



COVER THAT CARES.



PROVIDENT CARIBBEAN YOUR HEALTH PLAN

On and Off Island Benefits

EFFECTIVE 1ST NOVEMBER, 2020



Coralisle Medical Insurance Company Ltd. will pay the benefits set forth in this Schedule at the percentage payable of the contracted rate or the Reasonable and Customary (R&C) rate or up to the dollar limit shown. Once the Out of Pocket (OOP) maximums have been met, benefits are payable at 100% of the allowable charge for the remainder of the calendar year unless otherwise stated.

Please note this Schedule of Benefits is a guide only. Please refer to the policy contract with your Employer for full Terms and Conditions. All funds are stated are in Barbadian Dollars.

Lifetime Maximum Per Insured (Active Employees under age 65):		Choice of \$2,000,000 or \$1,000,000
Lifetime Maximum Per Insured (Active Employees from age 65 and Retirees):		\$500,000
Calendar Year Deductible	Individual:	\$250, \$500 or \$750
	Family:	3x Individual
Calendar Year Out of Pocket (OOP) maximum (applies to Pre-certified Benefits and Emergency Care)	Individual:	\$5,000, \$10,000 or \$15,000
	Family:	3x Individual

Medical Health Insurance Benefits (Subject to Deductible unless otherwise stated)	Benefit Payable
Hospital Room & Board In the Caribbean Applicable elsewhere	80% of R&C to the following maximums: \$400 \$2,000
Hospital and Surgical Services Includes surgical expense, anaesthesia and other hospital services and expenses	80% of R&C
Intensive Care	2.5 x Avg semi-private room rate
Physician Visits Office and Hospital per visit Home visit	80% of R&C to the following maximums: \$75 \$100
Specialist Fees By referral only; per disability	80% of R&C to a maximum of \$150
Emergency Accident	80% of R&C
Physiotherapy/Chiropractor/Podiatrist/Speech Therapy Max 40 visits per Calendar Year	80% of R&C to a maximum of \$75
Home Health Care/Private Duty Nursing Max 30 days per Calendar Year	80% of R&C to a maximum of \$3,000
Prescription Drugs Included: Injections Excluded: OTC medications, prenatal vitamins, smoking cessation products.	80% of R&C
Preventive Care Not subject to Deductible. Includes Child Immunizations (up to age 5); Annual Medical Exam (all); Annual Pap smear and mammogram (all covered females); Age Appropriate Lab/Diagnostic Testing	\$1,500
Diagnostic Services Includes x-ray and lab benefits	80% of R&C
Dialysis/Chemotherapy/Radiation Therapy	80% of R&C
Hospice Physician's referral and Pre-authorisation required	80% of R&C to \$20,000 Lifetime Maximum
Mental Health Benefits Max 20 visits per Calendar Year	80% of R&C up to \$80 per treatment
EAP Programme Connects you to local resources to help support you and your dependents' emotional, practical or physical needs through professional counselling. This service is free, confidential and available 365 days a year.	100%

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Medical Health Insurance Benefits (Subject to Deductible unless otherwise stated)	Benefit Payable
Maternity Expense There is a 10 month waiting period for this Benefit. Not subject to Deductible. Employee and eligible spouses only. Complications treated as any other illness. Pre-natal care Normal delivery Caesarean Section/Extra Uterine Pregnancy Miscarriage/Dilation & Curettage	\$1,500 \$2,500 \$3,000 \$1,500
Congenital Birth Defects, Newborn & Premature	80% of R&C to \$250,000 Lifetime Maximum
Durable Medical Equipment	80% of R&C to \$10,000 Lifetime Maximum
Hearing Aid 1 pair per 5 years	80% up to \$2,000
TMJ Treatment	80% of R&C up to \$10,000 Lifetime Maximum
AIDS and related illnesses	\$50,000 Lifetime Maximum
Human Organ Transplants Transplant and related procedures must be pre-approved by Pre-certification Manager and performed at a Center of Excellence. Lifetime Maximum for Active Employees aged under 65 Lifetime Maximum for Active Employees/ Retirees aged 65 and over	\$500,000 \$75,000
Air Ambulance Not subject to Deductible. Requires a letter of medical necessity from doctor ordering patient to be airlifted, indicating condition is life threatening and that treatment is not available locally.	100% up to \$30,000
Commercial Air Benefit Covers pre-approved economy air fare for patient plus companion, specialist referral required. Max. 2 trips per calendar year.	80% of R&C up to \$3,000 per trip
Repatriation Airfare for repatriation to home country of mortal remains	100% up to \$6,500 Lifetime Maximum

Please Note: Treatment in the USA is only covered when medically necessary care is not available within the Region and must be pre-authorized and managed by Coralisle Medical Insurance. Overseas treatment not deemed a medical emergency or without prior authorization will be limited to the home countries local Reasonable and Customary amounts and in accordance with the benefit as listed on the schedule of Benefits. Treatment must be medically necessary and must adhere to approved medical practices.

Prior to seeking medical services overseas, Members are to call the Barbados office or toll free 1-800-423-9130 to obtain Prior Authorisation.

Pre-Certification is required for the following treatments for both on island and off island services.

Call 1-800-423-9130 for pre-certification.

- All In-patient admissions and procedures, all Out-patient surgery and all scope procedures
- Diagnostic, MRIs, CT scans, vaginal ultrasounds, obstetrical ultrasounds exceeding 2 per pregnancy
- All In-patient and Out-patient chemotherapy and radiation services

In the event of a **Medical Emergency**, the Insured should seek treatment at the nearest facility, which can be worldwide, and In or out of Network. The Member or family member must then call 1-800-423-9130 within 48 hours of the Medical Emergency. In cases where it is deemed that the service performed was not Medically Necessary or not a Medical Emergency, there will be no cover.

Optional Extra Benefits

EFFECTIVE 1ST NOVEMBER, 2020



Note: These optional benefits are available only upon the request of the employer and for an additional premium.

Dental Care	Benefit Payable
Calendar Year Maximum	\$2,000
Calendar Year Deductible	\$25
Level 1 – Preventative: Routine Examinations, Cleaning & Scaling, Bitewings, Fluoride Treatment (under 16 years) - 2 per calendar year; Full mouth X-ray - 1 per 2 calendar years; Sealants (under 14 years); Space maintainers (under 14 years)	100% of R&C
Level 2 – Restorative: Fillings; Extractions; Oral Surgery; Rebasing & Relining of Dentures; Root Canals; Periodontal Treatment of Gums - 4 per calendar year	80% of R&C
Level 3 – Major Restorative: Inlays; Onlays; Crowns; Bridges; Dentures; Denture Repair; Implants	80% of R&C
Orthodontic: Braces for Teeth Alignment (Lifetime Maximum of \$2,000 applicable to Orthodontic)	80% of R&C

Preventative Dental expenses are not subject to a waiting period. Orthodontic Dental Care expenses are subject to a six month waiting period. All other covered Dental Care expenses are subject to a three month waiting period for all employees from the date of enrolment on the Plan.

Vision Care	Benefit Payable
Calendar Year Maximum	\$750
Calendar Year Deductible	\$50
Vision Benefit	80% of R&C

Vision care expenses are subject a three month waiting period for all covered individuals from the date of Enrolment on the Plan.



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Members of Coralisle Group Ltd.

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