TWCU

TWCU Credit Union Co-operative Society Limited

Your Group Insurance Plan

Effective: September 1, 2026

Underwritten and Managed by

Tatil
... where people are people

TATIL LIFE
Guaranteed Protection

CIC
INSURANCE BROKERS LTD
the wings of cover

ABOUT THE PLAN

TWCU Credit Union Co-operative Society Limited is committed to the financial well-being of our members. We are pleased to offer our members access to this Comprehensive Major Medical Health and Life plan.

NB: Life Coverage is Mandatory once enrolled onto the Health Plan.

WHO CAN JOIN THE PLAN

Members of TWCU Credit Union in good standing can access the plan. You can add the following family members, who qualify as eligible dependents, to your Health Plan.

Eligibility Requirements

TWCU Credit Union Members

- **Maximum** age of **entry** is 55 years old
- **Maximum** age of **coverage** is 64 years old for Junior Members
- Junior Members must be on the plan for at least ten years to transfer to the Senior Members plan
- Underwriting required for all new members (Plan's 1, 2 & 3)
- For new members joining the "under age 45 division", reduced underwriting required
- Members on the previous Health Plan will be treated as transferred to the same division
- Pre-existing conditions not covered for all new members

Dependents:

Legal/common-law spouse age 55 and under

- Children who are unemployed (up to 21st birthday)
- Children who attend school full-time (21st to 25th birthday)
- Student Letters are required annually for coverage to be extended

For married members:

- One spouse can be registered as the primary insured with family coverage

HOW TO ENROLL

Members on previous plan:

- Application form
- Valid copy of one (1) form of national identification
- Copy of Bank Statement to verify banking information for payment of claims

New Members age 55 and under:

- Application form
- Completed Evidence of Insurability form
- Valid copy of one (1) form of national identification
- Copy of Bank Statement to verify banking information for payment of claims

Addition of dependents:

- Change of policy form
- Copy of birth and/or marriage certificate
- Completed Evidence of Insurability form (Adults)/ Infant form (ages 0-4)
- Full-time student letter for dependent child/children (21st to 25th birthday)

PRE-EXISTING CONDITIONS

A pre-existing condition is any ailment, disease, illness, injury or condition which started before the Covered Insured's or Covered Dependent's effective date of coverage as outlined in the Policy Schedule. This will include medication and/or treatment received, or symptoms experienced for such conditions, whether the condition has been diagnosed or not before coverage has started.

