



## Global Series Schedule of Benefits

Effective 1 April 2009 – 31 March 2010

<b>Basic (Act) Benefits for Care and Services at KEMH*</b>	
Public Ward Hospitalization	\$1056.00 per day
Newborn Infants Unit Hospitalization	\$451.00 per day
Mid Atlantic Wellness Institute Hospitalization	\$683.00 per day (maximum 40 days per calendar year)
Hospice Inpatient Care	\$549.00 per day (maximum 40 days per calendar year)
Emergency & Outpatient Services, Inpatient Laboratory & Diagnostic Imaging	100% of the Bermuda Fee Schedule
Government Approved Private Testing Facility	100% of the Bermuda Fee Schedule
Artificial Limbs and Appliances	\$15,000.00 per lifetime

<b>Supplementary Benefits for Care &amp; Services at KEMH</b>	
Semi Private Ward Hospitalization*	\$1,262.00 per day
Private Ward Hospitalization*	\$1,514.00 per day
Charges for Surgery, Anesthesia, and Doctor's visits	100% of the Bermuda Fee Schedule
Ground Ambulance	100% of the Bermuda Fee Schedule
Prosthetic Supplies	100% of the Bermuda Fee Schedule

\* Number of inpatient days per year is unlimited

<b>Vision Care (VC on your insurance card)</b>	
Annual Eye Exam (performed by an Optometrist)	\$75.00 (1 visit every 12 months)
Glasses or Contact Lenses	\$600.00 maximum every 24 months
◆ LASIK Eye Surgery	Maximum lifetime benefit of <b>\$250.00 Global Plus</b> or <b>\$2,500.00 Global Elite</b>

◆ Applies to consult & services including pre and post operative care

<b>Prescribed Medications (PD on your insurance card)</b>
80% for prescribed brand name drugs 100% for prescribed generic drugs 75% for prescribed oral contraceptives

**Note: Items in red denote change from 2008**

Global Health

Global Plus

Global Elite

<b>Preventative &amp; Diagnostic Services (H/O on your insurance card)</b>	
Asthma or Allergy or Audiology Initial Consult	\$120.00
Asthma or Allergy or Audiology Subsequent Visits	\$41.00 (2 visits per calendar year)
Nutritional Initial Consult	\$120.00
Nutritional Subsequent Visits	\$30.00 (6 visits per calendar year)
Diabetic Counseling Initial Consult	\$120.00
Diabetic Counseling Subsequent Visits	\$30.00 (6 visits per calendar year)
Annual General Health Exam General Practitioner**	\$119.00
Annual General Health Exam Specialist**	\$184.00
Routine Diagnostic Testing performed w/ annual exam	\$246.00 maximum per calendar year
Annual GYN exam ∞	\$115.00 (1 visit every 12 months)
Well Baby Care	\$53.00 (Maximum 8 visits in first 2 years of life)
Pediatric Annual Exam	\$100.00 (Valid for children age 2 to 16 years old)
Diagnostic Testing & Imaging at a Private Facility	100% of the Bermuda Fee Schedule

\*\* One exam every 12 months if over age 40 or every 24 months if under age 40

∞ Females: one annual physical or GYN exam is separately reimbursed only if 6 months apart or performed by two different physicians

<b>Home and Office Medical Benefits (H/O on your insurance card)</b>	
General Practitioner Office Visit	\$53.00
General Practitioner or Specialist Home Visit	\$120.00
Specialist Initial Consult	\$184.00 per Consult
Specialist Follow-up visit	\$53.00
In Office Surgery	100% of the Bermuda Fee Schedule
Physical/Occupational/Speech Therapy, TENS, Chiropractor, Therapeutic Massage or Acupuncture	\$55.00 per visit (\$1000.00 maximum per year)
Chiropracist/Podiatrist	\$47.00 (12 visits per calendar year)
Outpatient or In Office Psychiatry	\$136.00 (25 visits per calendar year)
Outpatient or In Office Clinical Psychology (Individual)	\$75.00 (12 visits per calendar year)
Outpatient or In Office Clinical Psychology (Group Therapy)	\$35.00 (24 visits per calendar year)

