

# **Millennium Security Plan**

For  
**Security Officers**

**&**

**Employees of Security**

**Firms**

**Designed and Administered by:**



**Millennium Insurance Brokers Limited**

# Millennium Security Plan

## COMPREHENSIVE MAJOR MEDICAL PLAN

|                           | <u>Active (age 18-64)</u> | <u>Retirees (age 65+)</u> |
|---------------------------|---------------------------|---------------------------|
| <u>MAXIMUM BENEFIT</u>    | \$500,000.00              | \$250,000.00              |
| <u>BENEFIT PERIOD</u>     | 3-Year Revolving          | Lifetime                  |
| <u>CO-INSURANCE – 80%</u> |                           |                           |

### CO PAYMENT

#### SPECIFIC LIMITS

##### DEDUCTIBLE – CALENDAR YEAR

|            |          |
|------------|----------|
| Individual | \$300.00 |
| Family     | \$900.00 |

##### DAILY ROOM & BOARD

|                               |     |
|-------------------------------|-----|
| Overseas Average Semi-Private | 80% |
| Locally Average Semi-Private  | 80% |

##### PRESCRIPTION DRUGS

80%  
Of the cost of eligible  
Prescribed Drugs

##### MATERNITY BENEFIT

|  |            |      |
|--|------------|------|
| Normal Delivery  | \$4,000.00 | 100% |
| Caesarean Section/<br>Extra Uterine Pregnancy Surgical Benefit |            | 80%  |
| Miscarriage  | \$1,500.00 | 100% |

\*10 months waiting period from the effective date of coverage

##### AIRFARE BENEFIT

|                             |            |     |
|-----------------------------|------------|-----|
| Maximum per Trip            | \$4,000.00 | 80% |
| No. trips per Calendar year | 2          |     |

##### AIR AMBULANCE BENEFIT

|                    |               |      |
|--------------------|---------------|------|
| Maximum per trip   | SUS 10,000.00 | 100% |
| No. trips per year | 1             |      |

##### DOCTORS VISITS

|                |                  |     |
|----------------|------------------|-----|
| Office         | (Limit \$150.00) | 80% |
| Home, Hospital | (Limit \$200.00) |     |

##### SPECIALISTS VISITS

|                |                  |     |
|----------------|------------------|-----|
| Office         | (Limit \$300.00) | 80% |
| Home, Hospital | (Limit \$350.00) |     |

# Millennium Security Plan

## CO PAYMENT

### SPECIFIC LIMITS

#### EMERGENCY ACCIDENT

|                |                     |     |
|----------------|---------------------|-----|
| Per disability | \$500.00/\$1,000.00 | 90% |
|----------------|---------------------|-----|

#### DENTAL CARE

|                                   |            |
|-----------------------------------|------------|
| Maximum Benefit per Calendar Year | \$2,000.00 |
| Deductible per Calendar Year      | \$100.00   |

#### Benefits

|                   |                        |     |
|-------------------|------------------------|-----|
| Preventative      | Reasonable & Customary | 80% |
| Basic Restorative | Reasonable & Customary | 80% |
| Major Restorative | Reasonable & Customary | 80% |

#### Orthodontic Treatment

|   |     |
|---|-----|
| Included in Maximum Yearly Benefit (up to age 19) | 75% |
|---|-----|

|                |          |
|----------------|----------|
| WAITING PERIOD | 3 Months |
|----------------|----------|

#### VISION CARE

|                              |            |     |
|------------------------------|------------|-----|
| Maximum Benefit              | \$1,200.00 | 80% |
| Deductible per Calendar Year | \$100.00   |     |
| Contact Lenses               | \$600.00   | 80% |
| Frames 24 consecutive Months |            |     |
| Lenses 12 consecutive Months |            |     |
| WAITING PERIOD               | 3 Months   |     |

#### PREVENTATIVE CARE BENEFIT

##### *Males*

|                                 |          |
|---------------------------------|----------|
| Lipid Profile                   | \$150.00 |
| Annual Medical Examination      | \$400.00 |
| Annual Test for Prostate Cancer | \$200.00 |
| Annual Glaucoma Test            | \$100.00 |

