



COVER THAT CARES.

CG | **INSURANCE**

PREMIER HEALTH YOUR HEALTH PLAN SCHEDULE OF BENEFITS

On and Off Island Benefits

EFFECTIVE 1ST NOVEMBER, 2020



Please note: This Schedule of Benefits is a guide only. Please refer to the Employer's Policy Contract for full Terms and Conditions.

THE MEDICAL PLAN

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

Overall Lifetime Maximum Per Insured: \$1,000,000 or \$2,000,000

Lifetime Maximum Per Insured (Active Employees under age 65): \$250,000

Calendar Year Deductible: (choice of 3 options)

Individual:	\$200	or	\$500	or	\$1,000
Family:	\$600	or	\$1,500	or	\$3,000

Calendar Year Out-of-Pocket (OOP) Maximum: (linked to above choice)

Individual:	\$1,000	or	\$5,000	or	\$10,000
Family:	\$3,000	or	\$15,000	or	\$30,000

After satisfaction of the chosen Calendar Year Deductible, Coralisle Medical will pay the benefits set fourth in this Schedule at the percentage payable of the Reasonable & Customary (R&C) charges for the geographical areas in which services are rendered or of the rate contacted with the Network Provider. Please ensure you know which Deductible and Out-of-Pocket Maximum option applies to your plan. Please note that the Out of Pocket (OOP) maximum will not apply to a Out of Network providers.

Medical Health Care Benefits The Deductible shown above applies to all listed benefits unless otherwise stated.	On Island % Payable of R&C (OOP max. applies)	*Off Island/ In Network % Payable of Contracted Rate (OOP max. applies)	Off Island/ Out of Network % Payable of R&C (No OOP max. applies)
Hospital Inpatient Room and Board: Hospital's average semi private charge per day of confinement	80%	80%	60%
Physician Office visits & Specialist Fees	80%	80%	60%
Surgeon Fees Assistant Surgeon = 20% of Surgeon Fee	80%	80%	60%
Outpatient Surgery & Services	80%	80%	60%
Hospital Emergency Room For medical emergency or accident treatment sought within 72 hours.	80%	80%	60%
Diagnostic Services Includes X-ray, Lab, MRI*, Sonogram*, CT Scans*. (*Pre-certification required).	80%	80%	60%
Therapeutic Services Must have referral letter from registered MD Chiropractor - Calendar Year max: 20 visits Occupational Therapy - Calendar Year max: 20 visits Physiotherapy - Calendar Year max: 20 visits Speech Therapy - Calendar Year max: 20 visits	80%	80%	60%
Durable Medical Equipment/Medical Supplies	80%	80%	60%
Other Medical Expenses	80%	80%	60%
Maternity Expense Employee and eligible spouses only. Not available to dependent children. 12 month waiting period.	80%	80%	60%
Infertility Covers testing to determine the diagnosis of infertility. Exclusions: Infertility treatment, prescription drugs and or other methods to bypass infertility (i.e., In-vitro). Pregnancy as a result of fertility treatment.	80%	80%	60%
Routine Nursery Care Room and Board, physician charges and circumcision for males prior to discharge.	80%	80%	60%

