GENESIS Insurance Brokers & Benefits Consultants Ltd

In co-operation with AON

TEXTEL CREDIT UNION

FAQ (Frequently Asked Questions)

Switch to new Insurer

GENMED Pooled Credit Union Plan

Who is our new Insurer?

Your new Insurer is **The Beacon Insurance Company Limited (BEACON).**

Who is your Insurance Broker?

GENESIS Insurance Brokers and Benefits Consultants Ltd **(GENESIS)**, was appointed as the Broker on Record for **TEXTEL** Credit Union on November 16th, 2022 and as such your Group Health Plan (**GENMED**) will be administered by **GENESIS**.

GENESIS is a leading full-service Insurance Broker and can boast of being the only Broker in Trinidad and Tobago with a focus on Credit Unions.

When will the new GENMED plan become effective?

This new and improved plan will become effective on December 1st, 2022.

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What are the new premiums under GENMED

The new monthly premium for this plan will be as follows.

Members 65 and Under

Members 65 & Under	GENMED
Member Only	$236.50
Member & One	$418.00
Member & Family	$632.50

Members 66- 99

Members 66 to 99	GENMED
Retiree Only	$346.50
Retiree & One	$649.00

What happens to my claims that have already been submitted to Sagicor?

All claims for services incurred up to November 30th, 2022 will be settled by Sagicor. The standard time of 90 days from your date of service to submit a claim remains.

BEACON will be settling claims for dates of service from December 1st, 2022.

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Do I need to do a medical to join this plan?

All members currently on the health plan will be automatically transferred to the new plan, without any medical underwriting. You will therefore be automatically included with no waiting period, no breaks in coverage and no medicals required.
The only document you would need to complete is a **BEACON** ACH form which will now allow your claims to be sent directly to your bank account. In the event you do not have a bank account, the reimbursement cheque for your claim will be sent to **TEXTEL** for collection.

What if I am not an existing member of the Health Plan. How can I join?

New members wanting to join the new **GENMED** plan will need to complete the Enrolment, ACH and Medical Questionnaire forms which are available at **TEXTEL's** office.

It is intended to have a one (1) month open enrolment period where members 45 and under only can sign up to the plan with no Medical Underwriting. There will be conditions for new persons who are now signing up with Pre-Existing conditions. This open enrollment date will be decided upon by your Credit Union.

Will we have use of a provider network?

TEXTEL members will have the use of the **GENESIS** Medical Provider Network (GMPN). **GENESIS** has a robust network with over 340 qualified, registered professionals in their respective fields across Trinidad and Tobago.

Our providers are all technologically advanced and will adjudicate all services through the **GENESIS** Provider Portal.
This portal is a user-friendly cloud-based portal that calculates member co-payment, deductibles, and any ineligible charges automatically.

