



Select Health Schedule of Benefits

Effective 1 April 2012– 31 March 2013

Basic (Act) Benefits for Care and Services at KEMH*	
Public Ward Hospitalization	As per the Health Insurance Act
Newborn Infants Unit Hospitalization	As per the Health Insurance Act
Mid Atlantic Wellness Institute Hospitalization	As per the Health Insurance Act
Hospice Inpatient Care	As per the Health Insurance Act
Emergency & Outpatient Services, Inpatient Laboratory & Diagnostic Imaging	100% of the BHB Fee Schedule
Government Approved Private Testing Facility	100% of the Bermuda Fee Schedule
Artificial Limbs and Appliances	\$15,000.00 per lifetime

Vision Care (VC on your insurance card)	
Annual Eye exam (performed by an Optometrist)	\$82.00 (1 visit every 12 months)
Glasses or Contact Lenses	\$600.00 maximum every 24 months

Prescribed Drugs (PD on your insurance card)	
75 % brand and generic	

Preventative & Diagnostic Services (H/O on your insurance card)	
Asthma or Allergy or Audiology Initial Consult	\$131.00
Asthma or Allergy or Audiology Subsequent Visits	\$44.00 (2 visits per calendar year)
Nutritional Initial Consult	\$131.00
Nutritional Subsequent Visits	\$33.00 (6 visits per calendar year)
Diabetic Counseling Initial Consult	\$131.00
Diabetic Counseling Subsequent Visits	\$33.00 (6 visits per calendar year)
Annual General Health Exam General Practitioner**	\$130.00
Annual General Health Exam Specialist**	\$200.00
Routine Diagnostic Testing performed w/ annual exam	\$269.00 maximum per calendar year
Annual GYN exam ∞	\$126.00 (1 visit every 12 months)
Well Baby Care	\$58.00 (Maximum 8 visits in first 2 years of life)
Pediatric Annual Exam	\$109.00 (Valid for children age 2 to 16 years old)
Diagnostic Testing & Imaging at a Private Facility	100% of the Bermuda Fee Schedule
Cardiac Care	\$127.00 per session (23 visits per calendar year)

Note: Items in red denote change from 2011

Home and Office Medical Benefits (H/O on your insurance card)	
General Practitioner Office Visit	\$75.00
General Practitioner or Specialist Home Visit	\$131.00
Specialist Initial Consult	\$200.00 per Consult (1 consult every 6 months for a new/different diagnosis)
Specialist Follow-up visit	\$75.00
In Office Surgery	100% of the Bermuda Fee Schedule
Physical/Occupational/Speech Therapy, TENS, Chiropractor, Therapeutic Massage or Acupuncture or Lymphedema	\$60.00 per visit (\$1,000.00 maximum per year)
Chiropodist/Podiatrist	\$51.00 (12 visits per calendar year)
Outpatient or In Office Psychiatry	\$148.00 (25 visits per calendar year)
Outpatient or In Office Clinical Psychology (Individual)	\$82.00 (12 visits per calendar year)
Outpatient or In Office Clinical Psychology (Group Therapy)	\$38.00 (24 visits per calendar year)

Major Medical Benefits	
Lifetime maximum per Insured	Under age 65 - \$5,000,000.00 Over age 65 - \$500,000.00
Lifetime maximum per Insured for transplants	Up to \$1,000,000.00
Inpatient Care Overseas Room & Board in a general hospital	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 in a general hospital	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	Mid Atlantic Wellness Institute rate per day- Maximum of two 28 day admissions per lifetime
Inpatient Physical Rehabilitation Room & Board	Public ward rate per day to a maximum of \$25,000.00 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%
Durable Medical Equipment	80% up to \$15,000.00 per calendar year
Orthotics and Surgical Hose	Reasonable & Customary charges, maximum 2 pair per year
Genetic Testing	\$3,500.00 per lifetime (must be pre-approved)
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

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Overseas Care	
Emergency Treatment	100% of Reasonable & Customary charges for services
Referred Treatment/Medically Necessary Care	100% of Reasonable & Customary charges if services rendered within BF&M's Preferred Provider Network & pre-approved or if not in network/pre-approved reasonable and and customary charges paid in accordance with the Bermuda Fee Schedule for Services.
Elective Treatment[♣]	Reasonable & Customary charges are considered & paid in accordance with the Bermuda Fee Schedule for services.
[♣] Airfare and accommodation costs are not covered for elective care	

Dental Benefits	
<i>BF&M requests submission of a cost estimate for services exceeding \$500</i>	
Basic Dental (BD on your insurance card)	Medically Necessary services paid in accordance with ODA Fee Guide (note: 12 month recall examination)