NB: Pre-existing conditions are not covered for new members

COMPREHENSIVE MAJOR MEDICAL PLAN

BENEFITS IN TT$

MEMBERS UNDER AGE 65	PLAN 1	PLAN 2	PLAN 3
MAJOR MEDICAL MAXIMUM	$300,000.00	$500,000.00	$1,000,000.00
Benefit Period	3 Years	3 Years	3 Years
Calendar year deductible IN & OUT OF NETWORK	$750.00	$750.00	$750.00
Deductible per family	$2,250.00	$2,250.00	$2,250.00
Co-insurance	65%/35%	65%/35%	65%/35%
Pre-existing conditions not covered (new members) 12 month limitation does not apply			
DAILY HOSPITAL ROOM AND BOARD LIMIT	65% up to	65% up to	65% up to
Local (Caricom)	$450.00	$450.00	$450.00
Overseas (Non-Caricom)	$1,500.00	$1,500.00	$1,500.00
Intensive Care (Caricom)	$450.00	$450.00	$450.00
Intensive Care (Non-Caricom)	$1,800.00	$1,800.00	$1,800.00
MISCELLANEOUS HOSPITAL EXPENSE	65% after deductible	65% after deductible	65% after deductible
Maximum per calendar year	$50,000.00	$50,000.00	$50,000.00
SURGICAL EXPENSE			
Surgical Maximum	65% of R&C Charges	65% of R&C Charges	65% of R&C Charges
Anaesthesia	25% of Surgical R&C	25% of Surgical R&C	25% of Surgical R&C
DOCTOR'S VISIT	65% up to	65% up to	65% up to
Office/Home/Hospital Visit	$200.00	$200.00	$200.00
Maximum number of visits	1 visit per day	1 visit per day	1 visit per day
SPECIALIST CONSULTATION EXPENSE (No referral required)	65% up to	65% up to	65% up to
Office/Home/Hospital Visit	$300.00	$300.00	$300.00
Maximum number of visits per calendar year	10	10	10
Maximum number of visits	1 visit per day	1 visit per day	1 visit per day
PRESCRIBED DRUGS	65% after deductible	65% after deductible	65% after deductible
Maximum per calendar year	$20,000.00	$20,000.00	$20,000.00
DIAGNOSTIC EXPENSE	65% after deductible	65% after deductible	65% after deductible
Co-pay per diagnostic claim by date of service	$100.00	$100.00	$100.00
HOME NURSING CARE (Medically prescribed home nursing by a registered nurse following hospitalisation due to serious accident/illness)	65% up to	65% up to	65% up to
Maximum per day	$250.00	$250.00	$250.00
Maximum per calendar year	$20,000.00	$20,000.00	$20,000.00
EMERGENCY ACCIDENT & OUTPATIENT	65% up to	65% up to	65% up to
Maximum Benefit - In Office	$500.00	$500.00	$500.00
Maximum Benefit - In Hospital	$1,000.00	$1,000.00	$1,000.00
Co-pay per Emergency Accident - In Hospital claim by date of service	$100.00	$100.00	$100.00
PHYSICAL/ CARDIAC/ REHABILITATION/ RESPIRATORY/ OCCUPATIONAL/ SPEECH THERAPY (upon referral)	65% up to	65% up to	65% up to
Maximum per visit	$150.00	$150.00	$150.00
Maximum per calendar year	$5,000.00	$5,000.00	$5,000.00
PSYCHIATRIC CARE (no referral required)	65% up to	65% up to	65% up to
Maximum per treatment	$250.00	$250.00	$250.00
Maximum per calendar year	20 visits	20 visits	20 visits

ACUPUNCTURE BENEFIT (must be performed by a licensed Physician and referred by a Physician)	65% up to	65% up to	65% up to
Maximum per consultation	$300.00	$300.00	$300.00
Maximum per calendar year	20 visits	20 visits	20 visits
CHIROPRACTIC BENEFIT (must be a member of CATT and referred by a Physician)	65% up to	65% up to	65% up to
Maximum per consultation	$300.00	$300.00	$300.00
Maximum per calendar year	20 visits	20 visits	20 visits
MATERNITY EXPENSE BENEFIT	100% up to	100% up to	100% up to
Normal Delivery	$4,000.00	$4,000.00	$4,000.00
Caesarean section/ Extra-uterine pregnancy	Payable as Surgery	Payable as Surgery	Payable as Surgery
Miscarriage/Dilation&Curettage	$1,500.00	$1,500.00	$1,500.00
Pre-natal (included in maternity maximum)	$1,500.00	$1,500.00	$1,500.00
* Conception date must be at least 30 days from inception of coverage			
AIRFARE BENEFIT	65% up to	65% up to	65% up to
Maximum per trip	$4,000.00	$4,000.00	$4,000.00
Number of trips per calendar year	Two (2)	Two (2)	Two (2)
EMERGENCY AIR AMBULANCE BENEFIT	100% up to	100% up to	100% up to
Maximum per calendar year	$120,000.00	$120,000.00	$120,000.00
Number of trips per calendar year	One (1)	One (1)	One (1)
EMERGENCY LOCAL GROUND AMBULANCE BENEFIT	100% of R&C	100% of R&C	100% of R&C
PREVENTATIVE CARE EXPENSE	100% up to	100% up to	100% up to
1. Annual Medical Examination (applicable to employee and spouse only)	$400.00	$400.00	$400.00
Services must be provided by a Physician and include:			
* Blood Pressure Testing			
* Respiratory Testing			
* Complete Urinalysis			
* Complete Blood Testing (HbA1c, CBC, Kidney function test, Liver function test, FBS, Creatinine)			
* Glucose Testing			
2. Annual Lipid profile	$150.00	$150.00	$150.00
3. Annual Gynecological and Pap Smear test for females between ages 20 to 65	$75.00	$75.00	$75.00
4. Annual Mammogram for females over 35 years	$250.00	$250.00	$250.00
5. Annual Prostate Test for males over 40 years	$300.00	$300.00	$300.00
6. Annual Glaucoma Test	$100.00	$100.00	$100.00
7. Annual CA125 test for Ovarian Cancer (for High Risk Women as recommended by a Physician)	$400.00	$400.00	$400.00
8. Vaccinations/Immunizations for children up to age 12	$1,000.00	$1,000.00	$1,000.00
INTERNAL PLAN LIMITS : CALENDAR YEAR MAXIMUM			
Radiotherapy/Chemotherapy/Dialysis	65% after deductible	65% after deductible	65% after deductible
Congenital Birth Defects/ Newborn Care	$100,000.00	$100,000.00	$100,000.00
Durable Medical Equipment Prosthesis (on initial equipment only)	$10,000.00	$10,000.00	$10,000.00
LIFETIME MAXIMUMS:-			
Mental & Nervous Disorders	$25,000.00	$25,000.00	$25,000.00
Organ transplants	50% of Major Medical Max	50% of Major Medical Max	50% of Major Medical Max
Repatriation of Mortal Remains	$10,000.00	$10,000.00	$10,000.00

