

Schedule of Benefits – Guardian Life of the Caribbean – Smart Choice Plan

IMPORTANT: This Schedule of Benefits should be read in conjunction with the Group Health Policy and is subject to the definitions, benefit limitations, exclusions and to all other provisions of the Group Health Policy. Covered medical expenses are based on the usual customary and reasonable charges incurred by you or your Dependents while insured hereunder for Medically Necessary treatment of an Illness or Injury.

IMPORTANT: Failure to pre-certify in accordance with the pre-certification requirement will result in an additional 20% penalty for Preferred Providers, and 20% for Non-Preferred Providers. This penalty is in addition to any other Coinsurance or Deductible stipulated in the Schedule of Benefits and applies in full notwithstanding any applicable maximum out of pocket expenses.

IMPORTANT: The Per Insured and Per Family Deductibles are applied to the covered medical expenses before the Coinsurance factors. The resulting net amount (after applications of Deductibles and Coinsurance) is always subject to any stipulated maximum dollar limit payable by Underwriters for the applicable medical treatment or condition. Family includes the Covered Insured, Spouse and any Dependents.

IMPORTANT: Once the Underwriters limit has been exhausted in respect of a specific treatment or condition then any further expenses relating to that treatment or condition are no longer covered, irrespective of any maximum out of pocket cap.

All currency is in EC\$	Non - Preferred Provider	Preferred Provider USA & Worldwide	Preferred Provider Anguilla, St Maarten/St Martin
Lifetime Maximum	\$1,344,100		
Per Insured per year Deductible	\$250	\$250	\$250 Waived in the Anguilla, St Maarten/St Martin
Family Year Deductible (2 Family members to satisfy)	\$500	\$500	\$500
Dental Services per Insured Person per Annual Insurance Period Deductible, if applicable	\$135	\$135	\$135
Dental Services per insured family per Annual Insurance Period Deductible (2 Family members to satisfy) if applicable	\$270	\$270	\$270
Co-Insurance factor Anguilla, St Maarten/St Martin			See Below
Co-Insurance factor USA & Worldwide	See Below	See Below	
Maximum out of pocket cap per individual each year for covered medical treatment	No Cap	\$5,376	\$2,688
Maximum out of pocket cap per Family	No Cap	\$10,752	\$5,376
Non pre-certification penalty	20%	20%	20%

Covered Medical Expenses and Coinsurance Factors

All currency is in EC\$	Percentage of Covered Expenses payable by Underwriters		
	Non-Preferred Provider	Preferred Provider - USA & Worldwide	Preferred Provider - Anguilla, St Maarten/St Martin
Hospital Treatment including: Semi-private room - after 60 days of confinement, the Extended Care Facility Benefit applies Surgeon's / Physicians fees Assistant Surgeon's fee (20% of Surgeons fee) Pre-certification Required	75%	80%	80%
Extended Care Facility After a period of confinement, a maximum of \$134 payable per day up to a maximum of 120 days	75%	80%	80%
Subject to a lifetime maximum of \$16,129			
Rehabilitation Facility Pre-Certification required	75%	80%	80%
Home Health Care/Hospice Care After a period of confinement, a maximum of \$134 payable per day up to a maximum of 120 days	75%	80%	80%
Subject to a lifetime maximum of \$16,129			
Emergency Room including non-emergency treatment in emergency room	75%	80%	80%
Out Patient Diagnostic Testing benefit MRI, CT Scans, Endoscopy, Cardiovascular Studies and any other Diagnostic Procedures Pre-certification Required	75%	80%	80%
Subject to a lifetime maximum of \$16,129			
Prescription per item	75%	80%	80%
Doctors and Specialist Visits	75%	80%	80%
Second Surgical Opinion (no deductible)	75%	80%	80%
Preventative Care Services-subject to an overall maximum of \$2,688 per policy year for the following services:			
<ul style="list-style-type: none"> • Annual Routine Medical Exam 	100%	100%	100%
<ul style="list-style-type: none"> • Screening Mammogram 	100%	100%	100%
<ul style="list-style-type: none"> • Prostate Cancer Screening 	100%	100%	100%
<ul style="list-style-type: none"> • Annual Pap Smear 	100%	100%	100%
<ul style="list-style-type: none"> • Routine Diagnostic Lab Test & Other Routine Screening Exams 	80%	80%	80%
<ul style="list-style-type: none"> • Vaccinations/Immunizations up to age 5 years old 	100%	100%	100%

