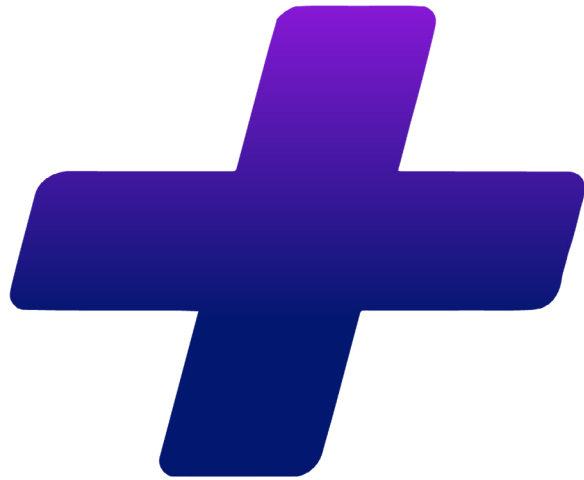


Credit Union
+GOLD SERIES

**HEALTH, LIFE &
PERSONAL ACCIDENT
COVERAGE ALL UNDER** **1** **PLAN**

The Credit Union Gold Series Health Plan is specifically designed for Credit Union members. The plan provides members access to Comprehensive Healthcare along with Life Insurance coverage & Personal Accident Insurance coverage of \$1,000,000 each.

Entry age is 18 to 70 years. Members have the option to add dependents (spouse and children).



PLAN COVERAGE

COMPREHENSIVE HEALTHCARE

Two (2) Health Plan options, both designed to cover medical expenses with Major Medical coverage of **\$6,000,000** renewed annually.

Standard Gold Plan

Executive Gold Plan

LIFE INSURANCE COVERAGE

In the event of an untimely death your beneficiary will be paid \$1,000,000. Members who are 61 to 64 years old will be covered for \$500,000 and members 65 years and older will be covered for \$250,000.

PERSONAL ACCIDENT

Accidental Death and Dismemberment (AD&D)	\$1,000,000
Permanent Total Disablement (PTD)	
Accidental Medical Reimbursement	\$100,000
Temporary Total Disability (income replacement)	\$25,000 /week up to 52 weeks

Insured by Guardian Life

FOR ADDITIONAL INFORMATION PLEASE VISIT WWW.CREDITUNIONGOLD SERIES.COM OR
SPEAK WITH A CUSTOMER SERVICE REPRESENTATIVE AT YOUR CREDIT UNION.

HOW TO APPLY

Visit www.credituniongoldseries.com and fill out the online enrollment form or find forms at your Credit Union. Completed enrollment forms can be submitted to your Credit Union or emailed to: goldseries@cabjm.com. If you are not a Credit Union member, it is required that you become a member of one of our participating Credit Unions.



[Click here to Apply](#)

Credit Union Partners

Broadcast & Allied Co-op Credit Union | C&WJ Co-op Credit Union | COK Sodality Co-op Credit Union
EduCom Co-op Credit Union | First Heritage Co-op Credit Union | First Regional Co-op Credit Union
Gateway Co-op Credit Union | Grace Co-op Credit Union | Insurance Employees Co-op Credit Union
Jamaica Broilers Co-op Credit Union | JPS & Partners Co-op Credit Unions | Lascelles Employees &
Partners Co-op Credit Union | Manchester Co-op Credit Union | NCB Employees Co-op Credit Union
Palisadoes Co-op Credit Union | PWD Co-op Credit Union | Trelawny Co-op Credit Union

Premium Payment

Premiums are paid monthly. Members will need to setup a standing order with your credit union to facilitate premium payment.

Eligible Dependents

Eligible dependents can either be spouse (married or unmarried), children, step-children, legally adopted children or children for whom you have Court appointed guardianship. Coverage is extended to children up until age 27, not working or are unmarried.

