

Claims Procedures for All Students

1. All Students who are covered under another Group or Individual health plan must claim on that plan first.
2. All relevant information **must** be included in the Co-ordination of Benefits box on the claim form for additional benefits to be made under the UWI Plan. There is no need to submit two sets of original claim documents.
3. Claims for treatment at a PMF will be on a reimbursement basis.
 - a. In the event of a Pre-Certification, the student will be required to pay the portion not covered by the Plan.
 - i. PMF would submit Claims to Guardian Life for appropriate reimbursement to Provider/Student.
 - b. For no Pre-Certification the student is required to pay the full cost of the medical services received and submit to UWI Guardian Life Group Health Claim Form for reimbursement.
 - i. Attach all original Receipts with Doctor's Name, RX Number, Name of Drug and Cost as well as all itemized Diagnostic tests and hospital expenses. Also ensure that the diagnosis is stated on the claim form.

For more information on Guardian Group you can call 800-5433 or visit www.myguardiangroup.com

Trinidad:
Head Office
1 Guardian Drive, Westmoorings
Trinidad
t: 868 632 5433 f: 868 632 5695



ii. Submit all documentations in the box provided at the University Health Services Unit for transmission to Guardian Life of the Caribbean Ltd.

iii. The University would forward these Claims to Guardian Life of the Caribbean Ltd for adjudication and reimbursement as otherwise agreed to or advised in writing.

Students are reminded to keep a copy of ALL Claim Documentations, in the event it is not received by the Bursary.

FREQUENTLY ASKED QUESTIONS

What is the Deductible?

This is the dollar amount of covered expenses for which the Insured is responsible before benefits are payable under the supplementary major medical plan.

What is Co-Insurance?

Under your Supplementary Major Medical plan, the co-insurance is: 90% - 10% on 1st \$20,000.00
100% - above \$20,000.00

This means that the plan will pay you back at 90% of eligible expenses up to the first \$20,000.00 after you have satisfied the Deductible. The plan will then pay you 100% of eligible expenses after that up to the maximum benefit stated in the schedule of benefits. You will be responsible for the other 10% of expenses up to \$20,000.00 out of your own pocket.

What are Reasonable & Customary Charges?

These are charges or fees determined by the Insurer to be the general rates charged by Providers who render of furnish treatments, services or supplies to persons who reside in the same area; and whose injury or illness is comparable in nature and severity.

For example, if a doctor charges \$3,000.00 for a surgical procedure and the normal level of fees for the procedure is \$2,000.00, then the plan will reimburse you based on the charge of \$2,000.00.

What is the time frame for submission?

All claims must be submitted to the insurer within 90 days of the date the service was rendered.

What is Pre-Certification?

Pre-certification is a notification of anticipated or scheduled medical services that is required in advance of the medical treatment.

All expenses for surgery must be Pre-certified.

EXPENSES NOT COVERED

1. PRE-EXISTING CONDITIONS

Pre-existing conditions are defined as conditions that were in existence before the cover was effective whether the insured was aware of it or not, and for which he/she may or may not have received advice or treatment

2. Expenses incurred before the effective date of coverage.

3. Routine Vision and Dental care, unless necessitated by accidental injury incurred while covered under this plan.

4. Cosmetic or plastic surgery unless necessitated by accidental injury incurred while covered under this plan.

5. All expenses related to Pregnancy (including childbirth, miscarriage or abortion) and complications arising there from.

6. Preventative medicine, homeopathy, alternative medicine, check-ups, expenses not medically necessary.

7. Expenses incurred for sexually transmitted diseases and/or its related complications.

8. Students must be financially cleared i.e. all fees due to the University must be paid for the Academic Year, before cover can take effect.

9. Call-out fee.

HEALTH GUARD

UWI Students
Group Health Plan
Revised August, 2015



HEALTH GUARD

UWI Students
Group Health Plan

The UWI Student Plan provides Emergency Services and assistance for Medical attention upon referral by UWI's HSU to the Eric Williams Medical Sciences Complex (EWMSC) and any Private Medical Facility (PMF). The plan is primarily an Emergency plan, but will cover other medical care requirements subject to the plan's referral and pre-certification requirements.

University life can be quite a challenge. Coping with responsibilities of growing up and an extensive workload has its rewards and problems.

