



**LIFECARE PROVISOR - EVERMED**  
**MEMBERS AGE 60 AND OVER**  
**SCHEDULE OF BENEFITS**

<b>Major Medical Maximum Benefit</b>	<b>\$200,000.00</b>
<b>Pre-Existing Condition Maximum</b>	<b>\$5,000.00 first 12 months</b>

The Major Medical Maximum Benefit amount includes any and all other Maximum Benefit amounts shown in this Schedule of Benefits or added by Policy Rider. The Maximum Benefit includes the fees incurred in the negotiations and/or contractual fees incurred to reduce the cost of such services

<b>Benefit Period</b>	Annual - Policy Year
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<b>Policy Year Deductible</b>	\$750 per Person / \$1,500 per Family
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The Deductible amount applies to all Eligible Medical Expenses unless otherwise noted.  
 The following will not be used to satisfy the Deductible amount:

- (a) amounts which are greater than the Usual, Customary and Reasonable charges (UCR);
- (b) charges incurred for treatment, services or supplies which are not covered under this Policy schedule;
- (c) charges which are in excess of benefit limitations (e.g. number of days, months, visits or dollar amounts).

**Eligible Expenses Per Policy Year**

The Company shall pay 80% of the Eligible Expenses incurred after satisfaction of the Policy year Deductible and subject to UCR charges up to the stated maximums below:

<b>Doctors Visits Office / Home / Hospital</b>	80% to Maximum of \$200.00 Limit of 1 visit per day
<b>Specialist &amp; Psychiatrist Visits Office / Home / Hospital</b>	80% to Maximum of \$400.00 Limit of 1 visit per day
<b>Psychologist Visits</b>	80% to Maximum of \$150.00 Limit of twenty (20) consultations per Policy Year
<b>Physiotherapy</b>	80% to Maximum of \$150.00 Limit of twenty (20) consultations per Policy Year
<b>Surgical Benefit</b>	80% of UCR
<b>Anesthetist Fee</b>	80% to a Maximum of 25% of the Surgical UCR charges.
<b>Diagnostic Services - X-ray / Lab</b>	80% of UCR
<b>Prescription Drugs</b>	80% of UCR up to a Policy Year Limit of \$10,000



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<b>Radiotherapy, Chemotherapy &amp; Dialysis</b>	80% of UCR up to a Maximum of \$100,000.00 per Policy year
<b>Hospital Room &amp; Board</b>	80% of the average cost of a semi-private room up to the Daily Maximum below:
- Local	\$500.00
- Overseas	TT\$2,000.00
<b>Intensive Care Unit</b>	80% of UCR up to the Daily Maximum below:
- Local	\$2,500.00
- Overseas	TT\$2,500.00
<b>Miscellaneous Hospital Expenses</b>	80% of UCR
<b>Maternity</b>	Not Covered
<b>Home Nursing Care</b>	80% of UCR up to a maximum of \$250 per day subject to a maximum of 30 days per illness. Treated by a registered nurse and medically prescribed following hospitalization
<b>Medical Equipment Prosthesis</b>	80% of UCR up to a Maximum of \$10,000.00 per Policy Year
<b>Preventative Care</b>	<p>100% of UCR up to a Maximum of \$1,000.00 per Policy Year          Comprised of any of these Services for the Primary Insured or their Covered Spouse:</p> <p>Annual Medical Examination; Lipid Profile; Glaucoma Test; and/or</p> <p><b>Males:-</b> Prostate Cancer Test - PSA</p> <p><b>Females:-</b> Pap Smear; Mammogram; CA125 Ovarian Cancer Test (age 35 and over - \$350 limit)</p> <p>Adult &amp; Routine well baby immunizations for Covered Dependent Children up to age 5 - \$500 limit; draws down from annual limit</p>



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<b>Emergency Local Ground Ambulance</b>	100% of UCR
<b>Airfare Benefit</b>	80% of the Economy Class Airfare up to a Maximum of \$4,500.00 per trip Limit of two (2) trips per Policy Year
<b>Air Ambulance Benefit</b>	100% up to a Maximum of US\$18,000.00 per Policy Year Limit of one (1) trip per Policy Year <b>This benefit can only be accessed through our Preferred Carrier: Reva Inc.</b>
<b>Congenital / Birth Defects</b>	Maximum of \$100,000.00 per Policy year
<b>Mental and Nervous Disorders</b>	Lifetime Maximum of \$25,000.00 (all treatment including Consultations and Drugs draw down from Lifetime Maximum)
<b>HIV / AIDS</b>	Lifetime Maximum of \$50,000.00
<b>Organ Transplant</b>	80% of UCR up to the Lifetime Maximum below: \$200,000.00
<b>Dental and Vision Riders</b>	
<b>Dental Benefit</b>	80% of UCR up to the Policy Year Maximum below:
-Maximum	\$2,500.00
-Deductible	\$100.00 per Policy Year
-Orthodontic - up to age 19 only	80% of UCR and included in the Policy Year Maximum above
-Waiting Period	No Waiting Period
<b>Vision</b>	80% of UCR up to the Policy Year Maximum below:
-Maximum	\$1,500.00
-Deductible	\$100.00 per Policy Year
	Limited to 1 examination and set of lenses every 1 Policy Year Limited to 1 set of frames and contact lenses every 2 Policy Years Contact Lenses not medically required - included in Policy Year Maximum above
-Waiting Period	No Waiting Period