



**TEXTEL CREDIT UNION CO-OPERATIVE SOCIETY LIMITED**  
**A DIVISION UNDER THE GENMED CREDIT UNION PORTFOLIO**

	<b>65 &amp; UNDER</b>
<b>Maximum Three-Year Benefit</b>	\$1,000,000.00
Calendar Year Deductible:	
Deductible per Person	\$750.00
Deductibles per Family (max 2)	\$1,500.00
Co-insurance Factor	75%-25%
<b>Pre-Existing condition</b>	\$2,500 (1st 24 months)
<b>Hospital Daily Room &amp; Board Limit</b>	
Overseas (Non-Caricom)	\$2,500.00
Locally (Caricom)	\$700.00
Maximum no. days per Disability	31
Co-insurance Factor	75%-25%
<b>Intensive Care Unit</b>	
Overseas (Non-Caricom)	\$3,000.00
Locally (Caricom)	\$1,000.00
Maximum no. days per Disability	31
Co-insurance Factor	75%-25%
<b>Miscellaneous Hospital Expenses</b>	75%-25%
<b>Surgical Benefit</b>	75% of UCR
<b>Anaesthesia Benefit</b>	25% of UCR
<b>Doctor's Visits Benefit</b>	
Office	\$200.00
Home	\$250.00
Hospital	\$250.00
Maximum no. of visits per Day	1
Maximum no. of visits per Disability	31
Co-insurance Factor	75%-25%



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	<b>65 &amp; UNDER</b>
<b>Specialist Consultant Benefit (Upon Referral)</b>	
Office	\$300.00
Home/Hospital	\$300.00
Maximum no. of visits per Day	1
Maximum no. of visits per Disability	10
Co-insurance Factor	75%-25%
<b>Maternity Benefit (Subject to Deductible /No Co-insurance)</b>	
Normal Delivery	\$5,000.00
Caesarean Section\Extra Uterine Pregnancy (inc. Surgeon, Anaesthetist, R&B; Misc. Exp)	\$8,000.00
Dilation & Curettage\Miscarriage	\$2,000.00
Pre-natal (included in Maternity Max.)	\$2,000.00
Waiting Period	10 months
<b>Prescribed Drugs Benefit</b>	
	75%-25%
<b>Diagnostic, X-ray, and Lab Benefits</b>	
	75%-25%
<b>Psychologist/Psychiatrist Services (Upon Referral)</b>	
Maximum per Visit	\$200.00
Maximum no. visits per day	1
Maximum visit per Calendar Year	20
Co-Insurance Factor	75%-25%
<b>Physiotherapy /Occupational/Speech Therapy (Upon Referral)</b>	
	75% up to
Maximum per Visit	\$150.00
Maximum no. visits per Day	1
Maximum visit per Calendar Year	20
<b>Preventative Care Benefits - (Annual Maximum)</b>	
	\$1,000.00
<b>Chiropractic Benefit (Upon Referral)</b>	
<b>(The Chiropractor must be a member of the Chiropractic Association of T&amp;T (CATT))</b>	
Maximum per Consultation	\$200.00
Maximum no. visits per Day	1
Maximum per Calendar Year	20
Co-Insurance Factor	75%-25%



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	<b>65 &amp; UNDER</b>
<b>Acupuncture Benefit (Upon Referral)</b>	
<b>(Acupuncture shall only be covered when performed by a licensed physician)</b>	
Maximum per Consultation	\$200.00
Maximum no. visits per Day	1
Maximum visits per Calendar Year	20
Co-Insurance Factor	75%-25%
<b>Air Fare Benefit</b>	75% up to
Maximum Benefit	\$10,000.00
Maximum no. of trips per Calendar Year	2
<b>Air Ambulance Benefit</b>	
Maximum benefit	US\$25,000.00
Maximum no. of trips per Calendar Year	2
Co-Insurance Factor	100%
<b>Local Ground Ambulance</b>	100%
<b>Internal Lifetime Plan Limits (Not subject to Ded/Co-ins)</b>	
Organ Transplants	50% Major Medical Maximum subject to UCR
Congenital Birth Defects	\$250,000.00
Mental/Nervous Disorder	\$25,000.00
HIV/AIDS	\$50,000.00
Covid 19 & Hospitalization	\$150,000.00
<b>Durable Medical Equipment</b>	75% subject to UCR to a maximum of \$20,000.00
- Per Calendar Year	
<b>Radiotherapy/Chemotherapy/Dialysis</b>	Subject to deductible and co-insurance up to a maximum of \$150,000.00
- Per Calendar Year	
<b>Repatriation of Mortal Remains</b>	TT\$20,000.00
<b>Private Duty Nursing</b>	
Maximum per 8 hr. shift - Private Residence -Day	\$250.00
Maximum per 8 hr. shift - Private Residence -Night	
Maximum per 8 hr. shift - Hospital-Night	
Maximum no. of days per disability	30
Co-Insurance Factor	75%-25%



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<b>DENTAL CARE BENEFIT</b>	
Maximum Benefits per Calendar Year:	\$2,000.00
Deductible per Calendar Year	\$150.00
Orthodontic Treatment: (Lifetime Benefit Limited to children up to age 19)	\$2,000.00
Orthodontic Treatment Annual Benefit	\$1,000.00
Co-Insurance Factor	75%-25%
Waiting Period (New members only)	3 Months
<b>VISION CARE BENEFIT</b>	
Maximum per Calendar Year	\$1,750.00
Deductible per Calendar Year	\$150.00
Co-Insurance Factor	75%-25%
Contact Lenses (Not medically approved)	Inc. in Vision Max.
Waiting Period (New members only)	3 Months