Schedule of Benefits

	STANDARD GOLD	EXECUTIVE GOLD
DOCTOR'S VISIT		
Office Visit	\$1,500	\$1,800
No. of visits per disability	Unlimited	Unlimited
Home Visit	\$1,500	\$1,800
No. of visits per disability	Unlimited	Unlimited
Specialist Consultation on referral	\$2,300	\$2,500
No. of visits per disability	Unlimited	Unlimited
Specialist Consultation with no referral	\$1,500	\$1,800
No. of visits per disability	2	2
Direct Access Paediatric Visit (to age 13)	\$2,300	\$2,500
No. of visits per disability	2	2
Direct Access Gynaecologist/Urologist	\$2,300	\$2,500
No. of visits per disability	2	2
Routine Medical (1 per policy year)	\$1,500	\$1,800
Wellness/Preventative- (to include: PAP Smears, Mammograms, PSA)	\$6,000	\$6,000
No. of visits per year	1	1
Psychiatric Care / Clinical Psychologist (combined)		
First 4 visits	\$1,400	\$1,400
Next 20 visits	\$700	\$700
Ophthalmologist	\$2,300	\$2,500
No. of visits per year	1	1
Dietician (On referral/reimbursement only)	\$2,300	\$2,500
No. of visits per disability	2	2
Podiatrist (On referral/reimbursement only)	\$2,300	\$2,500
No. of visits per disability	2	2
Chiropractor (On referral/reimbursement only)	\$2,300	\$2,500
No. of visits per disability	2	2

DIAGNOSTIC PROCEDURES

Laboratory & X-ray, Ultra-sound:		
Annual Limit per Member	80% up to \$12,000 + MM	80% up to \$15,000 + MM
CT Scan, MRI & Other Specialised Tests	80% of R&C	80% of R&C

PRESCRIPTION DRUGS - No Continuous Swipe

Annual Limit per Member	80% up to \$10,000 + MM	80% up to \$12,000 + MM
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HOSPITALISATION

Hospital R & B (Semi-private room)	80% up to \$3,000 + MM	80% up to \$3,000 + MM
No. of Days per Disability	120	120
Public Hospital Ward	100% up to \$1,000	100% up to \$1,000
Hospital Miscellaneous	80% up to \$15,000 + MM	80% up to \$15,000 + MM
Emergency Accident and Outpatient	80% up to \$15,000 + MM	80% up to \$15,000 + MM
In Hospital Doctor's Visit (non-surgical)	\$1,500	\$1,800
No. of Days per Disability	Unlimited	Unlimited
Private Nursing (per 8 hour shift)	\$2,000	\$2,000
Intensive Care (per day)	80% of R&C up to \$30,000	80% of R&C up to \$30,000
No. of Days per Annum	30	30

Schedule of Benefits

STANDARD GOLD

EXECUTIVE GOLD

SURGERY

Maximum Surgeon's Fee	\$40,000 + MM	\$40,000 + MM
Maximum Assistant Surgeon's Fee	\$12,000 + MM	\$12,000 + MM
Maximum Anaesthetist's Fee	\$16,000 + MM	\$16,000 + MM
Root Canal	80% of R&C	80% of R&C
Permanent Crowning as a Result of Root Canal	2 per year @ 80% of R&C	2 per year @ 80% of R&C

MATERNITY - In lieu of all other Benefits

NORMAL DELIVERY		
In- Hospital Expenses	\$15,000	\$17,500
Other Expenses including Pre & Post Natal Care	\$15,000	\$17,500
CAESAREAN SECTION		
In- Hospital Expenses	\$15,000	\$17,500
Other Expenses including Pre & Post Natal Care	\$35,000	\$42,500
Miscarriage	\$12,000	\$15,000

MISCELLANEOUS

Physiotherapy	\$1,000	\$1,500
No. of visits per disability	Unlimited	Unlimited
Speech Therapy	\$1,000	\$1,000
No. of visits per disability	Unlimited	Unlimited
Occupational Therapy - reimbursement only	\$1,000	\$1,000
No. of visits per year	10	10
Autism & Developmental Disorders - per contract year	\$250,000	\$250,000
Immunization (to age 13) - per contract year	80% of Cost	80% of Cost
HPV Vaccine (ages 12-26 years) - reimbursement only	80% of cost to \$5,000 per vaccine	80% of cost to \$5,000 per vaccine
Tubal Ligation / Vasectomy	80% of cost up to \$10,000	80% of cost up to \$10,000
Radiotherapy	80% of R&C	80% of R&C
Chemotherapy	80% of R&C	80% of R&C
Renal Dialysis	80% of R&C	80% of R&C
Hearing Aid - Each Ear - Once every 3 years	80% of cost to \$24,000	80% of cost to \$24,000
Local Ambulance	80% of R&C	80% of R&C
Supplemental Accident	\$3,000	\$3,000
Annual School Medicals-dependents under 18 years only	\$2,300	\$2,500
No. of visits per year	1	1

