



LIFECARE PROVISOR - EVERMED
MEMBERS UNDER AGE 60
SCHEDULE OF BENEFITS

Major Medical Maximum Benefit	\$200,000.00
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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

Benefit Period	Annual - Policy Year
Policy Year Deductible	\$500 per Person / \$1,500 per Family

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:

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



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Radiotherapy, Chemotherapy & Dialysis	80% of UCR up to a Maximum of \$100,000.00 per Policy year
Hospital Room & Board - Local - Overseas	80% of the average cost of a semi-private room up to the Daily Maximum below: \$500.00 TT\$2,000.00
Intensive Care Unit - Local - Overseas	80% of UCR up to the Daily Maximum below: \$2,500.00 TT\$2,500.00
Miscellaneous Hospital Expenses	80% of UCR
Maternity -Normal Delivery -Caesarean-Section -Miscarraige/ D & C / Pre-Natal (included in the respective Maternity Maximums above) Waiting Period	Covered up to the Maximums below: 100% up to \$4,000.00 80% up to \$6,000.00 100% up to \$2,000.00 10 Months from the inception date of coverage. (Conception date must be at least 30 days from inception of coverage)
Home Nursing Care	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
Medical Equipment Prosthesis	80% of UCR up to a Maximum of \$10,000.00 per Policy Year
Preventative Care	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: Annual Medical Examination; Lipid Profile; Glaucoma Test; and/or Males:- Prostate Cancer Test - PSA Females:- Pap Smear; Mammogram; CA125 Ovarian Cancer Test (age 35 and over - \$350 limit) Adult & Routine well baby immunizations for Covered Dependent Children up to age 5 - \$500 limit; draws down from annual limit



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Emergency Local Ground Ambulance	100% of UCR
Airfare Benefit	80% of the Economy Class Airfare up to a Maximum of \$4,500.00 per trip Limit of two (2) trips per Policy Year
Air Ambulance Benefit	100% up to a Maximum of US\$18,000.00 per Policy Year Limit of one (1) trip per Policy Year This benefit can only be accessed through our Preferred Carrier: Reva Inc.
Congenital / Birth Defects	Maximum of \$100,000.00 per Policy year
Mental and Nervous Disorders	Lifetime Maximum of \$25,000.00 (all treatment including Consultations and Drugs draw down from Lifetime Maximum)
HIV / AIDS	Lifetime Maximum of \$50,000.00
Organ Transplant	80% of UCR up to the Lifetime Maximum below: \$200,000.00
Dental and Vision Riders	
Dental Benefit	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	3 Months
Vision	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	3 Months