



**GBL587/A/B – BARBADOS ASSOCIATION OF MEDICAL PRACTITIONERS**  
**EFFECTIVE 1ST JANUARY 2008**  
**SCHEDULE OF BENEFITS - DOCTORS**

<b><u>COMPREHENSIVE MAJOR MEDICAL</u></b>		<b>BDS\$</b>
Lifetime Benefit for Doctors		\$ 1,000,000.00
Deductible per Calendar Year		\$ 2,000.00
Deductibles per Family per Calendar Year		3
Benefit Payment: Co-insurance		
On the first \$ 25,000.00 per Calendar Year		75%
Thereafter to the Maximum		100%
<b>Carry-over Provision</b>	Last three (3) months of Calendar Year	
<b>Pre-existing Condition</b> (Maximum Per Disability)		\$ 750.00
<b><u>Internal Plan Limits</u></b>		<b>Lifetime Maximum</b>
Aids or Aids-related Illnesses		\$ 50,000.00
Transplants for Doctors		\$ 250,000.00
<b><u>Daily Room and Board Limit</u></b>		
1. Local (Caricom)		\$ 400.00
2. Overseas (Non-Caricom)		\$ 2,000.00
3. Intensive Care		2.5 times <b>A.S.P.R.R</b>
<b>A.S.P.R.R</b> means 'Average Semi-private Room Rate'		
<b><u>Surgical Expense Benefit</u></b>		
Benefit Payment	After the deductible 75% of R & C Charges	
<b><u>Miscellaneous Expense Benefit</u></b>		
Benefit Payment	After the deductible 75% of R & C Charges	
<b><u>Diagnostic Expense Benefit</u></b>		
Benefit Payment	After the deductible 75% of R & C Charges	
<b><u>Maternity Benefit (Not Subject to the Deductible)</u></b>		
Normal Delivery	75% to the maximum of	\$ 2,000.00
Caesarean Section	75% to the maximum of	\$ 2,500.00
Pre-Natal/Miscarriage	75% to the maximum of	\$ 1,000.00
<b>Complications including Extra Uterine pregnancy are treated as any other illness</b>		
<b><u>Private Duty Nursing:</u></b>		
Maximum per 8-hour shift – In Private Residence (Day)		\$ 70.00
Maximum per 8-hour shift – In Private Residence (Night)		\$ 100.00
Maximum per 8-hour shift – In Hospital (Night)		\$ 120.00

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**EFFECTIVE 1ST JANUARY 2008**  
**SCHEDULE OF BENEFITS - DOCTORS**

**COMPREHENSIVE MAJOR MEDICAL (CONT'D)**

**Psychiatric Benefit:**

Lifetime Maximum	\$ 25,000.00
Out-patient Care	
Maximum Per Treatment	\$ 70.00
Maximum Visits Per Calendar Year	20
Co-Insurance Percentage	50%

**Hospital Confinement**

Co-insurance after Deductible	75%
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**Physiotherapy and Other Health-care Professional Groups:**

Maximum per Treatment	\$ 60.00
Co-Insurance Percentage	75% after Deductible

**Local Ground Ambulance Benefit:**

Benefit Payment	After the deductible 75% of R & C Charges
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**Medical Air Transportation Benefit:**

Maximum trips per Calendar Year	2
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**Economy Airfare (Subject to the Deductible & Co-insurance)**

Maximum per Calendar Year	\$ 3,000.00
Benefit Payment	75%

**Emergency Air Ambulance (Not subject to the Deductible or Co-insurance)**

Benefit Payment	100%
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**GBL587 – BARBADOS ASSOCIATION OF MEDICAL PRACTITIONERS**  
**EFFECTIVE 1ST JANUARY 2008**  
**SCHEDULE OF BENEFITS - DOCTORS**