On and Off Island Benefits

EFFECTIVE 1ST NOVEMBER, 2020



Medical Health Care Benefits The Deductible shown above applies to all listed benefits unless otherwise stated.	On Island % Payable of R&C (OOP max. applies)	*Off Island/ In Network % Payable of Contracted Rate (OOP max. applies)	Off Island/ Out of Network % Payable of R&C (No OOP max. applies)
Newborn, Premature Birth, Congenital Conditions, Birth Anomalies 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: \$250,000	80%	80%	60%
Prescription Drugs No OOP max applies. Deductible does not apply. Exclusions: Expenses for oral contraceptives and contraceptive devices, over the counter medications, prenatal vitamins, and smoking cessation products.	80%	70% Brand name 80% Generic	60%
Adult Preventive Care Calendar Year max: \$300. For office visit, routine physical and associated diagnostic procedures. Includes gynecological/prostate exam, mammography, immunisations. Deductible does not apply. Six month waiting period.	100%	100%	100%
Child Preventative Care Includes physical exam, health history, development assessments, anticipatory guidance, appropriate immunisations (see below) and laboratory tests. Deductible does not apply. Subject to the following Calendar Year maximums (CYMs): Birth to through 12 months: \$300 13 months through age 17 years: \$100 18 years to age 23 (if full-time student): \$200 Child Immunisations 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 CYMs.	100%	100%	100%
Optometrist Visit Calendar Year max: 1 visit, \$50 per visit max	100%	100%	100%
Skilled Nursing Facility 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. Per episode max: 120 days	80%	80%	60%
Mental Health Benefits Lifetime max: \$25,000 Calendar Year max: \$5,000 Inpatient Services Outpatient Services	80% 50%	80% 50%	80% 50%
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.			
Hospice Care Pre-certification required. Lifetime max: \$10,000	80%	80%	60%
Human Organ Transplants Transplant and all related procedures must be pre-approved by a Pre-Certification Manager. In Network Centre of Excellence must be used. 24 month waiting period. Lifetime max: \$250,000 Travel Benefit for accompanying family member Lifetime max: \$10,000. Organ Acquisition & Procurement Lifetime max: \$10,000. Allogenic Bone Marrow Donor Cost Lifetime max: \$20,000 (only if incurred at facility where transplant is being performed)	Not Covered	100%	Not Covered

On and Off Island Benefits

EFFECTIVE 1ST NOVEMBER, 2020



Medical Health Care Benefits The Deductible shown above applies to all listed benefits unless otherwise stated.	On Island % Payable of R&C (OOP max. applies)	*Off Island/ In Network % Payable of Contracted Rate (OOP max. applies)	Off Island/ Out of Network % Payable of R&C (No OOP max. applies)
Medical Evacuation and Assistance 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 TCI	80%		
Medical Travel Benefit 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.	Not Applicable	100%	Not Applicable
Repatriation Airfare back to Turks & Caicos of mortal remains. Lifetime max: \$5,000	Not Applicable	100%	Not Applicable

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 PREMIER 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
 - **Our Puerto Rico Network:** To locate a provider, please call 1-800-423-9130
 - **Our Canada and Worldwide Network:** To locate a provider, call collect 1-312-935-3758



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
 A member of Coralisle Group Ltd.

Rev. 09-24

Dental & Vision

EFFECTIVE 1ST SEPTEMBER 2024



Dental and Vision Insurance are optional extra benefits. Please check with your employer to confirm coverage.

If Dental and/or Vision benefits are covered under your Group's Plan, Coralisle Medical Insurance Company Ltd. will pay the benefits set forth in the relevant Schedule of Benefits shown here at the Reasonable and Customary (R&C) levels. Any amounts charged above these rates are the responsibility of the Insured. 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 stated are in US Dollars.

THE DENTAL PLAN

Insurance cover for Dental Care Benefits is extended to Insured Employees and their eligible Insured Dependents at either the Basic or Comprehensive Level. Please check with your employer to confirm your level of coverage.

Calendar Year Maximum (CYM) Per Insured: \$3,000 or \$5,000 (whichever is applicable to your Plan)

Dental Benefits	% Payable
Basic Dental - Preventative 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; Rebasing & Relining of Dentures; Root Canals	100%
Comprehensive Dental - Preventative (above), Restorative and Orthodontic Treatment Restorative: Inlays, Onlays, Crowns, Bridges, Bridge Repair, Dentures, Denture Repair Orthodontic: Braces for Teeth Alignment (Lifetime max: US\$3,000)	80% 50%

Limitations: six 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 Insured Employees and their eligible Insured Dependents

Calendar Year Maximum (CYM) Per Insured: \$420

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

Limitations & Exclusions: Medical eye examination not included (covered under your Medical Plan. Please refer to the 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

A member of Coralisle Group Ltd.

Rev. 09-24