



SmartCare Individual Health Schedule of Benefits

Effective 1 April 2009 – 31 March 2010

Basic (Act) Benefits for Care and Services at KEMH*	
Public Ward Hospitalization	\$1,056.00 per day
Newborn Infants Unit Hospitalization	\$452.00 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, 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

Supplementary Benefits for Care & Services at KEMH	
Semi Private Ward Hospitalization*	\$1,262.00 per day
Private Ward Hospitalization*	\$1,514.00 per day
Charges for Surgery, Anesthesia, Diagnostic Labs & Imaging at KEMH	100% of the Bermuda Fee Schedule
Ground Ambulance	100% of the Bermuda Fee Schedule
Prosthetic Supplies	100% of the Bermuda Fee Schedule

Preventative & Diagnostic Services (H/O on your insurance card)	
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)
Annual Eye exam (performed by an Optometrist)	\$75.00 (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

* Number of inpatient days per year is unlimited

** 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

Note: Items in red denote change from 2008

Home and Office Medical Benefits (H/O on your insurance card)	
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 (\$1,000.00 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)

Prescribed Medications (PD on your insurance card)
80% for prescribed brand name drugs 100% for prescribed generic drugs Maximum of \$3,000.00 per calendar year

Vision Care (VC on your insurance card)	
Glasses or Contact Lenses	\$600.00 maximum every 24 months

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
Periodontal Treatment (BD on your insurance card)	Maximum of \$1,500.00 per calendar year paid at 50%

**ODA = 2009 Ontario Dental Association Fee Guide

Major Medical Benefits (MM on your insurance card)	
Lifetime maximum per Insured	Under age 65 - \$1,000,000.00 Over age 65 - \$500,000.00
Maximum per calendar year	\$100,000.00
Deductible amount Insured or Insured dependant	\$500.00 per calendar year
Maximum per insured per calendar year	\$250.00 per calendar year
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, Anesthesia, Diagnostic & Laboratory Services	Reasonable and Customary charges
Inpatient treatment for Substance Abuse	\$683.00 per day- Maximum of two 28 day admissions per lifetime
Inpatient Physical Rehabilitation Room & Board	\$45,000.00 maximum per calendar year
Skilled Nursing Facility Room & Board	\$25,000.00 per lifetime
Home Health Nursing Care	Maximum of 4 hours per day (up to \$25,000.00 per lifetime)
Ground Ambulance	Reasonable & Customary payable at 100%
Commercial Air Fare≈	Economy class ticket to a 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
Air Ambulance (Preferred Providers only)	Reasonable and Customary charges
Hearing Aids	\$1,500.00 every 5 years per aid and per ear
Durable Medical Equipment	\$15,000.00 per calendar year paid at 80%
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	Lifetime maximum of \$5,000.00

Overseas Care	
Emergency Treatment	100% of Reasonable & Customary charges for services
Referred Treatment/Medically Necessary Care (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.
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