ABOUT THE PLAN

Neal & Massy Credit Union ("NMCU") is committed to the financial wellbeing of our members. We are pleased to offer our members access to **Neal & Massy Affordable Care** ("NMAC").

NMAC offers you affordable Health and Life Insurance with effect from December 1, 2020 ("*the effective date*").

There will be an Open Enrolment Period from October 1, 2020 - December 31, 2020. The Open Enrolment period offers our members the advantage of limited underwriting evidence.

ENROLMENT REQUIREMENTS

The initial enrolment requirements during the **Open Enrolment Period** are as follows:

- Completed Application Form
- Completed Health Statement
- Valid copy of one (1) form of national identification
- Completed Direct Deposit Authorization Form (for the reimbursement of claims)

CHOOSE YOUR PLAN

Our Health and Life Insurance Plan, NMAC, has two options:

- Health and Life Insurance for Persons under Sixty-Five (65) Years
- Access comprehensive insurance including health, dental and vision insurance.
- Select from two options for **Health Insurance**: a major medical limit of either \$300,000 or \$500,000
- If you are under 60 years, select from two options for Life Insurance with Accidental Death & Dismemberment ("AD&D") coverage of either \$20,000 or \$ 50,000.
- The Maximum age to access Life Insurance with AD&D coverage is 60 years. Once enrolled, coverage is up to your 70th birthday.

Health Insurance for Persons Ages 65-99

- Access comprehensive insurance including health, dental and vision insurance.
- The Health Insurance major medical limit is \$300,000.

Once enrolled on the Plan prior to age 60, from age 65 Life insurance coverage will be 10,000.00 up to 70^{th} birthday.

WHO CAN JOIN THE PLAN

Members of NMCU in good standing can access the Plan. You can add the following family members, who qualify as eligible dependents, to your Health Plan:

- A lawful or common law spouse. Where the spouse of an insured member is also a member of NMCU, only one party can be the primary insured, while your spouse will be a dependant.
- Children under the age of 19 or children attending full time school up to the age of 23. A letter confirming attendance from the institution is required.

SCHEDULE OF BENEI	FITS
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;	COMPREHENSIVE MEDICAL BENEFIT		UP TO 65 th BIRTHDAY		AGE 65-99
	Maximum Benefit-Option 1				00,000.00
	Maximum Benefit-Option 2	-	•	N/A	,
	Benefit Period		rears	Lifetime	
	Calendar year Deductible		network: nil;		network: nil;
-	*In Network refers to TATIL's		it of network		of network
	registered listing of providers	\$3		\$300	
	Deductible per family	\$ 9	900.00	\$6	00.00
	Co-insurance Percentage	80	%	80%	6
<u> </u>	Pre-existing condition max –				
	1 st 24 months	\$	1,500.00	\$ 1,500.00	
	BENEFITS		UP TO 65 th BIRTHDAY		AGE 65-99
t	Daily Hospital Room & Board:		80%	6 up	to:
	Local/Caribbean Maximum		\$ 500	.00	\$ 500.00
	Overseas Maximum		\$ 2,000	.00	\$ 2,000.00
	Intensive Care Unit:				80% up to:
	Local/Caribbean Maximum	mum		.00	\$ 2,500.00
	Overseas Maximum		\$ 4,000	.00	\$ 4,000.00
	Miscellaneous Hospital Expenses	Miscellaneous Hospital Expenses:		80%	
:	Surgical Benefit:				
	Surgical Expenses		80%	of F	R&C
,	Anaesthesia Benefit		25% of Surgical R&C		
F	Doctors' Visits:		80% up to:		
	Office/Hospital/Home		\$ 300	.00	\$ 300.00
)	Max. no. of visits			t per day	
	Specialists' Visits (referral needed exc for Gynaecologist & Paediatrician):	cept	80%	6 up to:	
	Office/Hospital/Home		\$ 400	.00	\$ 400.00
	Max. no. of visits		1 visit per day		
	Prescribed Drugs:		8	0%	80%
•	Diagnostic Benefit:		8	0%	80%
	Psychiatric Benefit (upon referral):		80% up to:		
	Maximum per Visit		\$ 300		\$ 300.00
	Maximum per Calendar year		20 vi	sits	20 visits
	Psychologist Benefit (upon referral):			6 up	
	Maximum per Visit		\$ 120	.00	\$ 120.00
	Maximum per Calendar year		20 vi		20 visits
, ,	Physiotherapy Benefit (upon referral):		80%	6 up	to:
	Maximum per Visit		\$ 150		\$ 150.00
9	Maximum per Calendar year		20 vi	sits	20 visits