COMPREHENSIVE MAJOR MEDICAL PLAN

VISION CARE BENEFIT (6 month waiting period)			
Calendar year deductible	$200.00	$200.00	$200.00
Co-insurance	65%/35%	65%/35%	65%/35%
Maximum per calendar year	$1,200.00	$1,200.00	$1,200.00
Contact Lenses (included in Vision Max)	$600.00	$600.00	$600.00
*Examination, Lenses and Contacts will be limited to one (1) per person every twelve (12) consecutive months			
*Frames will be limited to one set (1) per person every twenty-four (24) consecutive months			

DENTAL CARE BENEFIT (6 months waiting period)			
Calendar year deductible	$200.00	$200.00	$200.00
Maximum per calendar year	$2,500.00	$2,500.00	$2,500.00
Co-insurance	65%/35%	65%/35%	65%/35%
Orthodontic Treatment (for children up to age 19)			
Maximum Lifetime Benefit	$2,500.00	$2,500.00	$2,500.00
Annual Maximum Benefit	$1,250.00	$1,250.00	$1,250.00
Orthodontic Co-insurance	50%/50%	50%/50%	50%/50%

GROUP LIFE BENEFITS	PLAN 1	PLAN 2	PLAN 3
Life Coverage (Members only)	$50,000.00	$50,000.00	$50,000.00

	MEMBERS UNDER AGE 45	**SENIOR MEMBERS AGE 65 & OVER**
MAJOR MEDICAL MAXIMUM	$500,000.00	$300,000.00
Benefit Period	3 Years	3 Years
Calendar year deductible IN & OUT OF NETWORK	$300.00	$2,500.00
Deductible per family	$900.00	$5,000.00
Co-insurance	75%/25%	50%/50%
Pre-existing conditions not covered (new members) 12 month limitation does not apply		
DAILY HOSPITAL ROOM AND BOARD LIMIT	75% up to	50% up to
Local (Caricom)	$450.00	$450.00
Overseas (Non-Caricom)	$1,500.00	$1,500.00
Intensive Care (Caricom)	$450.00	$450.00
Intensive Care (Non-Caricom)	$1,800.00	$1,800.00
MISCELLANEOUS HOSPITAL EXPENSE	75% after deductible	50% after deductible
Maximum per calendar year	$150,000.00	$50,000.00
SURGICAL EXPENSE		
Surgical Maximum	75% of R&C Charges	50% of R&C Charges
Anaesthesia	25% of Surgical R&C	25% of Surgical R&C
DOCTOR'S VISIT	75% up to	50% up to
Office	$250.00	$150.00
Home/Hospital Visit	$250.00	$200.00
Maximum number of visits	1 visit per day	1 visit per day
SPECIALIST CONSULTATION EXPENSE	75% up to	50% up to
(No referral required)		
Office	$350.00	$300.00
Home/Hospital Visit	$350.00	$350.00
Maximum number of visits per calendar year	10	10
Maximum number of visits	1 visit per day	1 visit per day

