



Credit Union

+GOLD SERIES

Standard Gold Plan

Covering you for Health, Life & Personal Accident Insurance

July 1, 2022 - June 30, 2023

Credit Union
+GOLD SERIES

**HEALTH, LIFE &
PERSONAL ACCIDENT**
COVERAGE ALL UNDER **1** **PLAN**

The Credit Union Gold Series Health Plan is specifically designed for Credit Union members. The plan provides members access to Comprehensive Healthcare along with Life Insurance coverage & Personal Accident Insurance coverage of \$1,000,000 each.

Entry age is 18 to 70 years. Members have the option to add dependents (spouse and children).



PLAN COVERAGE

COMPREHENSIVE HEALTHCARE

Two (2) Health Plan options, both designed to cover medical expenses with Major Medical coverage of **\$6,000,000** renewed annually.

Standard Gold Plan

Executive Gold Plan

LIFE INSURANCE COVERAGE

In the event of an untimely death your beneficiary will be paid \$1,000,000. Members who are 61 to 64 years old will be covered for \$500,000 and members 65 years and older will be covered for \$250,000.

PERSONAL ACCIDENT

Accidental Death and Dismemberment (AD&D) Permanent Total Disablement (PTD)	\$1,000,000
Accidental Medical Reimbursement	\$100,000
Temporary Total Disability (income replacement) (Members 18-69 years old)	\$25,000 /week up to 52 weeks

Insured by Guardian Life

FOR ADDITIONAL INFORMATION PLEASE VISIT WWW.CREDITUNIONGOLDSERIES.COM OR
SPEAK WITH A CUSTOMER SERVICE REPRESENTATIVE AT YOUR CREDIT UNION.

HOW TO APPLY



Visit www.credituniongoldseries.com and fill out the online enrollment form or find forms at your Credit Union. Completed enrollment forms can be submitted to your Credit Union or emailed to: goldseries@cabjm.com. If you are not a Credit Union member, it is required that you become a member of one of our participating Credit Unions.

Credit Union Partners

Broadcast & Allied Co-op Credit Union | C&WJ Co-op Credit Union | COK Sodality Co-op Credit Union
EduCom Co-op Credit Union | First Heritage Co-op Credit Union | First Regional Co-op Credit Union
Gateway Co-op Credit Union | Grace Co-op Credit Union | Insurance Employees Co-op Credit Union
Jamaica Broilers Co-op Credit Union | JPS & Partners Co-op Credit Unions | Lascelles Employees &
Partners Co-op Credit Union | Manchester Co-op Credit Union | NCB Employees Co-op Credit Union
Palisadoes Co-op Credit Union | PWD Co-op Credit Union | Trelawny Co-op Credit Union

Premium Payment

Premiums are paid monthly. Members will need to setup a standing order with your credit union to facilitate premium payment.

Eligible Dependents

Eligible dependents can either be spouse (married or unmarried), children, step-children, legally adopted children or children for whom you have Court appointed guardianship. Coverage is extended to children up until age 27, not working or are unmarried.

Schedule of Benefits

STANDARD GOLD

DOCTOR'S VISIT

Office Visit	\$1,500
No. of visits per disability	Unlimited
Home Visit	\$1,500
No. of visits per disability	Unlimited
Specialist Consultation on referral	\$2,300
No. of visits per disability	Unlimited
Specialist Consultation with no referral	\$1,500
No. of visits per disability	2
Direct Access Paediatric Visit (to age 13)	\$2,300
No. of visits per disability	2
Direct Access Gynaecologist/Urologist	\$2,300
No. of visits per disability	2
Routine Medical (1 per policy year)	\$1,500
Wellness/Preventative- (to include: PAP Smears, Mammograms, PSA)	\$6,000
No. of visits per year	1
Psychiatric Care / Clinical Psychologist (combined)	
First 4 visits	\$1,400
Next 20 visits	\$700
Ophthalmologist	\$2,300
No. of visits per year	1
Dietician (On referral/reimbursement only)	\$2,300
No. of visits per disability	2
Podiatrist (On referral/reimbursement only)	\$2,300
No. of visits per disability	2
Chiropractor (On referral/reimbursement only)	\$2,300
No. of visits per disability	2

DIAGNOSTIC PROCEDURES

Laboratory & X-ray, Ultra-sound:	
Annual Limit per Member	80% up to \$12,000 + MM
CT Scan, MRI & Other Specialised Tests	80% of R&C

PRESCRIPTION DRUGS - No Continuous Swipe

Annual Limit per Member	80% up to \$10,000 + MM
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HOSPITALISATION

Hospital R & B (Semi-private room)	80% up to \$3,000 + MM
No. of Days per Disability	120
Public Hospital Ward	100% up to \$1,000
Hospital Miscellaneous	80% up to \$15,000 + MM
Emergency Accident and Outpatient	80% up to \$15,000 + MM
In Hospital Doctor's Visit (non-surgical)	\$1,500
No. of Days per Disability	Unlimited
Private Nursing (per 8 hour shift)	\$2,000
Intensive Care (per day)	80% of R&C up to \$30,000
No. of Days per Annum	30

Schedule of Benefits

STANDARD GOLD

SURGERY

Maximum Surgeon's Fee	\$40,000 + MM
Maximum Assistant Surgeon's Fee	\$12,000 + MM
Maximum Anaesthetist's Fee	\$16,000 + MM
Root Canal	80% of R&C
Permanent Crowning as a Result of Root Canal	2 per year @ 80% of R&C