BENEFITS	UP TO 65 th BIRTHDAY	AGE 65-99	
Chiropractic Benefit (upon referral): (Chiropractor must be member of CATT)	80% up to:		
Maximum per Visit	\$ 120.00	\$ 120.00	
Maximum per Calendar year	20 visits	20 visits	
Acupuncture Benefit (upon referral):		80% up to	
Maximum per Visit	\$ 120.00	\$ 120.0	
Maximum per Calendar year	20 visits		
Home Nursing Care: (medically prescribed following hospitalization due to serious accident/illness)	80% up to:		
Maximum per day	\$ 250.00	\$ 250.0	
Maximum per Calendar year	\$10,000.00		
Maternity Benefit:	100% up to:		
Normal Delivery	\$4,000.00		
Caesarean Section/Extra-Uterine Pregnancy	\$6,000.00		
Miscarriage/D&C/Pre-natal (incl. in maternity max)	\$1,500.00		
Conception date must be 30 days from e			
Airfare Benefit:	80% up	o to:	
Maximum per trip	\$ 4,000.00	\$ 4,000.00	
Number of trips per Calendar year	2	2	
Emergency Air Ambulance:	100% u	p to:	
Maximum per trip	\$100,000.00	\$ 100,000.00	
Number of trips per Calendar year	1	1	
Emergency Local Ground Ambulance:	100%		
Chemotherapy/Radiotherapy/Dialysis	80% \$10,000.00 per year		
Durable Medical Equipment:			
Congenital Birth Defects:	\$100,000 per year	Nil	
Lifetime Maximums:			
Repatriation of Mortal Remains	\$ 20,000.00 \$ 25,000.00		
Mental & Nervous Disorders			
Organ Transplant	50% of Major Medical		
AIDS/HIV	\$50,000.00		
Preventative Care Benefit:	Annual limit of \$1,000.00		
Teventative Care Benefit: Annual Annual Physical Exam, Pap Smear, Mammogram, PSA test, CA 125 test (women age 35 & older), Glaucoma test, Colonoscopy (over age 50 & every 10 years) and annual Faecal Immunochemical blood test			
Vision Care Benefit (3-month waiting per			
Maximum benefit per Calendar year	\$1,800		
Calendar year deductible	\$100.		
Co-insurance	80%		
Contact lenses	Included in vision m	aximum	

BENEFITS	UP TO 65 th BIRTHDAY	AGE 65-99		
Lenses are paid every 12 consecutive months Frames and/or Contact Lenses are paid every 24 consecutive months				
Dental Care Benefit (3-month waiting peri-	od):			
Maximum benefit per Calendar year	\$3,000.00			
Calendar year deductible	\$100.00			
Co-insurance	80%			
Orthodontic treatment (children only up to	Lifetime	N/A		
19 th birthday) – included in dental max	maximum of			
	\$3,000			

*R&C means Reasonable and Customary charges determined by the insurer ** All figures are quoted in TT Dollars unless otherwise stated.

PRE EXISTING CONDITIONS

A pre-existing condition is any disease, illness or injury for which an insured person has received medication, advice or treatment or experienced symptoms whether the condition has been diagnosed or not before coverage has started. Such condition will be limited to \$1,500.00 for the first twenty-four (24) months. Thereafter, pre-existing conditions will be paid in accordance with the Schedule of Benefits.

MONTHLY PREMIUMS*

Health Insurance:

	Below	Age 65	Age 65 & Over		
CATEGORY	Option 1 - \$300,000	Option 2 - \$500,000	Major Medical \$300,000		
Member Only	\$309.00	\$325.00	\$407.00		
Member & One	\$556.00	\$585.00	\$733.00		
Member & Family	\$865.00	\$910.00	N/A		

Life Insurance:

BENEFIT (Members Only)	Belo	Below age 60		
	Option 1	Option 2		
Life Insurance	\$20,000	\$50,000		
Accidental Death & Dismemberment	\$20,000	\$50,000		
Monthly Premium	\$10.00	\$25.00		

Members must pay their monthly premiums to NMCU by the 1st of each month.

* All rates outlined are based on certain minimum requirements for participation. Note, the rates quoted and/or the associated benefits are subject to change at the anniversary date of the policy.

This brochure is a simplified explanation of the benefits for the members of NMCU underwritten by TATIL and/or TATIL Life. This brochure does not create nor confer any rights and is not a binding contract

HOW TO JOIN THE PLAN

- An applicant must be a member of NMCU.
- Members must email their completed application documents to Risk Management Services Limited at <u>nmcu@rms.co.tt</u> or deliver these to NMCU's office.

ADDED BONUS - THE PREMIER CARD

Members will receive a free Premier Discount card to receive discounts rom merchants within the Ansa McAl Group.

HOW YOU CAN CLAIM

- Claim forms can be downloaded from NMCU's website or collected from NMCU's or RMS' offices.
- Members <u>must ensure</u> that all sections of the claim form are completed by the relevant parties (primary insured, medical provider, dental/vision provider).
- Members <u>must ensure</u> that fully completed and signed claim forms, along with all relevant receipts, referrals, etc are emailed to <u>nmcu@rms.co.tt</u> and the originals delivered to NMCU's or RMS' office.
- Members must ensure claim forms and receipts are legibly scanned and sent in pdf format only. The originals must be delivered within 14 days from the date the email was submitted.
- Note that for a claim to be eligible for processing, the original documents must be submitted to RMS within 90 days from the date that the service was incurred.

TERMINATION OF COVERAGE

If a member does not pay his/her premium by the due date, his/her coverage will terminate. The following rules will apply:

- Members that reapply for coverage, will be treated as a new applicant and will be subject to evidence of insurability.
- Reinstatement of coverage will be subject to such terms, conditions, provisions, limitations and exclusions as may be imposed by the insurers.
- Coverage may be reinstated or declined based on claims history.
- Coverage will also be terminated if you do not meet the requirements to remain as an active member of NMCU.

SIGN UP TODAY

To sign up or for further information, contact RMS. Our trained staff will provide answers to any questions about the proposed plan. They will also be available to assist with the completion of forms and documents for enrolment.

Risk Management Services Limited 11 Borde Street, Port of Spain T:(868) 625-1091 ext 136 or 189 | E: <u>nmcu@rms.co.tt</u>



Neal & Massy Credit Union Co-operative Society Limited

Neal & Massy Affordable Care (NMAC)

A Health and Life Insurance Plan for Our Members





Underwritten By



Managed By

Sign Up Today

RMS: 11 Borde Street, Port of Spain T: (868) 625-1091 ext 136 or 189 | E: <u>nmcu@rms.co.tt</u>

NMCU: 15-17 Borde Street, Port of Spain T: (868) 624-6428 | W: www.nealandmassycu.coop