COMPREHENSIVE MAJOR MEDICAL PLAN

PRESCRIBED DRUGS	75% after deductible	50% after deductible
Maximum per calendar year	Not applicable	$20,000.00
DIAGNOSTIC EXPENSE	75% after deductible	50% after deductible
Co-pay per diagnostic claim by date of service	$50.00	$100.00
HOME NURSING CARE		
(Medically prescribed home nursing by a registered nurse		
following hospitalisation due to serious accident/illness)	75% up to	50% up to
Maximum per day	$250.00	$250.00
Maximum per calendar year	$20,000.00	$20,000.00
EMERGENCY ACCIDENT & OUT-PATIENT	75% up to	50% up to
Maximum Benefit - In Office	$500.00	$500.00
Maximum Benefit - In Hospital	$1,000.00	$1,000.00
Co-pay per Emergency Accident -		
In Hospital claim by date of service	$100.00	$100.00
PHYSICAL/CARDIAC/ REHABILITATION/		
RESPIRATORY/OCCUPATIONAL/		
SPEECH THERAPY (upon referral)	75% up to	50% up to
Maximum per visit	$150.00	$150.00
Maximum per calendar year	$5,000.00	$5,000.00
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Maximum per treatment	$250.00	$250.00
Maximum per calendar year	20 visits	20 visits
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(must be a member of CATT and referred by a physician)	75% up to	50% up to
Maximum per consultation	$300.00	$200.00
Maximum per calendar year	20 visits	20 visits
MATERNITY EXPENSE BENEFIT	100% up to	Not covered
Normal Delivery	$4,000.00	
Caesarean section/ Extra-uterine pregnancy	Payable as Surgery	
Miscarriage/Dilation&Curettage	$1,500.00	
Pre-natal (included in Maternity Maximum)	$1,500.00	
* Conception date must be at least 30 days from inception of coverage		
AIRFARE BENEFIT	75% up to	50% up to
Maximum per trip	$4,000.00	$4,000.00
Number of trips per calendar year	Two (2)	Two (2)
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Maximum per calendar year	$120,000.00	$120,000.00
Number of trips per calendar year	One (1)	One (1)
EMERGENCY LOCAL GROUND AMBULANCE BENEFIT	100% of R&C	100% of R&C