MATERNITY - In lieu of all other Benefits

NORMAL DELIVERY	
In- Hospital Expenses	\$15,000
Other Expenses including Pre & Post Natal Care	\$15,000
CAESAREAN SECTION	
In- Hospital Expenses	\$15,000
Other Expenses including Pre & Post Natal Care	\$35,000
Miscarriage	\$12,000

MISCELLANEOUS

Physiotherapy	\$1,000
No. of visits per disability	Unlimited
Speech Therapy	\$1,000
No. of visits per disability	Unlimited
Occupational Therapy - reimbursement only	\$1,000
No. of visits per year	10
Autism & Developmental Disorders - per contract year	\$250,000
Immunization (to age 13) - per contract year	80% of Cost
HPV Vaccine (ages 12-26 years) - reimbursement only	80% of cost to \$5,000 per vaccine
Tubal Ligation / Vasectomy	80% of cost up to \$10,000
Radiotherapy	80% of R&C
Chemotherapy	80% of R&C
Renal Dialysis	80% of R&C
Hearing Aid - Each Ear - Once every 3 years	80% of cost to \$24,000
Local Ambulance	80% of R&C
Supplemental Accident	\$3,000
Annual School Medicals-dependents under 18 years only	\$2,300

No. of visits per year

1

ANNUAL MAJOR MEDICAL MAXIMUM (MM)

\$6,000,000

Local Deductible	\$6,000
Room & Board - Local	\$4,500

OVERSEAS EMERGENCY

US\$50,000

OVERSEAS NON - EMERGENCY CARE

(Preauthorisation required - Applicable only for members 18-49 years)

Deductible - Overseas (Non - Emergency)	US\$1,000
Daily Room & Board Maximum	US\$100
Other Medical Expenses	80% of R&C
Air Transportation	N/A

DENTAL OPTICAL

80% of cost up to \$15,000

80% of cost up to \$15,000

Monthly Rates

STANDARD GOLD

18 to 49 Years

Member Only	\$6,012.56
Member + One Dependent	\$11,458.96
Member + 2 or more Dependents	\$15,817.46

50 to 60 Years

Member Only	\$11,023.66
Member + One Dependent	\$21,198.86
Member + 2 or more Dependents	\$29,340.86

61 to 64 Yrs

Member Only	\$23,721.26
Member + One Dependent	\$42,668.66
Member + 2 or more Dependents	\$57,823.36

65 to 68 Years

Member Only	\$21,516.26
Member + One Dependent	\$40,463.66
Member + 2 or more Dependents	\$55,618.36

69 to 74 Years

Member Only	\$21,150.10
Member + One Dependent	\$40,097.50
Member + 2 or more Dependents	\$55,252.20

75 Years & Older

Member Only	\$20,994.85
Member + One Dependent	\$39,787.00
Member + 2 or more Dependents	\$54,817.50

Rates include GCT

Rates seen are valid for July 1, 2022 - June 30, 2023.



KEYTERMS AND DEFINITIONS

CLAIMS

Insurance claims are paid via an electronic adjudication system by way of a swipe card or the completion of a claim form by the medical provider for processing. Such 'paper claims' will require out of pocket payment to the service provider and must be submitted within ninety (90) days of the service date, after which reimbursement is made either by direct bank transfer or cheque payment. Claim forms are to be fully completed and accompanied by original receipts. All claims must be submitted through your Credit Union.

HEALTH CARDS & CLAIMS CHEQUES

Health Cards and Claims cheques will be dispatched at your respective Credit Union. Submission of claim forms should be done at your credit union.

LIFE INSURANCE

Please note, that the termination age remains at age 75 with the option to extend to age 99 on condition that a medical is submitted annually after age 74 years. Coverage is reduced by half at age 65 years.

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment (AD&D) ceases at age 69 years.

DEFINITION OF DISABILITY

Disability means the incapacity of the insured as a result of an accident leaving member completely unable to engage in any gainful occupation.

PRIMARY POLICY HOLDER

Life and Personal Accident Insurance coverage is exclusive to the primary policy holder.

R&C

Reasonable and Customary (R&C) charges are set at the general level of fees usually charged for similar services or materials by professionals or institutions within the community where such fees are charged.

NHF/JADEP

Coordinate your benefits with NHF/JADEP.

WAITING PERIOD

There is a six (6) month waiting period for Hospitalization, Surgery & Major Diagnostic Services unless the service is necessitated by an emergency. There is a 9- month waiting period for maternity.

DEDUCTIBLE

The deductible is a one-time annual payment or accumulation of payments out of pocket where there is a need to access the Major Medical benefit after exhaustion of the basic benefit. A deductible is not required for a basic benefit to be paid. All claims must be submitted to satisfy the deductible.

LIMITATIONS AND DISCLAIMER

THIS BROCHURE IS IN NO WAY INTENDED TO BE A COMPLETE EXPLANATION OF ALL CONDITIONS, TERMS, LIMITATIONS, EXCLUSIONS AND OTHER PROVISIONS OF CONTRACT. THIS BROCHURE IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT INTENDED TO BE A CONTRACT OF INSURANCE.



International Life, Health & Travel | Employee Benefits | General Insurance
Individual Life & Health Insurance | Credit Union Gold Series

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