



## STANDARD PLAN SCHEDULE OF BENEFITS

## BENEFIT LIMITS AND DEDUCTIBLES

ACCIDENT & SICKNESS MEDICAL LIFETIME MAXIMUM	CI\$ 1,000,000.00
MENTAL HEALTH / PSYCHIATRIC SERVICES LIFETIME MAXIMUM	CI\$ 25,000.00
CALENDAR YEAR MAXIMUM	CI\$ 100,000.00
ANNUAL DEDUCTIBLE	NONE

## **INPATIENT CARE**

COVERED SERVICES	BENEFITS	LOCAL PROVIDERS	OVERSEAS IN-NETWORK	OVERSEAS OUT-NETWORK
In order to qualify for these benefits the entire confinement and all services and medical treatment in the hospital must be recommended and approved by a legally licensed physician or surgeon. Semi Private Room Maximum 30 days Intensive Care Unit Maximum 30 days.	Calendar year maximum	80% of first CI\$5,000.00 100% thereafter	90% of first CI\$5,000.00 100% thereafter	Payable at 80% (3)
HOSPITAL MISCELLANEOUS Hospital charges for services other than Room & Board are covered. Physician's charges for anaesthesia & its administration are reimbursed at 30% of Physician fees in accordance with Reasonable and Customary Charges.	Calendar year maximum	80% of first CI\$5,000.00 100% thereafter	90% of first CI\$5,000.00 100% thereafter	Payable at 80% (3)
INPATIENT DOCTOR'S VISITS The plan provides reimbursement towards the cost of doctors visits while hospitalized up to stated benefit.	Calendar year maximum	80% of first CI\$5,000.00 100% thereafter	90% of first CI\$5,000.00 100% thereafter	Payable at 80% (3)
SURGERY Benefits are payable if you should undergo a surgical procedure as a result of bodily injury or illness. Reimbursement is provided up to the percentage of the Maximum benefit and in accordance with Reasonable and Customary charges.  The surgical procedure must be performed by a legally licensed Physician or Surgeon. The surgical maximum applies to the fees for the operation and all post operative visits, including any Assistant Surgeon(s) charges.	Calendar year maximum	80% of first CI\$5,000.00 100% thereafter	90% of first CI\$5,000.00 100% thereafter	Payable at 80% (3)
MATERNITY Care provided for any condition related to delivery and any Complication of Pregnancy.	Calendar year maximum	80% of first CI\$5,000.00 100% thereafter	90% of first CI\$5,000.00 100% thereafter	Payable at 80% (3)
CAESAREAN	Calendar year maximum	80% of first CI\$5,000.00 100% thereafter	90% of first CI\$5,000.00 100% thereafter	Payable at 80% (3)
NEWBORN CARE (within the first 30 days) If more than one (1) child is born from one pregnancy the amount of coverage will be distributed between all newborns.	Calendar year maximum	80% of first CI\$5,000.00 100% thereafter	90% of first CI\$5,000.00 100% thereafter	Payable at 80% (3)
MENTAL HEALTH / PSYCHIATRIC SERVICES	Lifetime maximum of CI\$25,000.00	80% of first CI\$5,000.00 100% thereafter	90% of first CI\$5,000.00 100% thereafter	Payable at 80% (3)



## **OUTPATIENT CARE**

COVERED SERVICES	BENEFITS	LOCAL PROVIDERS	OVERSEAS IN-NETWORK	OVERSEAS OUT-NETWORK
EMERGENCY MEDICAL SERVICE Should you or one of your Dependents require treatment within twenty-four (24) hours after an Accident or medical treatment for an Illness between the hours of 6:00 p.m. and 8:00 a.m. you will be reimbursed for all eligible expenses incurred up to the stated maximum.	CI\$4,000.00 per annum	Payable at 100%	Payable at 100%	Payable at 100%
EMERGENCY AIR AMBULANCE Use of Air Ambulance is only covered if insured is in a life threatening situation.	Maximum of CI\$15,000 per annum	Payable at 100%	Payable at 100%	Not covered
REPATRIATION OF MORTAL REMAINS	Maximum of CI\$2,000.00	Payable at 100%	Payable at 100%	Payable at 100%
PRIMARY/SPECIALIST CARE DIAGNOSTIC SERVICES X-Rays & Laboratory tests & fees prescribed by an attending Physician.  PHYSIOTHERAPY SERVICES (2) PRESCRIPTION DRUGS Medication obtained with a Physician's written prescription, must be dispensed by a Physician or licensed Pharmacist.  No benefit is payable for drugs which are available without prescription even though such drugs were prescribed by a physician.	Maximum of CI\$400.00 per annum	Payable at 80%	Payable at 90%	Payable at 80% (3)
HAEMODIALYSIS	Calendar year maximum	Payable at 100%	Payable at 100%	Payable at 80% (3)
CHEMOTHERAPY AND RADIATION ONCOLOGY	Calendar year maximum	80% of first CI\$5,000.00 100% thereafter	90% of first CI\$5,000.00 100% thereafter	Payable at 80% (3)
PRENATAL CARE	Maximum of CI\$500.00 per episode	Payable at 80%	Payable at 80%	Payable at 80% (3)
PREVENTATIVE CARE  Routine Physicals  Annual Exams  Wellness Services  Well Child Care  Nutrition Counselling with Physician (2)  One Dental Examination/checkup and Prophylaxis annually	Maximum CI\$200.00 per annum	Payable at 80%	Payable at 90%	Payable at 80% (3)

- 1. Organ Transplant will be covered after the Covered Insured has been continuously covered under this policy for a period of twelve (12) consecutive months.
- 2. Service requires a referral from Physician.
- 3. All Out of Network Providers are subject to approval by Guardian Life of the Caribbean. Failure to do will result in charges payable at 50%.
- ${\bf 4. \ All \ on \ island \ charges \ are \ subject \ to \ the \ Cayman \ Islands \ Standard \ Health \ Insurance \ Fees.}$

All admissions and any procedure or service costing \$300 or more require preauthorization. Preauthorization is required before the service is provided in non-emergent situations. Retroactive requests will be denied or paid at 50% unless there are extenuating circumstances. Services requiring notification are all unplanned medical and surgical inpatient admissions, observation stays resulting from ER visit, unanticipated observation stays after surgery or other procedure, obstetrical ultrasounds exceeding two per pregnancy. We require notification with 72 hours of such services.

Services requiring **preauthorization** are all planned or scheduled inpatient medical and surgical admissions including acute, rehab and home health care, air ambulance, cardiac procedures, durable and medical equipment, oxygen and related supplies, arteriogram, CT scans, cardiac stress test, carotid Doppler, echocardiogram, EEG, EMG, NCV, endoscopy (other than colonoscopy and flexible sigmoidoscopy), event monitors greater than 7 days duration, nuclear cardiology, MRIs, PET or SPECT scans, myelogram, sleep studies, ultrasounds 3D and 4D, dialysis, cancer treatment including chemo, radiation, transplant and bone density measurement.