit Union
EduCom Co-op Credit Union | First Heritage Co-op Credit Union | First Regional Co-op Credit Union
Gateway Co-op Credit Union | Grace Co-op Credit Union | Insurance Employees Co-op Credit Union
Jamaica Broilers Co-op Credit Union | JPS & Partners Co-op Credit Unions | Lascelles Employees & Partners Co-op Credit Union | Manchester Co-op Credit Union | NCB Employees Co-op Credit Union
Palisadoes Co-op Credit Union | PWD Co-op Credit Union | Trelawny Co-op Credit Union

Premium Payment

Premiums are paid monthly. Members will need to setup a standing order with your credit union to facilitate premium payment.

Eligible Dependents

Eligible dependents can either be spouse (married or unmarried), children, step-children, legally adopted children or children for whom you have Court appointed guardianship. Coverage is extended to children up until age 27, not working or are unmarried.

Schedule of Benefits

	EXECUTIVE GOLD
DOCTOR'S VISIT	
Office Visit	$1,800
No. of visits per disability	Unlimited
Home Visit	$1,800
No. of visits per disability	Unlimited
Specialist Consultation on referral	$2,500
No. of visits per disability	Unlimited
Specialist Consultation with no referral	$1,800
No. of visits per disability	2
Direct Access Paediatric Visit (to age 13)	$2,500
No. of visits per disability	2
Direct Access Gynaecologist/Urologist	$2,500
No. of visits per disability	2
Routine Medical (1 per policy year)	$1,800
Wellness/Preventative- (to include: PAP Smears, Mammograms, PSA)	$6,000
No. of visits per year	1
Psychiatric Care / Clinical Psychologist (combined)	
1st 4 visits	$1,400
Next 20 visits	$700
Ophthalmologist	$2,500
No. of visits per year	1
Dietician (On referral/reimbursement only)	$2,500
No. of visits per disability	2
Podiatrist (On referral/reimbursement only)	$2,500
No. of visits per disability	2
Chiropractor (On referral/reimbursement only)	$2,500
No. of visits per disability	2
DIAGNOSTIC PROCEDURES	
Laboratory & X-ray, Ultra-sound:	
Annual Limit per Member	80% up to $15,000 + MM
CT Scan, MRI & Other Specialised Tests	80% of R&C
PRESCRIPTION DRUGS - No Continuous Swipe	
Annual Limit per Member	80% up to $12,000 + MM
HOSPITALISATION	
Hospital R & B (Semi-private room)	80% up to $3,000 + MM
No. of Days per Disability	120
Public Hospital Ward	100% up to $1,000
Hospital Miscellaneous	80% up to $15,000 + MM
Emergency Accident and Outpatient	80% up to $15,000 + MM
In Hospital Doctor's Visit (non-surgical)	$1,800
No. of Days per Disability	Unlimited
Private Nursing (per 8 hour shift)	$2,000
Intensive Care (per day)	80% of R&C up to $30,000
No. of Days per Annnum	30