##### *Females*

|                            |          |
|----------------------------|----------|
| Lipid Profile              | \$150.00 |
| Annual Medical Examination | \$400.00 |
| Annual Mammogram           | \$250.00 |
| Annual Pap Smear           | \$75.00  |
| Annual Glaucoma Test       | \$100.00 |

##### *Children*

|  |           |
|--|-----------|
| Vaccinations Children up to age five (5) | \$1000.00 |
|--|-----------|

## Millennium Security Plan

### OTHER COVERED BENEFITS

**CO-INSURANCE**                      **80% (Reasonable & Customary)**

|                          |                        |
|--------------------------|------------------------|
| Surgical Benefits        | Lithotripsy            |
| Assistant Surgeon        | Anesthesia             |
| Organ Transplant         | Blood & Derivatives    |
| Use of Medical Equipment | Laboratory             |
| X-rays                   | Other Diagnostic Tests |
| Allergy Testing          | **Chemotherapy         |
| **Renal Dialysis         | *Speech Physiotherapy  |
| *Psychiatric Care        | Well Baby Care         |

\*Maximum \$5,000.00 per calendar year

\*\*Maximum \$50,000.00 per calendar year

N/B Pre Existing Conditions are not covered

PRE- CERTIFICATION REQUIRED FOR:

- All non-emergency inpatient hospital admissions
- Surgical Procedures
- MRI's & CAT Scans
- :

### ADVANTAGES of the Plan:

- *A Pro –Active Health Care Card*
- *Coverage for the Lifetime of the Insured*
- *Benefits are portable*
- *Coverage can be converted to Individual Health Plan*
- *No Claim Forms to be completed*
- *Small cash outlay at time of receiving Medical Attention*
- *Access to an extensive, growing Network of Health Care Providers throughout Trinidad & Tobago*
- *Coverage for Substance Abuse and Mental Illness*
- *Extended Prescription Drug Coverage for Chronic Problems*
- *Emergency Air Ambulance*
- *Total confidentiality*

**GROUP LIFE/ACCIDENTAL DEATH AND DISMEMBERMENT (Actives Only)**

**GROUP LIFE**

Benefit Per Covered Member **\$100,000.00**

**GROUP ACCIDENTAL DEATH**

Benefit Per Covered Member **\$100,000.00**

**DISMEMBERMENT (from Accident)**

Benefit Per Covered Member:-

Loss of both hands at/or above the wrist \$100,000.00

Loss of both feet at/or above the ankle \$100,000.00

Complete loss of sight in both eyes \$100,000.00

Loss of one hand and one foot as defined above \$100,000.00

Loss of one hand or one foot as defined above together with the loss of sight in one eye \$100,000.00

Loss of one hand as defined above \$50,000.00

Loss of one foot as defined above \$50,000.00

Complete loss of sight in one eye \$50,000.00

Loss of thumb and index finger of one hand \$30,000.00

**LOSS OF USE (from Accident)**

Both hands or both feet \$100,000.00

One hand and one foot \$100,000.00

One hand or one foot \$50,000.00

**SCHEDULE OF MONTHLY PREMIUMS**

| <b><u>TOTAL MONTHLY PREMIUMS</u></b> | <b><u>Active Employees</u></b> | <b><u>Retirees</u></b> |
|--------------------------------------|--------------------------------|------------------------|
| Member Only                          | \$197.00                       | \$174.00               |
| Member & 1 Dependant                 | \$312.00                       | \$311.00               |
| Member & Family                      | \$438.00                       | -                      |

## Eligibility to Join

✓ **Must be a Security Officer or  
Employee of a Security  
Company**

|                     |  |
|---------------------|--|
| Age 18-54           | Complete an Enrollment Card.   |
| Age 55-59           | Complete an Enrollment Card and a Health Statement.  |
| Age 60 and Over     | Not Eligible to Join.<br>(However, once you join the plan prior to age 60, the plan covers you to age 99). |
| Eligible Dependents | Spouse.<br>Children under age 19.<br>Children ages 19 to 25 attending university.                          |



MILLENNIUM INSURANCE BROKERS  
LIMITED



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