Guardian Life of the Caribbean recognizes that in this special period of your life, you must take care of yourself so we have designed a comprehensive health package to cater to the dynamics of campus life.

UWI Students Group Health Plan

Offers extensive coverage for medical consultations and treatment with a maximum benefit of **\$100,000.00**. Now you can afford to take care of your health with this special plan that provides hospitalization, surgical and prescription benefits as well as considerable coverage on doctor's visits, specialist consultations, diagnostic x-rays and laboratory reports.

Effective August 1st, 2015 the plan now includes an increased Emergency Accident and Sickness benefit of \$ 10,000 and a new Emergency Dental Benefit of \$ 5,000.00. - **not subject to the deductible and co-insurance.**

**For more information, please call
CIC Insurance Brokers representatives at
623-117 1/4.**

Schedule of Benefits

(Assuming you do not have a Pre-existing condition or any of the Exclusions listed on the last page)

BENEFITS

HOSPITALIZATION

Room & Board
Maximum no. of days per disability 31
Miscellaneous In-Hospital Benefit \$500.00
\$5,000.00

EMERGENCY ACCIDENT & SICKNESS

BENEFIT

EMERGENCY DENTAL BENEFIT
No Deductible or co-insurance Apply
(Does not include "call-out" fee)
\$10,000.00
\$ 5,000.00

SURGICAL BENEFIT

Maximum per disability \$3,000.00
Anesthesia Benefits 25% of Surgical R&C
Anesthesia Conversion
Percentage N/A

DOCTORS' VISITS (Payable from 1st visit)

(a) Office \$150.00
(b) Home \$150.00
(c) Hospital \$100.00
Maximum per disability 31 visits

SPECIALIST CONSULTATION (On referral)

Maximum per consultation \$300.00
Maximum per disability 10 visits

DIAGNOSTICS, X-RAY & LABORATORY

Maximum per disability \$500.00

PRESCRIBED DRUGS BENEFIT

Maximum per disability \$500.00

OUT OF HOSPITAL PSYCHIATRIC BENEFIT

Maximum per treatment \$400.00
Maximum visits per Calendar Year 20
Annual Maximum - Psychiatric Drugs
Co-Insurance 80% -20%
\$5,000.00

MAJOR MEDICAL (Supplementary)

Maximum Benefit \$100,000.00
Deductible per Calendar Year \$250.00

GENERAL INFORMATION

All full time and part time students are eligible for coverage under the plan up to age 70 years.

Accessing medical services between

8:30 am to 7:00 pm

Full time and part time students with no primary health plan must first access medical attention at the UWI Health Service Unit (HSU). In the event of an emergency or as deemed necessary, the treating physician at the UWI HSU can refer the student for further medical treatment to the Eric Williams Medical Sciences Complex or any other Public Medical facility.

All students being referred to a Private Medical Facility (PMF) are required to sign an Emergency Specialist Care Referral form indicating that the student is responsible for their charges in excess of the plan benefit.

If the student is treated and discharged, the Emergency Benefit would apply to the limit of \$10,000.00. If the student is required to stay overnight, and Pre-certification is approved the student is required to pay the amount not covered by the Plan. If there is no Pre- certification the student is required to pay and submit a claim for reimbursement. All stay beyond one night requires Pre-certification and students are responsible for settling their portion of the charges on discharge.

Students also have the option of transferring to a Public Medical facility such as the Eric Williams Medical Sciences Complex.

NON-HOSPITAL CLAIMS

Students would be required to pay the full cost of service and make a normal medical claim for reimbursement.

EMERGENCY means the sudden and unexpected onset of a medical condition accompanied by acute signs or symptoms, which could reasonably result in placing the covered Insured's life or physical integrity in immediate danger if medical attention is not provided immediately.

In the event of an emergency and a student requires medical attention, they can access outpatient or inpatient treatment at any PMF in accordance with the following options:

1. Students can pay 100% of expenses and submit claim for reimbursement (in accordance with Policy Limitations) to Guardian Life.
2. When no/minimal upfront payment is being made by the student, the PMF would be responsible for contacting Dalian Medical Concierge Services Limited (hotlines - 338-2070 or 324-5341) for pre-approval.

Emergency cases would be allowed access at a PMF regardless of time.