COMPREHENSIVE MAJOR MEDICAL PLAN

PREVENTATIVE CARE EXPENSE	100% up to	100% up to
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Services must be provided by a Physician and include:		
* Blood Pressure Testing		
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* Glucose Testing		
2. Annual Lipid profile	$150.00	$150.00
3. Annual Gynecological and Pap Smear test for females between ages 20 to 65	$75.00	$75.00
4. Annual Mammogram for females over 35 years	$250.00	$250.00
5. Annual Prostate Test for males over 40 years	$300.00	$300.00
6. Annual Glaucoma Test	$100.00	$100.00
7. Annual CA125 test for Ovarian Cancer (for High Risk Women as recommended by a Physician)	$400.00	$400.00
8. Vaccinations/Immunizations for children up to age 12	$1,000.00	Not applicable
INTERNAL PLAN LIMITS :		
CALENDAR YEAR MAXIMUM		
Radiotherapy/Chemotherapy/Dialysis	75% after deductible	50% after deductible
Congenital Birth Defects/ Newborn Care	$100,000.00	Not applicable
Durable Medical Equipment Prosthesis (on initial equipment only)	$10,000.00	$10,000.00
LIFETIME MAXIMUMS:-		
Mental & Nervous Disorders	$25,000.00	$25,000.00
Organ transplants	50% of Major Medical Max	50% of Major Medical Max
Repatriation of Mortal Remains	$10,000.00	$10,000.00
VISION CARE BENEFIT (6 month waiting period)		
Calendar year deductible	$200.00	$200.00
Co-insurance	75%/25%	50%/50%
Maximum per calendar year	$1,500.00	$1,200.00
Contact Lenses (included in Vision Max)	$600.00	$600.00
*Examination, Lenses and Contacts will be limited to one (1) per person every twelve (12) consecutive months		
*Frames will be limited to one set (1) per person every twenty-four (24) consecutive months		
DENTAL CARE BENEFIT (6 month waiting period)		
Calendar year deductible	$200.00	$200.00
Maximum per calendar year	$3,000.00	$2,500.00
Co-insurance	75%/25%	50%/50%
Orthodontic Treatment (for children up to age 19)		Not applicable
Maximum Lifetime Benefit	$3,000.00	
Annual Maximum Benefit	$1,500.00	
Orthodontic Co-insurance	50%/50%	
GROUP LIFE BENEFITS	MEMBERS UNDER AGE 45	SENIOR MEMBERS AGE 65 & OVER
Life Coverage (Members only)	$50,000.00	$20,000.00

VALUE ADDED SERVICES

Health Portal

- Easily access all health plan information, 24/7, from the convenience of any internet connected device, smartphone, tablet or computer.
- Submit claims securely online at mytatilhealth.com for processing and payment
- Track the status of claims submitted for reimbursement
- View copies of previous claim documents submitted (via portal)
- Access to medical, dental and vision balance
- Receive email notification when claims are processed
- Access to download and print schedule of benefits, claim forms etc.
- Access Provider Network Listing

Sign up on the Health Portal

- Go to mytatilhealth.com click 'Create New Login Account'
- Click 'Select' under 'Members'
- Fill out all fields. Enter the security code as shown (case sensitive) and click 'Next'
- Select two secret questions and type in their answers. Click 'Next'
- Agree to the Web Confidentiality Agreement and click 'Save'
- An email will be sent to the email address you provided. Click the link to the portal guiding you to create your password
- Once your password is successfully created, you will receive a confirmation email

CLAIM SUBMISSION

Claims can be submitted via the health portal, emailed to health@tatil.co.tt or placed in the drop box at TWCU Credit Union

Note that for a claim to be eligible for processing, the documents must be submitted within 90 days from the date the service was incurred

CLAIM REIMBURSEMENT VIA DIRECT DEPOSIT

Claim Submission

Receive payments quickly and securely, directly to your bank account. Provide an email address and receive notification of claim payment and your Explanation of Benefits.

Advantages:

- Faster reimbursement
- No waiting in long bank lines to 'deposit' a cheque
- No holding of cheques to be cleared by banks
- No waiting for a stale-dated or misplaced cheque to be reissued
- No additional cost to the insured/policyholder

LOCAL PROVIDER NETWORK

Access to 300+ providers throughout Trinidad & Tobago. Benefits of using our provider network include:

Patients only pay their responsibility (co-payment)

Patient does not have to submit claim forms

PREMIER (DISCOUNT) CARD MEMBERSHIP

Entitles you to discounts from merchants. No subscription fees.

Premier Card Merchants: https://www.ansamcal.com/premier-card/merchant-listing

SIGN UP TODAY

TWCU Credit Union Co-operative Society Limited
Main Office: No. 105/107 Henry Street, Port of Spain, Trinidad
Tobago Unit: Port Mall Shopping Centre, 1st Floor #A3,
Sangster Hill, Scarborough, Tobago
Tel: (868) 623-4444 / 623-3441
Cell/WhatsApp: (868) 797-6387 (Tobago Only)
Email: info@twcu.co.tt / tobago@twcu.co.tt
WEBSITE: twcu.co.tt • Instagram: @twcu_tt • Facebook: www.facebook.com/twcutt