

Supplemental Rider Plan

Offers additional coverage to base plans
(Standard Gold Plan & Executive Gold Plan)

Major Medical Plan

Provides **\$6,000,000** Major Medical coverage for Hospitalization and Surgeries with \$250,000 Life Insurance Coverage. The plan also covers Chemotherapy, Radiology and Renal Dialysis.

Schedule of Benefits

	SUPPLEMENTAL RIDER	MAJOR MEDICAL PLAN Paid as Hospital Miscellaneous
DIAGNOSTIC PROCEDURES		
Laboratory & X-ray, Ultra-sound:		
Annual Limit per Member	100% of UCR	80% of Cost
CT Scan, MRI & Other Specialised Tests	100% of UCR	80% of Cost
		Paid as Hospital Miscellaneous
PRESCRIPTION DRUGS		
Annual Limit per Member	Covered under Base Plan	N/A
HOSPITALISATION		
Hospital R & B (Semi-private room)	100% of R&C	100% of R&C
No. of Days per Disability	120 + MM	120 + MM
Public Hospital Ward	100% up to \$1,000	100% up to \$1,000
Hospital Miscellaneous	100% of R&C	100% of R&C
Emergency Accident and Outpatient	100% of R&C	100% of R&C
In Hospital Doctor's Visit (non-surgical)	100% of R&C	100% of R&C
No. of Days per Disability	Unlimited	Unlimited
Private Nursing (per 8 hour shift)	80% of R&C	80% of R&C
Intensive Care (per day)	80% of R&C	80% of R&C
No. of Days per Annum	30	30
SURGERY		
Maximum Surgeon's Fee	80% of R&C	80% of R&C
Maximum Assistant Surgeon's Fee	33% of R&C	33% of R&C
Maximum Anaesthetist's Fee	40% of R&C	40% of R&C
Root Canal	80% of R&C	80% of R&C
Permanent Crowning as a Result of Root Canal	Covered under Base Plan	N/A
MATERNITY - In lieu of all other Benefits		
NORMAL DELIVERY		
In- Hospital Expenses	\$15,000	N/A
Other Expenses including Pre & Post Natal Care	\$15,000	N/A
CAESAREAN SECTION		
In- Hospital Expenses	\$15,000	N/A
Other Expenses including Pre & Post Natal Care	\$45,000	N/A
Miscarriage	\$15,000	N/A

Schedule of Benefits

SUPPLEMENTAL RIDER

MAJOR MEDICAL PLAN

Paid as Hospital Miscellaneous

MISCELLANEOUS

Physiotherapy (only if hospitalized)	Covered under Base Plan	80% of R&C
Speech Therapy	Covered under Base Plan	N/A
Occupational Therapy - reimbursement only	Covered under Base Plan	N/A
Immunization (to age 13) - per contract year	80% of Cost	N/A
HPV Vaccine (ages 12-26 years) - reimbursement only	Covered under Base Plan	N/A
Tubal Ligation / Vasectomy	80% of cost up to \$10000	N/A
Radiotherapy	80% of R&C	80% of R&C
Chemotherapy	80% of R&C	80% of R&C
Renal Dialysis	80% of R&C	80% of R&C
Hearing Aid - Each Ear - Once every 3 years	80% of cost to \$24,000	N/A
Local Ambulance	80% of R&C	80% of R&C

ANNUAL MAJOR MEDICAL MAXIMUM

	\$2,500,000	\$6,000,000
Local Deductible	\$6,000	\$25,000
Room & Board - Local	N/A	N/A
OVERSEAS EMERGENCY	N/A	N/A

OVERSEAS NON - EMERGENCY CARE

(Preauthorisation required)

Deductible - Overseas (Non - Emergency)	\$25,000	\$25,000
Daily Room & Board Maximum	US\$100	US\$100
Other Medical Expenses	80% of R&C	80% of R&C
Air Transportation	N/A	N/A

DENTAL/OPTICAL

	N/A	N/A
--	-----	-----

Monthly Rates

SUPPLEMENTAL RIDER

Member Only	\$2,581.75
Member + One Dependent	\$5,163.50
Member +2 or more Dependents	\$7,228.90

MAJOR MEDICAL

	18 to 64 Years	65 Years & Older
Member Only	\$3,430.70	\$2,820.70
Member + One Dependent	\$5,521.40	\$4,911.40
Member +2 or more Dependents	\$7,193.50	\$6,583.50

Rates include GCT

Rates seen are valid for July 1, 2023 - June 30, 2024.



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

Follow us:
📷 [caribbeanassurance](#) **f** [caribbeanassurancebrokersja](#) **t** [CABjamaica](#)

94D Old Hope Road, Kingston 6 | Tel: (876) 978-5508 / 619-1351
Email: goldseries@cabjm.com | www.credituniongoldseries.com | www.cabjm.com