



UNIVERSITY OF THE WEST INDIES – STUDENTS
SCHEDULE OF BENEFITS
Major Medical Care Coverage

Comprehensive Major Medical Benefit		
Benefit Maximum for each student		\$ 150,000.00
Benefit Period		(University Lifetime)
Deductible per Calendar Year		\$ 50.00
Benefit Payment: Co-insurance Percentage on the 1 st \$ 20,000.00 per Calendar Year		80%
Thereafter for the remainder of the Calendar Year		100%
Carry Over Provision		Last Three (3) Months of Calendar Year
Pre-existing Condition (Maximum per Disability)	- Applicable to New Students ONLY -	\$ 1,000.00
Internal Plan Limits: (Applies toward Lifetime Major Medical Maximum)		
AIDS or AIDS-related illnesses		\$ 20,000.00
Daily Room and Board Limit (Subject to the deductible & Co-insurance)		
Local		\$ 300.00
Overseas Caricom		\$ 1,000.00
Intensive Care		2.5 times ASPRR
ASPRR Means “Average Semi-Private Room Rate”		
Surgical Expense Benefit		
Benefit Payment		After the deductible 80% of R & C Charges
Other Hospital Services Benefit		
Benefit Payment		After the deductible 80% of R & C Charges
Miscellaneous Benefit		
Benefit Payment		After the deductible 80% of R & C Charges
Prescription Drug Benefit (Not Subject to the deductible)		
Benefit Payment		80% of R & C Charges
Diagnostic Expense Benefit		
Benefit Payment		After the deductible 80% of R & C Charges
Doctors Visit Benefit (Office, Home, Hospital)		
Benefit Payment	- Outside of University Panel	After the deductible 80% of R & C Charges
	- Within Within Panel	\$ 30.00

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Specialist (By referral ONLY)

Benefit Payment	- Out of Network	After the deductible 80% of R & C Charges
	- Within Network	\$ 50.00
Within Panel Not Subject to Deductible or Coinsurance		

Emergency Doctors Visit Benefit – (Home/Hospital)

Benefit Payment	After the deductible 80% of R & C Charges
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Psychiatric Benefit

(Subject to the deductible & Co-insurance)

Lifetime Maximum (Applicable to Out-patient & Hospital Care)	\$ 25,000.00
Out-patient Care	
Maximum per Treatment	\$ 50.00
Co Insurance Percentage	50%
Maximum Visits per Year	20
Hospital Confinement	
Co Insurance after Deductible	80%

Physiotherapy and other Health Care Professional Groups

Maximum per visit	\$ 40.00
Benefit Payment	After the deductible 80%

Local Ground Ambulance

Benefit Payment Percentage	After the deductible 80% of R & C Charges
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Medical Air Transportation Benefit

Maximum Number of Trips per Calendar Year	2
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Airfare **(Subject to the deductible or Co-insurance)**

Benefit Maximum per Calendar Year	\$ 1,500.00
Benefit Payment Percentage	80%

Emergency Air Ambulance **(Not Subject to the deductible or Co-insurance)**

Benefit Payment Percentage	100%
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Medical Air Transportation Limited to the Caribbean Region

*** R & C – Reasonable and Customary**

NB 80% of the Reasonable and Customary Charges are eligible for reimbursement.

Prescription Drugs

Reimbursement/ Payment limited to "prescribed drugs" as set out and required by law in the insurer's jurisdiction

Reimbursement for Unauthorized Overseas Treatment Will Now Be Subject To 60% of Eligible Expenses