**COMPREHENSIVE MAJOR MEDICAL (CONT'D)**

**PREVENTATIVE CARE: (Not Subject to the Deductible)**

Annual Physical Examination benefit for <b>employees</b> only, including Medical Examination – N/A Complete Urinalysis – N/A Blood Profile – N/A, including Fasting Blood Sugar Test Total Cholesterol Check Haemoglobin Estimated Sedimentation Rate (ESR) Test	N/A
Annual GYN and Pap Smear test for each female employee or spouse of a male employee up to a maximum per year of	\$ 65.00
Annual Mammogram for each female employee or spouse of a male employee over age 40 to a maximum per year of	\$ 125.00
Annual Proctology/Prostate Examination for each male employee or spouse of a female employee over age 40 up to a maximum per year of	\$ 65.00
Routine Well Baby Immunisation for each dependent child under age 5 with an annual maximum per year of	\$ 100.00

**R & C means Reasonable & Customary Charges**

**Prescription Drugs – Reimbursement/ Payment limited to “prescribed drug” as set out and required by law in the insurer’s jurisdiction.**

**GBL587 – BARBADOS ASSOCIATION OF MEDICAL PRACTITIONERS**  
**EFFECTIVE 1ST JANUARY 2008**  
**SCHEDULE OF DENTAL BENEFITS**

Maximum Per Calendar Year	\$ 1,500.00
Deductible Per Calendar Year	\$ 25.00

**Benefit Amount:**

Level 1 – Preventative	80%
Level 2 – Restorative	80%
Level 3 – Major Restorative	80%

**All benefits are based on Reasonable & Customary charges**

**SCHEDULE OF VISION BENEFITS**

(a)	Complete Examination	\$ 40.00
(b)	Lenses, each	
	Single vision	\$ 40.00
	Bi-Focal	\$ 50.00
	Tri-Focal	\$ 60.00
	Lenticular	\$ 70.00
	Contact – When medically necessary	\$ 200.00
	Contact – When not medically necessary	\$ 100.00
(c)	Frames	\$ 200.00

**This benefit provides for the reimbursement of expenses incurred by necessary vision care treatment and supplies which are recommended by a duly qualified optician, optometrist or ophthalmologist up to the amounts shown in the schedule of benefits.**

**GBL587 – BARBADOS ASSOCIATION OF MEDICAL PRACTITIONERS**  
**EFFECTIVE 1ST JANUARY 2008**  
**ANCILLARY STAFF**  
**SCHEDULE OF BENEFITS**

<b><u>COMPREHENSIVE MAJOR MEDICAL</u></b>	<b>BDS\$</b>
Lifetime Benefit for Ancillary Staff	\$ 500,000.00
Lifetime Benefit for Retirees up to age 80	\$ 250,000.00
Deductible per Calendar Year	\$ 500.00
Deductibles per Family per Calendar Year	3
Benefit Payment: Co-insurance	
On the first \$ 25,000.00 per Calendar Year	80%
Thereafter to the Maximum	100%

**Carry-over Provision** Last three (3) months of Calendar Year

**Pre-existing Condition** (Maximum Per Disability) \$ 750.00

<b><u>Internal Plan Limits</u></b>	<b>Lifetime Maximum</b>
Aids or Aids-related Illnesses	\$ 50,000.00
Transplants for Ancillary Staff	\$ 250,000.00
Transplants for Retirees up to age 80	\$ 100,000.00

**Daily Room and Board Limit**

1. Local (Caricom)	\$ 400.00
2. Overseas (Non-Caricom)	\$ 2,000.00
3. Intensive Care	2.5 times <b>A.S.P.R.R</b>

**A.S.P.R.R** 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 Expense Benefit**

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

**Prescription Drugs Benefit**

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

**Diagnostic Expense Benefit**

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

**GBL587A/B – BARBADOS ASSOCIATION OF MEDICAL PRACTITIONERS**  
**EFFECTIVE 1ST JANUARY 2008**  
**SCHEDULE OF BENEFITS- ANCILLIARY STAFF**

**COMPREHENSIVE MAJOR MEDICAL (CONT'D)**

**Doctor's Visits Benefit: (Office, Home, Hospital and Specialist by Referral Only)**

Benefit payment After the deductible 80% of R & C Charges

**Emergency Doctor's Visits Benefit: (Home and Hospital)**

Benefit Payment After the deductible 80% of R & C Charges  
to a maximum of \$225.00

