Doctor's Visits (Office, Home, Hospital & Specialist) MAX.....$250.00
Maximum number of treatments per calendar year.....1 visit/day
Co-Insurance Percentage.....50%

Specialist Visits.....$300.00
Max number of treatments per calendar year.....1 visit/day

PSYCHIATRIC OUT-OF-HOSPITAL EXPENSE BENEFIT:
Maximum per treatment.....$250.00
Max number of treatments per calendar year.....20
Calendar Year Maximum $5000.00

PHYSIOTHERAPY BENEFIT:
Maximum per treatment.....$250.00
Max number of treatments per calendar year.....20
Calendar Year Maximum $5000.00

AIRFARE BENEFIT:
Maximum per trip.....$4,000.00
Maximum number of trips per calendar year.....$2
Co-Insurance Percentage.....50%

SURGICAL BENEFIT
(Reasonable & Customary rates apply).....50% of UCR after Deductible.
Miscellaneous Hospital Expenses.....50% after Deductible
Diagnostic/Xray/Lab.....50% after Deductible

EMERGENCY AIR AMBULANCE BENEFIT
Maximum number of trips per calendar year.....1
Benefit Payment.....USD$18,000.00

EMERGENCY LOCAL GROUND AMBULANCE BENEFIT
Benefit Payment.....100% of UCR

INTERNAL PLAN LIMITS LIFETIME MAXIMUMS
Mental & Nervous.....$25,000.00
Acquired Immune Deficiency Syndrome.....$50,000.00
Transplants.....$50% of Major Medical
Repatriation of Mortal Remains.....$20,000.00

AGE LIMIT FOR COVERAGE: 99TH BIRTHDAY.

VENTURE CREDIT UNION
CO-OPERATIVE SOCIETY LIMITED

VENTURE CREDIT UNION
CO-OPERATIVE SOCIETY LIMITED

Strength. Safety. Unity.

GROUP HEALTH PLAN

2 Noel Street North, Couva
63 Rushworth Street, San Fernando
233 Eastern Main Road, Arouca

Tel: 225 - 4VCU(4828)
www.venturecreditunion.com

WHY JUST DREAM. WHEN YOU CAN VENTURE

Health care is probably one of the most uncertain and expensive cost that every family faces.

VENTURE's Group Health Plan is there to assist with Medical Expenses.

The Plan covers expenses such as:

- Major medical (surgeries etc.)
- Doctors visits/specialists visits
- Hospital
- Dental
- Vision
- Maternity
- Preventative Care
- Miscellaneous (Prescription drugs, x-rays, labs etc.)

VENTURE is aware of this and our continuous effort to meet and exceed the needs of our membership we propose VENTURE's Group Health Plan.

DEPENDENT COVERAGE DETAILS

SPOUSE: Your dependent spouse (legal or common-law) can be included on the plan. For common-law parties a Common-Law Certificate would be required.

CHILDREN: Any unmarried children under the age of nineteen (19) years (including legally adopted or stepchildren) and who are fully dependent on the member. Children up to the age of twenty-three (23) years who are attending any institute of higher learning would be required to provide a letter from the university on an annual basis.

Members between the ages of 18-60 years are eligible to join as well as their dependents. The plan also carries a retiree benefit with coverage up to age 99 for any plan prior to age 60.

SINGLE	COUPLE	FAMILY
$827.00	$1,559.90	$2,124.60

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

Benefit $25,000.00

CREDIT UNION – ACTIVE MEMBERS — Lifecare Easiclaim

Maximum Benefit $500,000.00
Benefit Period .....LIFETIME
Deductible per Calendar Year $2,500.00
Deductibles per family 3
Co-Insurance Percentage – On the first $150,000 .....50%
Co-Insurance Percentage – Thereafter 50%
Carry Over Provision .....Last 3 months of Cal Yr.
Pre-existing Condition Maximum (24 mths) $1,000.00

DAILY ROOM & BOARD (Quoted in TT Dollars)

Overseas (Non-Caricom) $2,000.00
Locally (Caricom) $400.00
Intensive Care Benefit.....$2,500.00
(Locally & Overseas)