**Note: Items in red denote change from 2008**

<b>Major Medical Benefits</b>	
<b>(MGH, MGP, MGE on your insurance card)</b>	
Lifetime maximum per Insured	Under age 65 - \$5,000,000.00      Over age 65 - \$500,000.00
Lifetime maximum per Insured for transplants (e.g. solid organ or bone marrow)	Up to \$1,000,000.00
Inpatient Care Overseas Room & Board	Reasonable and Customary charges up to a maximum of 120 days per year if under age 65 or 45 days per calendar year if over age 65
Intensive Care Unit Overseas Room & Board	Reasonable and Customary charges up to a maximum of 120 days per year if under age 65 or 45 days per calendar year if over age 65
Overseas Outpatient & Emergency Services	Reasonable and Customary charges
Surgical, Anaesthesia, Diagnostic & Medical Care	Reasonable and Customary charges
Inpatient treatment for Substance Abuse	<b>\$683.00 per day- Maximum of two 28 day admissions per lifetime</b>
Overseas Executive Health Examination	<b>\$1,500.00 Global Plus</b> or <b>\$2,000.00 Global Elite</b> per calendar year
Inpatient Physical Rehabilitation Room & Board	<b>Global Health \$45,000.00, Global Plus \$60,000.00, Global Elite \$90,000.00</b> per calendar year
Skilled Nursing Facility Room & Board	\$25,000.00 per calendar year
Home Health Nursing Care	Maximum of 4 hours per day (up to \$25,000.00 per calendar year)
Ground Ambulance	Usual & Customary charges payable at 100%
Commercial Air Fare≈	Maximum \$4,000.00 per calendar year
Overseas Hotel Accommodation≈	Maximum \$150.00 per day (up to 120 days per calendar year) Inclusive of ground transport, food and/or room rate
Sclerotherapy	Up to \$5,000.00 in any 6 year period (maximum of 6 treatments)
Air Ambulance (must be pre-approved)	Reasonable and Customary charges payable at 100%
Hearing Aids	<b>\$1,500.00 Global Health, \$2,000.00 Global Plus, \$2,500.00 Global Elite per aid and per ear every 5 years</b>
Durable Medical Equipment	80% up to \$15,000.00 per calendar year
Orthotics and Surgical Hose	Reasonable & Customary charges, maximum 2 pair per year
Allergy Testing	80% to a maximum of \$500.00 per lifetime
Allergy Injections	80% to a maximum of \$500.00 per calendar year
Repatriation of remains	Maximum of \$5,000.00

≈ Airfare/Accommodation expenses are not reimbursed for elective care

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<b>Overseas Care</b>			
	<b>Global Health</b>	<b>Global Health Plus</b>	<b>Global Elite</b>
<b>Emergency Treatment</b>	100% of Reasonable & Customary charges for services	100% of Reasonable & Customary charges for services	100% of Reasonable & Customary charges for services
<b>Referred Treatment/Medically Necessary Care</b>  (please refer to your Health Insurance Policy for the definition of Overseas Medically Necessary Care )	100% of Reasonable & Customary charges if services rendered within BF&M's Preferred Provider Network & pre-approved.  50% of Reasonable & Customary charges if services rendered outside of BF&M's Preferred Provider Network.	100% of Reasonable & Customary charges if services rendered within BF&M's Preferred Provider Network & pre-approved.  75% of Reasonable & Customary charges if services rendered outside of BF&M's Preferred Provider Network.	100% of Reasonable & Customary charges if services rendered in or out of BF&M's Preferred Provider Network & pre-approved.
<b>Elective Treatment</b>  ♣ Airfare and accommodation costs are not covered for elective care	Reasonable & Customary charges are considered & paid in accordance with the Bermuda Fee Schedule for services.	75% of Reasonable & Customary charges	100% of Reasonable & Customary charges if services rendered within BF&M's Preferred Provider Network & pre-approved.  75% of Reasonable & Customary charges if services rendered outside of BF&M's Preferred Provider Network.

<b>Dental Benefits</b>			
<i>BF&amp;M requests submission of a cost estimate for services exceeding \$500</i>	<b>Global Health</b>	<b>Global Health Plus</b>	<b>Global Elite</b>
<b>Basic Dental (BD on your insurance card)</b>	Medically Necessary services paid in accordance with ODA Fee Guide	Medically Necessary services paid in accordance with ODA Fee Guide	Medically Necessary services paid in accordance with ODA** Fee Guide
<b>Periodontal Treatment (BD on your insurance card)</b>	Maximum of \$1,500.00 per calendar year paid at 50%	Maximum of \$1,500.00 per calendar year paid at 50%	Maximum of \$1,500.00 per calendar year paid at 80%
<b>Restorative (R or R8 on your insurance card)</b>	Maximum of \$3,000.00 per calendar year paid at 50%♣	Maximum of \$3,000.00 per calendar year paid at 50% or 80% dependent on plan type	Maximum of \$4,500.00 per calendar year paid at 80%
<b>Orthodontic (O on your insurance card)■</b>	Maximum of \$3,000.00 per lifetime and \$1,500.00 per calendar year paid at 50%	Maximum of \$3,000.00 per lifetime and \$1,500.00 per calendar year paid at 50%	Maximum of \$3,000.00 per lifetime and \$1,500.00 per calendar year paid at 50%

■ Applicable to insured dependant child

\*\*ODA = 2009 Ontario Dental Association Fee Guide

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