



# WHERE PEOPLE COME FIRST

**CG** | INSURANCE

SOLUS HEALTH SCHEDULE OF BENEFITS - TURKS & CAICOS

# On and Off Island Benefits

EFFECTIVE 1<sup>ST</sup> MARCH, 2021



**PLEASE NOTE:** This Schedule of Benefits is a guide only. Please refer to the Policy Contract for full Terms and Conditions.

## THE MEDICAL PLAN

Insurance cover for Medical Health Care Benefits is extended to the Primary Insured and their eligible Insured Dependents unless otherwise stated. All amounts shown are in US Dollars.

<b>Overall Lifetime Maximum Per Insured up to age 65:</b>	\$1,000,000
<b>Lifetime Maximum Per Insured from age 65 to age 70:</b>	\$250,000
<b>Calendar Year Deductible:</b> (choice of 3 options)	Individual: \$200 or \$500 or \$1,000 Family: \$600 or \$1,500 or \$3,000
<b>Calendar Year Out-of-Pocket (OOP) Maximum:</b> (linked to above choice)	Individual: \$2,000 or \$5,000 or \$10,000 Family: \$6,000 or \$15,000 or \$30,000
<b>Life Insurance Benefit:</b> (choice of 2 options)	Primary Insured: \$10,000 or \$25,000

The selected Deductible applies to all listed Benefits below unless otherwise stated. After satisfaction of the Calendar Year Deductible, Coralise Medical will pay the benefits set forth in this Schedule at the percentage payable of the Reasonable & Customary (R&C) charges for the geographical areas in which services are rendered or at the Contracted Rate. Please note that the Out of Pocket (OOP) maximum will not apply to a Out of Network providers/non-Preferred Provider Organisations (PPOs).

Medical Health Care Benefits The Deductible shown above applies to all listed benefits unless otherwise stated.	On Island & Off Island/In Network % Payable of R&C or Contracted Rate (OOP max applies)	Off Island/ Out of Network % Payable of R&C (No OOP max applies)
<b>Hospital In-patient</b> Room and Board: Hospital's average semi private charge per day of confinement	80%	60%
<b>Intensive Care Unit</b>	80%	60%
<b>Inpatient Ancillary Services</b> Blood transfusions/Plasma Calendar Year max: \$5,000	80%	60%
<b>Physician Office visits &amp; Specialist Fees</b>	80%	60%
<b>Surgeon Fees</b> Assistant Surgeon = 20% of Surgeon Fee	80%	60%
<b>Outpatient Surgery &amp; Services</b>	80%	60%
<b>Hospital Emergency Room</b> For medical emergency or accident treatment sought within 48 hours	80%	60%
<b>Non-Emergency Treatment sought in the Emergency Room</b>	50%	50%
<b>Diagnostic Services</b> Includes X-ray, Lab, MRI*, Sonogram*, CT Scans* (*Pre-certification required)	80%	60%
<b>Therapeutic Services</b> Must have referral letter from registered MD Occupational Therapy Calendar Year max: \$1,500 Physiotherapy Calendar Year max: \$1,500 Chiropractor Calendar Year max: \$750	80%	60%
<b>Speech Therapy</b> Requires doctor's referral letter. Calendar Year max: 52 visits up to \$65/visit	100% up to per visit max	100% up to per visit max
<b>Durable Medical Equipment/Medical Supplies</b> Lifetime max: \$15,000	80%	60%
<b>Other Medical Expenses</b>	80%	60%
<b>Prescription Drugs</b> Deductible does not apply to this benefit. No OOP max. applies. <b>Exclusions:</b> Expenses for oral contraceptives and contraceptive devices, over the counter medications, prenatal vitamins, and smoking cessation products.	70% Brand 80% Generic	60%
<b>Maternity Expense</b> Primary Insured and eligible spouses only. Not available to dependent children. 12 month waiting period. Calendar Year max: \$12,000 Normal Delivery per pregnancy max: \$5,000 C-Section and/or pregnancy complications per pregnancy max: \$10,000	80%	60%

