



TRINIDAD AND TOBAGO POLICE CREDIT UNION
A DIVISION UNDER THE GENMED CREDIT UNION PORTFOLIO

	71 & OVER
Maximum Lifetime	\$500,000.00
Calendar Year Deductible:	
Deductible per Person	\$500.00
Deductibles per Family (max 2)	\$1,000.00
Co- insurance	80%-20%
Pre Existing condition	Not Applicable
Hospital Daily Room & Board Limit	
Overseas (Non-Caricom)	\$3,500.00
Locally (Caricom)	\$500.00
Maximum no. days per Disability	31
Co insurance	80%-20%
Intensive Care Unit	
Overseas (Non-Caricom)	\$4,000.00
Locally (Caricom)	\$1,000.00
Maximum no. days per Disability	31
Co insurance	80%-20%
Miscellaneous Hospital Expenses	80%-20%
Surgical Benefit	75% of UCR
Anaesthesia Benefit	25% of UCR
Doctor's Visits Benefit	
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	80%-20%



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Specialist Consultant Benefit (Upon Referral)	
Office	\$300.00
Home/Hospital	\$300.00
Maximum no. of visits per Day	1
Maximum No. of visits per Disability	10
Co insurance	80%-20%
Maternity Benefit (Subject to Deductible /No Coinsurance)	Not Applicable
Normal Delivery	
Caesarean Section\Extra Uterine Pregnancy(inc. Surgeon, Anaesthetist, R&B;Misc. Exp)	
Dilation & Curettage\Miscarriage	
Pre-natal (included in Maternity Max.)	
Waiting Period	
Prescribed Drugs Benefit	75%-25%
Diagnostic, X-ray and Lab Benefits	75%-25%
Psychologist/Psychiatrist Services (Upon Referral)	
Maximum per Visit	\$200.00
Maximum no. visits per day	1
Maximum visit per Calendar Year	20
Co-Insurance Factor	80%-20%
Physiotherapy /Occupational/Speech Therapy(Upon Referral)	80% up to
Maximum per Visit	\$150.00
Maximum no. visits per Day	1
Maximum visit per Calendar Year	20
Preventative Care Benefits - (Annual Maximum)	\$1,000.00



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Chiropractic Benefit (Upon Referral)	
(The Chiropractor must be a member of the Chiropractic Association of T&T (CATT))	
Maximum per Consultation	\$200.00
Maximum no. visits per Day	1
Maximum per Calendar Year	20
Co-Insurance Factor	80%-20%
Acupuncture Benefit (Upon Referral)	
(Acupuncture shall only be covered when performed by a licensed physician)	
Maximum per Consultation	\$200.00
Maximum no. visits per Day	1
Maximum visits per Calendar Year	20
Co-Insurance Factor	80%-20%
AIR FARE BENEFIT	80% up to
Maximum Benefit	\$10,000.00
Maximum No. of trips per Calendar Year	2
AIR AMBULANCE BENEFIT	
Maximum benefit	US\$25,000.00
Maximum No. of trips per Calendar Year	2
Co-Insurance Factor	100%
Local Ground Ambulance	100%
Internal Lifetime Plan Limits (Not subject to Ded/Co-ins)	
Organ Transplants	50% Major Medical Maximum subject to UCR
Congenital Birth Defects	\$0.00
Mental/Nervous Disorder	\$25,000.00
HIV/AIDS	\$50,000.00
Covid 19 & Hospitalization	\$150,000.00
Durable Medical Equipment - Per Calendar Year	80% subject to UCR to a maximum of \$20,000.00



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Radiotherapy/Chemotherapy/Dialysis Per Calendar Year	50% of Major Medical Maximum subject to UCR
Repatriation of Mortal Remains	TT\$20,000.00
Private Duty Nursing	
Maximum per 8 hr shift - Private Residence -Day	\$75.00
Maximum per 8 hr shift - Private Residence -Night	\$100.00
Maximum per 8 hr shift - Hospital-Night	\$120.00
Maximum no. of days per disability	30
Co-Insurance Factor	80%-20%



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DENTAL CARE BENEFIT	
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)	Not Applicable
Orthodontic Treatment Annual Benefit	Not Applicable
Co-Insurance Percentage	80%-20%
Waiting Period (New Members)	3 Months
VISION CARE BENEFIT	
Maximum per Calendar Year	\$1,500.00
Deductible per Calendar Year	\$150.00
Co-Insurance percentage factor	80%-20%
Contact Lenses (Not medically approved)	Inc. in Vision Max.
Waiting Period (New Members)	3 Months



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GROUP LIFE BENEFIT	
Coverage per Primary Insured	\$6,000.00

MONTHLY PREMIUM RATES	71 & OVER
RETIREE ONLY	\$320.25
RETIREE & ONE	\$595.25