ANNUAL MAJOR MEDICAL MAXIMUM (MM)

Local Deductible	\$6,000	\$6,000
Room & Board - Local	\$4,500	\$4,500

OVERSEAS EMERGENCY

US\$50,000

US\$50,000

OVERSEAS NON - EMERGENCY CARE

(Preauthorisation required)

Deductible - Overseas (Non - Emergency)	US\$1,000	US\$1,000
Daily Room & Board Maximum	US\$100	US\$100
Other Medical Expenses	80% of R&C	80% of R&C
Air Transportation	N/A	N/A

DENTAL OPTICAL

80% of cost up to \$15,000
80% of cost up to \$15,000

80% of cost up to \$17,000
80% of cost up to \$17,000

Monthly Rates

STANDARD GOLD

EXECUTIVE GOLD

49 & Under

Member Only	\$5,993	\$6,731
Member + One Dependent	\$11,439	\$12,917
Member + 2 or more Dependents	\$15,798	\$17,866

50 to 60 Yrs

Member Only	\$8,383	\$9,415
Member + One Dependent	\$15,938	\$18,003
Member + 2 or more Dependents	\$21,983	\$24,875

61 to 64 Yrs

Member Only	\$13,631	\$14,848
Member + One Dependent	\$22,496	\$24,926
Member + 2 or more Dependents	\$29,587	\$32,990

65 Yrs & Over

Member Only	\$11,431	\$12,648
Member + One Dependent	\$20,296	\$22,726
Member + 2 or more Dependents	\$27,387	\$30,790

Rates include GCT

Rates seen are valid for June 1, 2021 - May 31, 2022

Supplemental Rider Plan

Offers additional coverage to base plans
(Standard Gold Plan & Executive Gold Plan)

Major Medical Plan

Provides **\$6,000,000** Major Medical coverage for Hospitalization and Surgeries. The plan also covers Chemotherapy, Radiology and Renal Dialysis.

Schedule of Benefits

	SUPPLEMENTAL RIDER	MAJOR MEDICAL PLAN
		Paid as Hospital Miscellaneous
DIAGNOSTIC PROCEDURES		
Laboratory & X-ray, Ultra-sound:		
Annual Limit per Member	100% of Cost	80% of Cost
CT Scan, MRI & Other Specialised Tests	100% of Cost	80% of Cost
		Paid as Hospital Miscellaneous
		N/A
PRESCRIPTION DRUGS		
Annual Limit per Member	Covered under Base Plan	
HOSPITALISATION		
Hospital R & B (Semi-private room)	100% of R&C	100% of R&C
No. of Days per Disability	120 + MM	120 + MM
Public Hospital Ward	100% up to \$1,000	100% up to \$1,000
Hospital Miscellaneous	100% of R&C	100% of R&C
Emergency Accident and Outpatient	100% of R&C	100% of R&C
In Hospital Doctor's Visit (non-surgical)	100% of R&C	100% of R&C
No. of Days per Disability	Unlimited	Unlimited
Private Nursing (per 8 hour shift)	80% of R&C	80% of R&C
Intensive Care (per day)	80% of R&C	80% of R&C
No. of Days per Annum	30	30
SURGERY		
Maximum Surgeon's Fee	80% of R&C	80% of R&C
Maximum Assistant Surgeon's Fee	33% of R&C	33% of R&C
Maximum Anaesthetist's Fee	40% of R&C	40% of R&C
Root Canal	80% of R&C	80% of R&C
Permanent Crowning as a Result of Root Canal	Covered under Base Plan	N/A
MATERNITY - In lieu of all other Benefits		
NORMAL DELIVERY		
In- Hospital Expenses	\$15,000	N/A
Other Expenses including Pre & Post Natal Care	\$15,000	N/A
CAESAREAN SECTION		
In- Hospital Expenses	\$15,000	N/A
Other Expenses including Pre & Post Natal Care	\$45,000	N/A
Miscarriage	\$15,000	N/A