DOCTOR'S VISITS (Office, Home, Hospital & Specialist) MAX...$250.00

Maximum Per Disability .....1 visit/day
Co-Insurance Percentage.....50%

SPECIALIST VISITS.....$300.00

Maximum disability.....1 visit/day
Co-Insurance Percentage.....50%

PSYCHIATRIC OUT-OF-HOSPITAL EXPENSE BENEFIT

Maximum per Treatment.....$250.00
Maximum number of treatments per calendar year.....20
Co-Insurance Percentage.....50%
Calendar Year Maximum $5000.00

PHYSIOTHERAPY BENEFIT

Maximum per treatment.....$250.00
Maximum number of treatments per calendar year.....20
Co-Insurance Percentage.....50%

MATERNITY BENEFIT

Normal Delivery.....$3,000.00
Caesarean Section/Extra Uterine Pregnancy.....$5,000.00
Miscarriage/Dilation & Cuttrage/Pre-Natal
(included in Maternity Max.....$1,500.00

AIRFARE BENEFIT

Maximum per trip.....$4,000.00
Maximum number of trips per calendar year.....2
Co-Insurance Percentage.....50%

SURGICAL BENEFIT

(Reasonable & Customary rates apply).....50% after Deductible
Miscellaneous Benefit.....50% after Deductible
Diagnostic Benefit.....50% after Deductible

EMERGENCY AIR AMBULANCE BENEFIT

Maximum number of trips per calendar year.....1
Benefit Payment.....100%

EMERGENCY LOCAL GROUND AMBULANCE BENEFIT

Benefit Payment.....100% of UCR

INTERNAL PLAN LIMITS .....Lifetime Maximums

Mental and Nervous.....$25,000.00
Acquired Immune Deficiency Syndrome.....$50,000.00
Transplants.....$50% of major medical max, subject to UCR & consumer
Repatriation of Mortal Remains.....$20,000.00

AGE LIMIT FOR COVERAGE: 60TH BIRTHDAY

Preventative Care Benefits

Male Wellness*.....$750.00
Female Wellness*.....$750.00
*Available to all full-time employees and their covered spouses

Benefits are provided for routine examinations that may include any of the following:

1. Annual Physical Examination including:
   - Medical Exam
   - Blood Pressure Testing
   - Respiratory Assessment
   - Complete Urinalysis
   - Blood Profile – Fasting Blood sugar test, Total Cholesterol Check, Haemoglobin
2. Annual Gynecological and Pap Smear test for females between age 20 and 65
3. Annual Mammogram for females over 35 years old
4. Annual Proctology. Prostate Examination for males over 40 years
5. Routine Well Baby Immunizations – dep. child under age 5 - $100 limit
6. Doctor's visit – One Doctor's visit is payable one (1) Preventative Care Benefit per Annum.

DENTAL: 3 Month Waiting Period

ADVANTAGE
Maximum Benefit per Calendar Year.....$2,000.00
Deductible per Calendar Year.....$250.00

Benefit:

Level 1 – Preventative.....50%
Level 2 – Restorative.....50%
Level 3 – Major Restorative.....50%

VISION: 3 Month waiting period

Maximum per calendar year.....$1,500.00
Deductible.....$250.00
Co-Insurance Percentage.....80%
Contact Lense not medically required.....$750.00

AGE LIMIT FOR COVERAGE: 60TH BIRTHDAY

CREDIT UNION – Retirees age 61-99

ADVANTAGE
Maximum Benefit.....$350,000.00
Benefit Period.....LIFETIME
Deductibles per Calendar Year.....$2,500.00
Deductibles per Family.....3
Co-Insurance Percentage on the first $150,000.....50%
Carry Over Provision.....Last 3 months of Cal. Yr.

PRESCRIBED DRUGS (Controlled/Antibiotics) 60% - 40%

Calendar Year Maximum.....$6,000.00

DAILY ROOM & BOARD: (quotes in TT Dollars)

Overseas (Non-CARICOM).....$2,000.00
Locally CARICOM.....$400.00
Intensive Care Benefit.....$2,500.00
(Locally & Overseas)