# On and Off Island Benefits

EFFECTIVE 1<sup>ST</sup> MARCH, 2021



Medical Health Care Benefits	On Island & Off Island/In Network % Payable of R&C or Contracted Rate (OOP max applies)	Off Island/ Out of Network % Payable of R&C (No OOP max applies)
The Deductible shown above applies to all listed benefits unless otherwise stated.		
<b>Routine Nursery Care</b> Room and Board, physician charges and circumcision (males) prior to discharge	80%	60%
<b>Newborn, Premature Birth, Congenital Conditions, Birth Anomalies</b> Includes complications and related treatment. Maternity must be covered, dependent coverage must already be in place and newborn must be enrolled within 30 days of birth. Treatment must be medically necessary and pre-certified. Lifetime max: \$100,000	80%	60%
<b>Infertility</b> Covers testing to determine the diagnosis of infertility. <b>Exclusions:</b> Infertility treatment, prescription drugs and or other methods to bypass infertility (i.e., In-vitro), pregnancy as a result of fertility treatment.	80%	60%
<b>Adult Preventive Care</b> Calendar Year max: \$300. For office visit, routine physical and associated diagnostic procedures. Includes gynecological/prostate exam, mammography and immunisations. Deductible waived. 6 month waiting period.	100%	100%
<b>Child Preventative Care</b> Includes physical exam, health history, development assessments, anticipatory guidance, appropriate immunisations (see below) and laboratory tests. Deductible waived. Subject to the following Calendar Year maximums: Birth to through 12 months: \$350 13 months through age 17 years: \$100 18 years to age 23 (if full-time student): \$200	100%	100%
<b>Child Immunisations</b> For children from birth to age 18 for immunisation against diphtheria, hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, haemophilus influenza B, and hepatitis A. Deductible does not apply. Subject to above Calendar Year maximums.		
<b>Optometrist Visit and Vision Care</b> Eye Exam Calendar Year max: 1 visit, \$50/visit Prescription Eyeglasses and/or Prescription Contact Lenses (12 month waiting period) 2 Calendar Year max: \$200. Deductible waived.	100% 80%	100% 80%
<b>Dental Care</b> Accidental injury of sound, natural teeth sustained while covered under the plan.	80%	60%
<b>TMJ Treatment</b> Pre-certification required. Lifetime max: \$1,000	80%	60%
<b>HIV/AIDS Treatment</b> Lifetime max: \$25,000	80%	60%
<b>Skilled Nursing Facility</b> Room and board and medical treatment at a facility (if within 7 days of being in a hospital for no less than 3 days) to recover from major injury or disease. Pre-certification required. Lifetime max: \$7,500	80%	60%
<b>Home Health Care</b> Must be medically necessary. Pre-cert required. Lifetime max: \$7,500	80%	60%
<b>Mental Health Benefits</b> Lifetime max: \$25,000 Calendar Year max: \$2,500 Inpatient Services Outpatient Services Alcohol and Drug abuse treatment subject to above limits	80% 50% 50%	80% 50% 50%
<b>Private Day Nursing</b> Pre-certification required. Lifetime max: \$7,500 Calendar Year max: 240 hours	90%	90%
<b>Hospice Care</b> Pre-certification required. Lifetime max: \$10,000	80%	60%
<b>Medical Travel Benefit</b> Pre-certification required. Limited to \$175 per trip. Treatment must be medically necessary and requires a letter of referral from local physician and use of an In Network provider.	100%	Not Applicable

# On and Off Island Benefits

EFFECTIVE 1<sup>ST</sup> MARCH, 2021



Medical Health Care Benefits	On Island & Off Island/In Network % Payable of R&C or Contracted Rate (OOP max applies)	Off Island/ Out of Network % Payable of R&C (No OOP max applies)
<p>The Deductible shown above applies to all listed benefits unless otherwise stated.</p> <p><b>Human Organ Transplants</b>                      Transplant and all related procedures must be pre-approved by a Pre-Certification Manager and In Network Centre of Excellence must be used. 24 month waiting period. Lifetime max: \$250,000                      Medical Travel Benefit for accompanying family member Lifetime max: \$10,000.                      Organ Acquisition &amp; Procurement Lifetime max: \$10,000.                      Allogenic Bone Marrow Donor Cost Lifetime max: \$20,000 (only if incurred at facility where transplant is being performed)</p>	100%	Not Covered
<p><b>Medical Evacuation and Assistance</b>                      Air Ambulance: Requires a letter of medical necessity from doctor ordering patient to be airlifted, indicating condition is life threatening and that treatment is not available in Turks &amp; Caicos. Lifetime max: \$150,000</p>	80%	80%
<p><b>Repatriation</b>                      Airfare back to Turks &amp; Caicos of mortal remains. Lifetime max: \$5,000</p>	100%	Not Applicable

## Pre-Existing Condition Limitation

Pre-existing conditions are not covered under the Medical Health Care Benefits for the first 24 months of coverage.

## Pre-Certification Requirements

Pre-certification is required for the following treatments for both on and off-island. If pre-certification is not obtained, benefits will be reduced by 50%.

- All In-patient procedures and all Out-patient surgery
- Diagnostic, MRIs, Sonograms, CT scans
- All In-patient and Out-patient chemotherapy and radiation services
- Medical transportation (except for local emergency transportation)

For services sought in the US, you or your provider must call 1-800-423-9130 for pre-certification.

For services sought outside Turks & Caicos or the US, you or your provider must call 1-317-927-6820 (collect) for pre-certification.