Schedule of Benefits

	EXECUTIVE GOLD
SURGERY	
Maximum Surgeon's Fee	**$40,000 + MM**
Maximum Assistant Surgeon's Fee	**$12,000 + MM**
Maximum Anaesthetist's Fee	**$16,000 + MM**
Root Canal	**80% of R&C**
Permanent Crowning as a Result of Root Canal	**2 per year @ 80% of R&C**
MATERNITY - In lieu of all other Benefits	
NORMAL DELIVERY	
In- Hospital Expenses	**$17,500**
Other Expenses including Pre & Post Natal Care	**$17,500**
CAESAREAN SECTION	
In- Hospital Expenses	**$17,500**
Other Expenses including Pre & Post Natal Care	**$42,500**
Miscarriage	**$15,000**
MISCELLANEOUS	
Physiotherapy	**$1,500**
No. of visits per disability	**Unlimited**
Speech Therapy	**$1,000**
No. of visits per disability	**Unlimited**
Occupational Therapy - reimbursement only	**$1,000**
No. of visits per year	**10**
Autism & Developmental Disorders - per contract year	**$250,000**
Immunization (to age 13) - per contract year	**80% of Cost**
HPV Vaccine (ages 12-26 years) - reimbursement only	**80% of cost to $5,000** per vaccine
Tubal Ligation / Vasectomy	**80% of cost up to $10,000**
Radiotherapy	**80% of R&C**
Chemotherapy	**80% of R&C**
Renal Dialysis	**80% of R&C**
Hearing Aid - Each Ear - Once every 3 years	**80% of cost to $24,000**
Local Ambulance	**80% of R&C**
Supplemental Accident	**$3,000**
Annual School Medicals-dependents under 18 years only	**$2,500**
No. of visits per year	**1**
ANNUAL MAJOR MEDICAL MAXIMUM (MM)	**$6,000,000**
Local Deductible	**$6,000**
Room & Board - Local	**$4,500**
OVERSEAS EMERGENCY	**US$50,000**
OVERSEAS NON - EMERGENCY CARE (Preauthorisation required)	
Deductible - Overseas (Non - Emergency)	**US$1,000**
Daily Room & Board Maximum	**US$100**
Other Medical Expenses	**80% of R&C**
Air Transportation	**N/A**
DENTAL	**80% of cost up to $17,000**
OPTICAL	**80% of cost up to $17,000**

Monthly Rates

	EXECUTIVE GOLD
49 & Under	
Member Only	$6,731
Member + One Dependent	$12,917
Member + 2 or more Dependents	$17,866
50 to 60 Yrs	
Member Only	$9,415
Member + One Dependent	$18,003
Member + 2 or more Dependents	$24,875
61 to 64 Yrs	
Member Only	$14,848
Member + One Dependent	$24,926
Member + 2 or more Dependents	$32,990
65 Yrs & Over	
Member Only	$12,648
Member + One Dependent	$22,726
Member + 2 or more Dependents	$30,790

Rates include GCT

Rates seen are valid for June 1, 2021 - May 31, 2022

Credit Union GOLD SERIES

KEYTERMS AND DEFINITIONS

CLAIMS

Insurance claims are paid via an electronic adjudication system by way of a swipe card or the completion of a claim form by the medical provider for processing. Such 'paper claims' will require out of pocket payment to the service provider and must be submitted within ninety (90) days of the service date, after which reimbursement is made either by direct bank transfer or cheque payment. Claim forms are to be fully completed and accompanied by original receipts. All claims must be submitted through your Credit Union.

HEALTH CARDS & CLAIMS CHEQUES

Health Cards and Claims cheques will be dispatched at your respective Credit Union. Submission of claim forms should be done at your credit union.

LIFE INSURANCE

Please note, that the termination age remains at age 75 with the option to extend to age 99 on condition that a medical is submitted annually after age 74 years. Coverage is reduced by half at age 65 years.

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment AD&D ceases at age 69 years.

DEFINITION OF DISABILITY

Disability means the incapacity of the insured as a result of an accident leaving member completely unable to engage in any gainful occupation.

R&C

Reasonable and Customary (R&C) charges are set at the general level of fees usually charged for similar services or materials by professionals or institutions within the community where such fees are charged.

NHF/JADEP

Coordinate your benefits with NHF/JADEP.

WAITING PERIOD

There is a six (6) month waiting period for Hospitalization, Surgery & Major Diagnostic Services unless the service is necessaited by an emergency. There is a 9- month waiting period for maternity.

DEDUCTIBLE

The deductible is a one-time annual payment or accumulation of payments out of pocket where there is a need to access the Major Medical benefit after exhaustion of the basic benefit. A deductible is not required for a basic benefit to be paid. All claims must be submitted to satisfy the deductible.

LIMITATIONS AND DISCLAIMER

THIS BROCHURE IS IN NO WAY INTENDED TO BE A COMPLETE EXPLANATION OF ALL CONDITIONS, TERMS, LIMITATIONS, EXCLUSIONS AND OTHER PROVISIONS OF CONTRACT. THIS BROCHURE IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT INTENDED TO BE A CONTRACT OF INSURANCE.

CARIBBEAN ASSURANCE BROKERS LIMITED

International Life, Health & Travel | Employee Benefits | General Insurance
Individual Life & Health Insurance | Credit Union Gold Series

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