**Maternity Benefit (Not Subject to the Deductible)**

Normal Delivery	80% to the maximum of	\$ 2,000.00
Caesarean Section	80% to the maximum of	\$ 2,500.00
Pre-Natal/Miscarriage	80% to the maximum of	\$ 1,000.00

**Complications including Extra Uterine pregnancy are treated as any other illness**

**Private Duty Nursing:**

Maximum per 8-hour shift – In Private Residence (Day)	\$ 70.00
Maximum per 8-hour shift – In Private Residence (Night)	\$ 100.00
Maximum per 8-hour shift – In Hospital (Night)	\$ 120.00

**Psychiatric Benefit:**

Lifetime Maximum	\$ 25,000.00
Out-patient Care	
Maximum Per Treatment	\$ 70.00
Maximum Visits Per Calendar Year	20
Co-Insurance Percentage	50%

**Hospital Confinement**

Co-insurance after Deductible	80%
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**Physiotherapy and Other Health-care Professional Groups:**

Maximum per Treatment	\$ 60.00
Co-Insurance Percentage	80% after Deductible

**Local Ground Ambulance Benefit:**

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

**Medical Air Transportation Benefit: (not subject to the deductible or co-insurance)**

Maximum trips per Calendar Year	2
Benefit Payment (Economy Airfare)	100%
Benefit Payment (Emergency Air Ambulance)	100%

**GBL587A/B – BARBADOS ASSOCIATION OF MEDICAL PRACTITIONERS**  
**EFFECTIVE 1ST JANUARY 2008**  
**SCHEDULE OF BENEFITS- ANCILLIARY STAFF**

**COMPREHENSIVE MAJOR MEDICAL (CONT'D)**

**PREVENTATIVE CARE: (Not Subject to the Deductible)**

Annual Physical Examination benefit for <b>Ancillary Staff only</b> , including	\$	185.00
Medical Examination - \$75.00		
Complete Urinalysis - \$35.00		
Blood Profile - \$75.00, including		
Fasting Blood Sugar Test		
Total Cholesterol Check		
Haemoglobin		
Estimated Sedimentation Rate (ESR) Test		
Electrocardiogram – If necessary, as determined by Physician	\$	60.00
Annual GYN and Pap Smear test for each female employee or spouse of a male employee up to a maximum per year of	\$	65.00
Annual Mammogram for each female employee or spouse of a male employee over age 40 to a maximum per year of	\$	125.00
Annual Proctology/Prostate Examination for each male employee or spouse of a female employee over age 40 up to a maximum per year of	\$	65.00
Routine Well Baby Immunisation for each dependent child under age 5 with an annual maximum per year of	\$	100.00

**R & C means Reasonable & Customary Charges**

**Prescription Drugs – Reimbursement/ Payment limited to “prescribed drug” as set out and required by law in the insurer’s jurisdiction.**

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**EFFECTIVE 1ST JANUARY 2008**  
**SCHEDULE OF DENTAL BENEFITS- ANCILLIARY STAFF**

Maximum Per Calendar Year	\$ 1,500.00
Deductible Per Calendar Year	\$ 25.00

**Benefit Amount:**

Level 1 – Preventative	80%
Level 2 – Restorative	80%
Level 3 – Major Restorative	80%

**Orthodontia** – Limited to dependent children up to age nineteen (19)

Maximum per Calendar Year	\$ 1,500.00
Deductible per Calendar Year	\$ 50.00
Benefit Percentage	50%

**All benefits are based on Reasonable & Customary charges**

**SCHEDULE OF VISION BENEFITS**

(a) Complete Examination	\$ 40.00
(b) Lenses, each	
Single vision	\$ 40.00
Bi-Focal	\$ 50.00
Tri-Focal	\$ 60.00
Lenticular	\$ 70.00
Contact – When medically necessary	\$ 200.00
Contact – When not medically necessary	\$ 100.00
(c) Frames	\$ 200.00

**This benefit provides for the reimbursement of expenses incurred by necessary vision care treatment and supplies which are recommended by a duly qualified optician, optometrist or ophthalmologist up to the amounts shown in the schedule of benefits.**