For services sought within Turks & Caicos call Coralisle Medical on 1-441-296-3200 for pre-certification.

## MAKING THE MOST OF YOUR HEALTH COVER

- Always carry your Member ID and RX Cards with you when you travel
- Toll-free 24/7 Nurse on Call line: 1-800-423-9130 Option 2
- To verify benefits or receive advice, call Coralisle Medical 8:30am - 5:00pm Monday - Friday: 1-441-296-3200
- Over 50,000 US Pharmacies participate in the Prescription programme. Find a pharmacy: 1-800-927-8802
- When seeking medical services overseas, we recommend that you use an In Network provider

**Our US Network:** To locate a provider visit [www.aetna.com/asa](http://www.aetna.com/asa)

**Our Puerto Rico Network:** To locate a provider, please call 1-800-423-9130

**Our Canada and Worldwide Network:** To locate a provider, call 1-312-935-3758 (collect)

**Our Caribbean Network:** To arrange direct billing, call 1-317-927-6820 (collect). Islands that are In Network: Aruba, Bahamas, Honduras, Martinique, Netherlands Antilles, Nevis, Nicaragua, Panama, St Barths, St Kitts, St Martin



**Coralisle Insurance Brokers (TCI) Ltd.** Regent Village West, Units J102-J104, Ventura Drive, Grace Bay, Providenciales TKCA 1ZZ  
 Turks and Caicos Islands | Tel 649 941 3195 | Fax 649 941 3197 | [CGCoralisle.com](http://CGCoralisle.com)

A member of Colonial Group International Ltd.

Rev. 10-21



# Dental & Vision Benefits

EFFECTIVE 1<sup>ST</sup> MARCH, 2021



Dental and Vision Insurance are optional extra benefits and are covered only if you have selected and paid for one or both of these benefits.

Please note: This Schedule of Benefits is a guide only. Please refer to the Policy Contract for full Terms and Conditions. All funds stated are in US Dollars.

## THE DENTAL PLAN

Insurance cover for Dental Care Benefits is extended to the Primary Insured and their eligible Insured Dependents. Dental Benefits are paid at the Reasonable and Customary (R&C) rates. Any amounts charged above these rates are the responsibility of the Insured.

<b>Calendar Year Maximum (CYM) Per Insured</b>		\$1,500
<b>Calendar Year Deductible</b>	Individual:	\$50
	Family:	\$150

Dental Benefits	% Payable
<b>Basic Dental - Preventative</b> Routine Examinations, Cleaning & Scaling, Bitewings - 2 per calendar year; Fluoride Treatment (under 14 years) - 2 per calendar year; Periodontal Treatment of Gums - 4 per calendar year; Full mouth X-ray - 1 per 2 calendar years; Fillings; Extractions; Oral Surgery; Sealants (under 14 years); Space Maintainers (under 14 years); Retainers; Rebasings & Relining of Dentures; Root Canals	100%
<b>Comprehensive Dental - Preventative (above), Restorative and Orthodontic Treatment</b> Restorative: Inlays, Onlays, Crowns, Bridges, Bridge Repair, Dentures, Denture Repair Orthodontic: Braces for Teeth Alignment (Lifetime Maximum: US\$1,500 in addition to Calendar Year Maximum, Deductible waived)	80% 50%

**Limitations:** 6 month waiting period for all Comprehensive Dental services; 12 month waiting period for missing teeth; no more than one prosthetic replacement each five calendar years including Inlays, Onlays, Crowns, Bridges, Dentures;

**Exclusions:** TMJ Treatment, Implants, Nitrous oxide, Prescriptions, Cosmetic Dentistry (other than repairs of accidental injury within 90 days of accident)

**Pre-Determination:** For work expected to exceed \$250, a treatment plan should be submitted to Coralisle Medical before the work is done detailing what needs to be done and the expected cost of treatment.

## THE VISION PLAN

Insurance cover for Vision Care Benefits is extended to Primary Insured and their eligible Insured Dependents

<b>Calendar Year Maximum (CYM) Per Insured:</b>	\$400
---	-------

Vision Benefits	% Payable
Prescription Eyeglasses (frames and lenses), Prescription Contact Lenses (soft, hard, disposable; initial and replacement) that are purchased by prescription and which are intended to correct the vision of the Insured	100%

**Exclusions:** Medical eye examination not included (covered under your Medical Plan. See relevant Schedule of Benefits.)



**Coralisle Insurance Brokers (TCI) Ltd.** Regent Village West, Units J102-J104, Ventura Drive, Grace Bay, Providenciales TKCA 1ZZ  
 Turks and Caicos Islands | Tel 649 941 3195 | Fax 649 941 3197 | [CGCoralisle.com](http://CGCoralisle.com)

A member of Colonial Group International Ltd.

Rev. 10-21