All currency is in EC\$	Non-Preferred Provider	Preferred Provider - USA & Worldwide	Preferred Provider - Anguilla, St Maarten/St Martin
Airfare Benefit Maximum two trips per year	100%	100%	100%
	Subject to a maximum of \$3,000 per policy year		
Private Duty Nursing - \$134 per day, maximum of 30 days per year	75%	80%	80%
Pre-certification required	Subject to a maximum amount of \$4,032 per policy year		
Hearing Test/Examination Consultation/Office Visit	50%	60%	60%
Hearing Test	75%	80%	80%
Hearing Aid	75%	80%	80%
Organ Transplants including Pre and Post Operative Treatments	75%	80%	80%
Pre-certification Required	Subject to a lifetime maximum amount \$201,615		
Air Ambulance	100%	100%	100%
Pre-certification required	Subject to a maximum amount of \$67,205 per policy year		
Ground Ambulance @ \$202per trip	100%	100%	100%
	Subject to a maximum amount of \$404 per policy year		
Birth Abnormalities, Congenital Conditions, Premature Birth, or Other Defects in newborn children	75%	80%	80%
	Subject to a maximum amount for any insured child of \$134,410		
All Treatment for AIDS, HIV, ARC	75%	80%	80%
Pre-certification Required	Subject to a maximum amount of \$13,441 per policy year and lifetime maximum of \$53,764		
Chemotherapy	75%	80%	80%
Pre-certification Required			
Radiotherapy	75%	80%	80%
Pre-certification Required			
Physical Therapy - up to 20 one hour sessions per annual insurance period – maximum \$135 per session	75%	80%	80%
Psychiatric Care, including prescription drugs - Limited to 20 treatments per annum with a maximum of \$202 per office visit	50%	50%	50%
	Subject to a maximum amount of \$6,721 per policy year and lifetime maximum of \$26,882		
Durable Medical Equipment By prescription only	75%	80%	80%
Alcoholism and Substance Abuse	75%	80%	80%
	Subject to a maximum of \$6,721 per policy year and lifetime maximum of \$26,882		

All currency is in EC\$	Percentage of Covered Expenses payable by Underwriters
Dental Care Benefits: Diagnostic/preventative Basic restorative Major Replacement Orthodontia	80% (deductible waived) 80% (deductible waived) 80% (deductible applies) Subject to a maximum of \$2,688 per policy year per insured person 80% (deductible applies) Subject to a lifetime maximum benefit payable per member of \$2,688
Vision Care Benefits: per person, per year \$1,075 Eye Examination - one per year Lenses (All types) - one pair per year Frames - one pair per year Contact Lenses	80% 80% 80% 80% Subject to a maximum of \$1,075 per policy year per insured person

Maternity Benefits

The Underwriter will pay covered Maternity Benefits for a Covered Insured or Spouse up to a maximum of \$10,753 per pregnancy, for services, including doctors fees, Hospital fees and hospitalisation relating to prenatal care, postnatal care, delivery, complication of pregnancy, and charges relating to well baby nursery care.

All currency is in EC\$	Percentage of Covered Expenses payable by Underwriters
Pre and Post Natal Care Office visits Doctors Fees: Normal delivery Pre-certification required Caesarean Section Pre-certification required Ectopic or other complications Pre Certification Required	80% 80% 80% 80%
Hospital Fees: Maternity Pre-certification required	80% Subject to a maximum of \$10,753 per pregnancy