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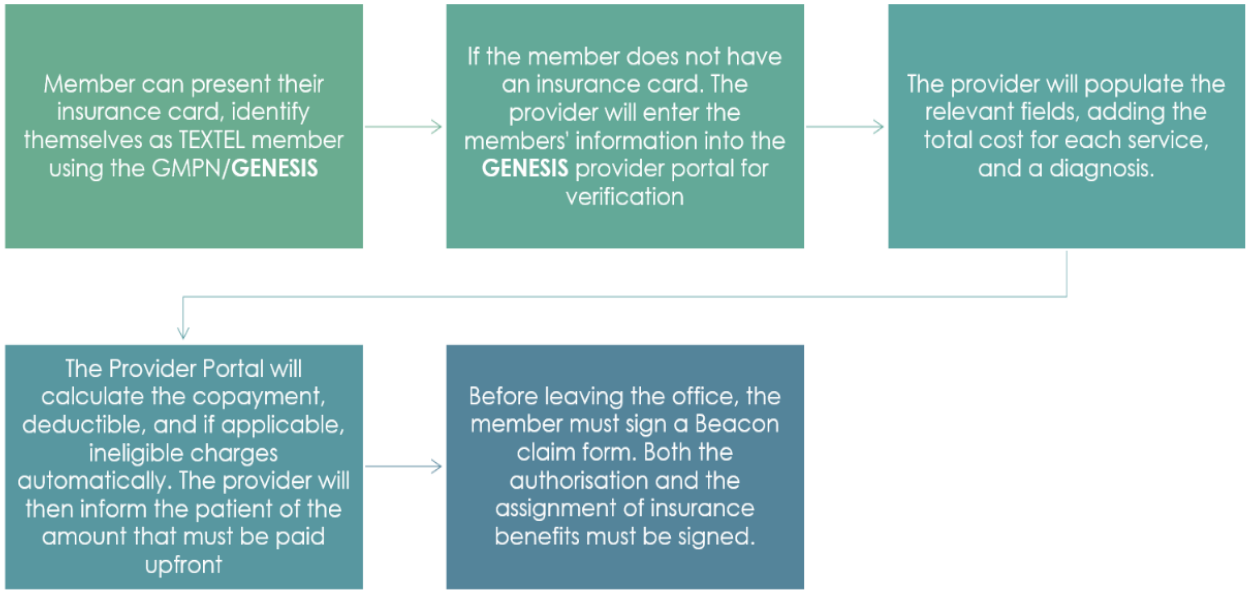
How does the provider network work?

Below shows how members can access GMPN.



What is a Pre-Existing Condition?

A pre-existing condition is a condition resulting from illness or injury for which a Covered Insured has received a diagnosis , consultation , medical treatment , or drug prescription prior to the effective date of the policy or date cover was effective; OR for which a symptom and/or sign of illness, if presented to a physician prior to the effective date of the policy would have resulted in the diagnosis of an illness or medical condition whether or not the patient was aware of the condition.

Who can I list as a dependent?

Coverage is only applicable to your spouse (common-law included) and children (step, legally adopted + incapacitated over the age of 25 years included). Children are covered without exception up to age 19. Between the ages of 19 and 25 children can continue coverage; however, they must be in school full-time as evidenced by a letter from the respective institution at the start of each academic year.

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What is a Deductible?

This is the annual dollar amount of covered expenses for which the Insured is responsible before benefits can be payable under the Policy.

What is Co-Insurance?

The percentage of your claim that will be reimbursed to you.

What is Co-ordination of Benefits (COB)?

When an individual is covered under more than one health plan and is able to claim for the expenses incurred from both plans, the benefits under this policy will be reduced to an amount which when added to the benefit of the other plan will equal 100% of medical expenses incurred.
The following will determine which plan will pay first:

- The plan covering the insured as an employee
- The plan covering the insured as a Dependent of a Male employee; and
- If the above do not establish an order of priority, the plan which has covered the insured for the longer period pays the benefits first.

What is Pre-Certification?

Pre-certification is a notification of anticipated or scheduled medical services that is required in advance of the actual medical treatment. Before you receive treatment or incur the medical expenses, BEACON upon request by the Provider, issues a pre-approval letter stating whether the anticipated service is eligible for coverage and the level of charges that would be reimbursed from the health plan.

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What is required to attain a Pre-Certification?

A letter from the treating Physician or Medical facility with an itemization of the charges and the type of treatment/procedure recommended or scheduled must be sent to your **TEXTEL** plan administrator, who in turn will send to **GENESIS**.

What are Exclusions and Limitations?

Exclusions and Limitations refer to services, equipment, procedures and types of treatment that are not covered under the plan. These are listed in the policy contract.

What is Usual, Customary & Reasonable (UCR)?

UCR means the charge or fee determined by the Insurer to be the general rate charged by others who render or furnish such treatments, services or supplies to persons whose injuries or illnesses are comparable in nature and severity.
The Insurer will consider such factors such as complexity; degree of skill needed, type of specialist required, and the range of services or supplies provided by the facility. For example, if a doctor charges $3,000 for a surgical procedure and the usual fee for the procedure is $2,000 then the plan will reimburse you based on the charge of $2,000 and applicable co-insurance will apply.