

## **MEMORANDUM**

To: All Members of Staff

From: Roberta Sampson

senior human resources manager, Southern Caribbean

Date: September 10, 2014

Subject: Group Health Plan Premium Increases

We are pleased to advise of the enhanced benefits now being offered under your Group Health Plan. However, please be advised that because of these enhancements the monthly premiums have been increased as indicated in the table below. The new premium will be effective from Premiums effective October 1, 2014. The enhanced benefits are attached for your perusal.

The new rates are as follows:

Member Type	Previou	s Rate	New	Rate	Employ Portion		Employ Portion	
Employee Only	\$	124.59	\$	140.55	\$	105.41	\$	35.14
Employee plus 1	\$	355.36	\$	295.15	\$	221.36	\$	73.79
Employee & Family	\$	355.36	\$	417.89	\$	313.42	\$	104.47

Enclosed is the Schedule of Benefits, which indicates the change in rates for reimbursements.

We would also like to advise that M & M Insurers Brokers have been recently appointed as our Brokers for our Trinidad Operations.

Please be guided accordingly.

## **COLUMBUS COMMUNICATIONS TRINIDAD LIMITED**

## **SCHEDULE OF BENEFITS**

## **MEDICAL**

	1				
Services	Previous Benefit	Increased Benefit	Percentage Increase		
HOSPITAL BENEFIT - DAILY ROOM & BOARD	\$200.00	\$300.00	50.0%		
HOSPITAL SERVICES	\$2,000.00	\$3,000.00	50.0%		
DOCTOR'S VISIT - OFFICE	\$80.00	\$100.00	25.0%		
HOSPITAL	80.00	150.00	87.5%		
НОМЕ	80.00	200.00	150.0%		
SPECIALIST	\$120.00	\$150.00	25.0%		
EMERGENCY ACCIDENT	\$400.00	\$400.00	no change		
DIAGNOSTIC	\$350.00	\$350.00	no change		
PRESCRIBED DRUGS	\$300.00	\$300.00	no change		
MISCELLANEOUS - MAXIMUM(DURABLE MEDICAL EQUIPMENT PROSTHESIS)	NOT INDICATED	80% OF Reasonable & Customary (R&C) Benefits	80% OF R & C		
MATERNITY - NORMAL	\$1,500.00	\$3,000.00	100.0%		
- CAESAREAN	\$3,000.00	\$4,000.00	33.3%		
MISCARRIAGE / PRE-NATAL MAX	\$850.00	\$2,000.00	235.0%		
SUPPLEMENTARY MAJOR MEDICAL					
MAXIMUM BENEFIT- UNDER 65	\$300,000.00	\$500,000.00	66.7%		
OVER AGE 65 & RETIREES		\$150,000.00	New		
ANNUAL DEDUCTIBLE	\$100.00	\$100.00	no change		
BENEFIT PERIOD – UNDER 65	3 YEAR RENEWABLE	3 YEAR RENEWABLE	no change		
OVER AGE 65 & RETIREES		LIFETIME	new		
CO-INSURANCE FACTOR	80% OF THE 1ST \$100,000	80% OF THE 1ST \$100,000	no change		
	100% THERE AFTER	100% THERE AFTER	no change		
PRE-EXISTING CONDITION	NOT INDICATED	\$750.00	New		
ROOM & BOARD - LOCAL	\$300.00	\$500.00	66.7%		
ROOM & BOARD - OVERSEAS	\$1,200.00	\$2,000.00	66.7%		
ROOM & BOARD - INTENSIVE CARE	NOTINGLATES	2.5*ASPRR	new		
PRIVATE DUTY NURSING	NOT INDICATED	80% OF R & C	80% OF R & C		
TRANSPLANTS	NOT INDICATED	80% OF R & C	80% OF R & C		

RADIOTHERAPY/CHEMOTHERAPY/ DIALYSIS	80% OF R & C	80% OF R & C	80% OF R & C		
CONGENITAL BIRTH DEFECTS/ NEW BABY	80% OF R & C	80% OF R & C	80% OF R & C		
- MAXIMUM	00% OF R & C	00% OF R & 0	00% OF R & 0		
PSYCHIATRIC: - LIFETIME MAXIMUM MAXIMUM PER TREATMENT - OUT PATIENT	\$100.00	\$100.00	No change		
CO-INSURANCE	80%	80%	No change		
MAXIMIM VISITS PER YEAR	20	20.00	No change		
HOSPITAL CONFINEMENT – CO-INS	NOT STATED	80%	80.0%		
AIRFARE/ 2 TRIPS PER ANNUM		2			
MAXIMUM PER CALEDNER YEAR	90% TO \$4,000.00	80% OF ECONOMY FARE	80% OF ECONOMY FARE		
EMERGENCY AIR AMBULANCE	R & C	80% OF R & C	80% OF R & C		
REPATRIATION		80% OF R & C	80% OF R & C		
LOCAL GROUND AMBULANCE ANNUAL MAXIMUM	NOT INDICATED	80% OF R & C	80% OF R & C		
ANNUAL PREVENTATIVE CARE					
ANNUAL MAXIMUM	NOT APPLICABLE	EMPLOYEE \$1,000.00 DEPENDENT	75-133%		
ANNUAL EXAMINATION	\$200.00	SPOUSE \$800.00 INCLUDED ABOVE			
LIPID PROFILE		INCLUDED IN			
ANNUAL MAMMOGRAM	\$250.00	EXAMINATION INCLUDED ABOVE			
ANNUAL PAP SMEAR CA125 TEST FOR OVARIAN CANCER	\$80.00	INCLUDED ABOVE			
ANNUAL PROSTATE TEST CANCER	\$180.00	INCLUDED ABOVE			
ANNUAL GLAUCOMA TEST – EMP. ONLY	\$50.00	INCLUDED ABOVE			
VACCINATIONS/ CHILDREN - ANNUAL	(Age 2) \$200.00	(Age 5) \$300.00			
<u>DENTAL</u>					
ANNUAL MAXIMUM	\$2,000.00	\$2,000.00	14% in restorative care		
ANNUAL DEDUCTIBLE	\$50.00	\$50.00	103torative care		
PREVENTATIVE	100%	100%			
RESTORATIVE	70%	80%			
MAJOR RESTORATIVE	70%	80%			

ORTHODONTIC	NOT INDICATED					
CALENDAR YEAR MAX	\$2,000.00	INCLUDED IN DENTAL MAX				
CO-INSURANCE	50%	80%				
WAITING PERIOD	THREE (3) MONTHS (NEW MEMBERS)	Remains the same				
VISION						
ANNUAL MAXIMUM	\$1,500.00	\$2,500.00	66.7%			
WAITING PERIOD	THREE (3) MONTHS (NEW MEMBERS)	Remains the same				