



Looking After Life
A Member of the Guardian Holdings Group



Schedule of Benefits
Small Group
(3-10 employees)

BENEFITS	PREFERRED PROVIDER NETWORK	OUTSIDE PREFERRED PROVIDER NETWORK
MAXIMUM BENEFIT	\$250,000 / \$500,000 (optional) <i>Lifetime</i>	\$250,000 / \$500,000 (optional) <i>Lifetime</i>
BENEFIT PERIOD	3 Year Renewable	3 Year Renewable
DEDUCTIBLE	None	\$200.00 per calendar year per person. Maximum of \$400.00 per family.
DOCTORS VISITS:		
Office	Plan pays a maximum of \$50.00	80% to maximum of \$50.00, subject to one consultation per day
At Home/ In Hospital	80% to a maximum of \$90.00	80% to a maximum of \$90.00, subject to Deductible
SPECIALIST VISITS:		
Office	Plan pays a maximum of 100.00	80% to maximum of \$100.00, subject to one consultation per day
At Home	80% to a maximum of \$90.00 80% to a maximum of \$90.00. Pre certification required for admission in excess of two days.	80% to a maximum of \$90.00, subject to Deductible 80% to a maximum of \$90.00. Pre certification required for admission in excess of two days
In Hospital		
PRESCRIPTION DRUGS	80% to a maximum \$300.00 for non-chronic cases. For chronic cases, we will pay 80%	80% to a maximum \$300.00 for non-chronic cases. For chronic cases, we will pay 80%
DIAGNOSTIC SERVICES	90% of eligible medical expenses	80% of eligible medical expenses
MATERNITY (not subject to the deductible)		
Normal Delivery	100% to a maximum of \$2,500.00	100% to a maximum of \$2,500.00
Caesarian Section	100% to a maximum of \$4,000.00	100% to a maximum of \$4,000.00
Dilation &Curettage/Miscarriage	100% to a maximum of \$1,250.00 Waiting period - ten months from the effective date of plan	100% to a maximum of \$1,250.00 Waiting period - ten months from the effective date of plan.
HOSPITAL ROOM & BOARD	90% of semi-private room	80% of average semi-private room
HOSPITAL MISCELLANEOUS	90% of eligible medical expenses	80% of eligible medical expenses
SURGICAL	90% of reasonable and customary fee	80% of reasonable and customary fee
AIRFARE	80% to a maximum of \$3000.00 per trip and a limit of two trips per calendar year	80% to a maximum of \$3000.00 per trip and a limit of two trips per calendar year
AIR AMBULANCE	100% to a maximum of US\$10,000.00 per trip and a limit of one trip per calendar year. Benefits only accessed through preferred carrier Air ambulance Professionals Limited.	Considered on individual basis

EMERGENCY/ACCIDENT	80% to a maximum of \$400.00 per accident Client pays a minimum of \$50.00	80% to a maximum of \$400.00
PSYCHIATRIC CARE / SUBSTANCE ABUSE	80% of eligible medical expenses.	50% of eligible medical expenses
RADIOTHERAPY/CHEMOTHERAPY	80% up to the maximum	80% up to the maximum subject to the deductible
DIALYSIS	80% up to the maximum	80% up to the maximum subject to the deductible
PHYSICAL/CARDIAC REHAB/ REPIRATORY/OCCUPATIONAL/ SPEECH THERAPY	80% of reasonable and customary fee to a calendar year maximum of \$5,000.00	70% of reasonable and customary fee to a calendar year maximum of \$5,000.00
HEARING AIDS	80% to maximum of \$2000.00	70% to maximum of \$2000.00, subject to the deductible
DURABLE MEDICAL EQUIPMENT PROSTHESIS	80% of reasonable and customary fee to a calendar year maximum of \$10,000.00.	70% of reasonable and customary fee to a calendar year maximum of \$10,000.00.
PREVENTATIVE CARE	100% of limits specified Lipid Profile \$100.00 Annual Medical Exam \$100.00 Annual Mammogram for females \$150.00 Annual Pap Smear \$50.00 Annual Test Prostate Cancer \$75.00 Vaccinations up to age 5 \$200.00 Annual Glaucoma Test \$50.00 Immunizations \$200.00	80% of limits specified Lipid Profile \$100.00 Annual Medical Exam \$100.00 Annual Mammogram for females \$150.00 Annual Pap Smear \$50.00 Annual Test Prostate Cancer \$75.00 Vaccinations up to age 5 \$200.00 Annual Glaucoma Test \$50.00 Immunizations \$200.00
CONGENITAL/BIRTH DEFECTS	Subject to deductible and 80% Coinsurance. Lifetime maximum of BDS \$100,000.00	Subject to deductible and 70% coinsurance. Lifetime maximum of BDS\$100,000.00
DENTAL	90% to a maximum of \$1,500.00 per calendar year. The deductible per person per calendar year is \$50.00. Waiting period - three months from the effective date of plan.	80% to a maximum of \$1,500.00 per calendar year. The deductible per person per calendar year is \$50.00. Waiting period - three months from the effective date of plan.
ORTHODONTIC -	75% to a lifetime maximum of \$2000.00 Calendar year maximum of \$1000.00	50% to a lifetime maximum of \$2000.00 Calendar year maximum of \$1000.00
VISION –	90% to a maximum of \$500.00 per calendar year. The deductible per person per calendar year is \$50.00 Contact lenses - 80% to a maximum of \$300.00 Waiting period - six (6) months from the effective date of plan	80% to a maximum of \$500.00 per calendar year. The deductible per person per calendar year is \$50.00 Contact lenses - 80% to a maximum of \$300.00 Waiting period - six (6) months from the effective date of plan
NB: The costs of disposable contacts can be submitted until the maximum is reached		

NB: Each applicant and dependents must complete a declaration of insurability form. Approval is subject to the underwriting guidelines of **Guardian Life of the Caribbean**
May 2005