Schedule of Benefits

	SUPPLEMENTAL RIDER	MAJOR MEDICAL PLAN Paid as Hospital Miscellaneous
MISCELLANEOUS		
Physiotherapy (only if hospitalized)	Covered under Base Plan	80% of R&C
Speech Therapy	Covered under Base Plan	N/A
Occupational Therapy - reimbursement only	Covered under Base Plan	N/A
Immunization (to age 13) - per contract year	80% of Cost	N/A
HPV Vaccine (ages 12-26 years) - reimbursement only	Covered under Base Plan	N/A
Tubal Ligation / Vasectomy	80% of cost up to \$10000	N/A
Radiotherapy	80% of R&C	80% of R&C
Chemotherapy	80% of R&C	80% of R&C
Renal Dialysis	80% of R&C	80% of R&C
Hearing Aid - Each Ear - Once every 3 years	80% of cost to \$24,000	N/A
Local Ambulance	80% of R&C	80% of R&C
ANNUAL MAJOR MEDICAL MAXIMUM		
Local Deductible	\$2,500,000	\$6,000,000
Room & Board - Local	\$6,000	\$25,000
OVERSEAS EMERGENCY	N/A	N/A
OVERSEAS NON - EMERGENCY CARE (Preauthorisation required)	N/A	N/A
Deductible - Overseas (Non - Emergency)	\$25,000	\$25,000
Daily Room & Board Maximum	US\$100	US\$100
Other Medical Expenses	80% of R&C	80% of R&C
Air Transportation	N/A	N/A
DENTAL/OPTICAL	N/A	N/A

Monthly Rates

SUPPLEMENTAL RIDER

Member Only	\$1,368
Member + One Dependent	\$2,734
Member + 2 or more Dependents	\$3,828

MAJOR MEDICAL

Member Only	\$2,328
Member + One Dependent	\$3,365
Member + 2 or more Dependents	\$4,195

Rates include GCT
 Rates seen are valid for June 1, 2021 - May 31, 2022

KEYTERMS AND DEFINITIONS

CLAIMS

Insurance claims are paid via an electronic adjudication system by way of a swipe card or the completion of a claim form by the medical provider for processing. Such 'paper claims' will require out of pocket payment to the service provider and must be submitted within ninety (90) days of the service date, after which reimbursement is made either by direct bank transfer or cheque payment. Claim forms are to be fully completed and accompanied by original receipts. All claims must be submitted through your Credit Union.

HEALTH CARDS & CLAIMS CHEQUES

Health Cards and Claims cheques will be dispatched at your respective Credit Union. Submission of claim forms should be done at your credit union.

LIFE INSURANCE

Please note, that the termination age remains at age 75 with the option to extend to age 99 on condition that a medical is submitted annually after age 74 years. Coverage is reduced by half at age 65 years.

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment AD&D ceases at age 69 years.

DEFINITION OF DISABILITY

Disability means the incapacity of the insured as a result of an accident leaving member completely unable to engage in any gainful occupation.

R&C

Reasonable and Customary (R&C) charges are set at the general level of fees usually charged for similar services or materials by professionals or institutions within the community where such fees are charged.

NHF/JADEP

Coordinate your benefits with NHF/JADEP.

WAITING PERIOD

There is a six (6) month waiting period for Hospitalization, Surgery & Major Diagnostic Services unless the service is necessitated by an emergency. There is a 9- month waiting period for maternity.

DEDUCTIBLE

The deductible is a one-time annual payment or accumulation of payments out of pocket where there is a need to access the Major Medical benefit after exhaustion of the basic benefit. A deductible is not required for a basic benefit to be paid. All claims must be submitted to satisfy the deductible.

LIMITATIONS AND DISCLAIMER

THIS BROCHURE IS IN NO WAY INTENDED TO BE A COMPLETE EXPLANATION OF ALL CONDITIONS, TERMS, LIMITATIONS, EXCLUSIONS AND OTHER PROVISIONS OF CONTRACT. THIS BROCHURE IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT INTENDED TO BE A CONTRACT OF INSURANCE.



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