# **Global Series**

# Schedule of Medical & Dental Benefits

Effective June 1, 2020

### Standard Health Benefits

The following benefits are paid as per the Health Insurance Act, the Bermuda Government Legislated Fee Schedule or the BF&M fee schedule, whichever is applicable:

Hospital Room & Board, Mid Atlantic Wellness Institute Inpatient and Outpatient Services, Hospice Care, Hospital Outpatient Services, Emergency Department, Physician's Services, In-Office Surgery, Local Diagnostic Testing & Imaging, Ground Ambulance, Home Medical Services, Prosthetic Devices & Implantable Appliances, Dialysis, Artificial Limbs, Therapeutic Optometry Diagnostics (approved providers)

## Home and Office Benefits

Genera	I Practitione	r

- Local Office Visit	\$120
- Home Visit	\$180
- Follow-Up Office Visit (Overseas)	\$250

Specialist (initial consultations for the same diagnosis covered once every six months if treated by the same physician)

months if treated by the same physician)	
- Initial Consult (Local)	\$300
- Initial Consult (Overseas)	\$325
- Home Visit	\$180
- Follow-Up Office Visit (Local)	\$120
- Follow-Up Office Visit (Overseas)	\$250

## Preventative and Diagnostic Benefits

Health/Wellness		

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- General Practitioner (max 1 visit per year)	\$320
- Gynecological (max 1 visit per year)	\$320
- Pediatric (age 2-16; max 1 visit per year)	\$185
- Lab/Diagnostic Testing (max per year)	\$625
Well Baby Care (max 8 visits per year)	\$110

Medical Second Opinion, Telemedicine Consults (local and overseas)

- ALLY and ACCESS Programs 100% of billed charges

## Therapeutic Benefits

Chiropractor, Therapeutic Massage and Acupuncture	\$85
Physical Therapy, Occupational Therapy, and Speech	
Therapy (\$2,885 Combined max per year)	
Chiropodist / Podiatrist (max 20 visits per year)	\$78
Lymphedema Services (max 28 visits per year)	\$161

## Mental Health Benefits

- Group Therapy (max 25 visits per year)

Psychiatry (max 12 visits per year)	\$185
Clinical Psychologist or Licensed Counselors and Therapists,	
including Art Therapy and ABA Therapy	
- Individual Therapy (max 25 visits per year)	\$120

### Wellness Benefits

Asthma, Allergy, COPD, Smoking Cessation and Audiology	
- Initial Consult	\$159
- Follow-Up Visits (max 6 visits per year)	\$70
Medical Nutritional Therapy	
- Initial Consult	\$200
- Follow-Up Visit (Individual)	\$100
- Follow-Up Visit (Group)	\$50
Diabetic Counselling	
- Initial Consult	\$149
- Follow-Up Visit (max 6 visits per year)	\$45

Chronic Disease Management Programs<sup>1</sup> (max 26 visits per year) \$142 <sup>1</sup>. Includes Private Cardiac Care (CORE), BF&M Registered Weight Management

### Nutrition Education Programs

- Kurbo Mobile Nutrition Coaching App
   BF&M Eat Right for Life Programs
   100% of billed charges
- Nutrition Services<sup>2</sup> (provided by Registered Dieticians or Approved Nutritionists)
- Initial Consult \$162
- Follow-Up and Group Visits (max 12 visits per year) \$70

# Pervasive Developmental Disorders, ADD, ADHD

The following benefits are paid at 100% of billed charges (pre-authorization required)

- Pediatric Assessments for Autism Spectrum Disorder, Pervasive Developmental Disorders, ADD, ADHD
- Treatments for any Pervasive Developmental Disorder, ADD, ADHD. Includes family or individual applied behavioral analysis therapies, family psychoeducational therapy, occupational, speech, physical, and behavioral therapies. (max \$10,000 per member per year)

#### Vision Care

\$50

Eye	Exam (max 1 visit per year)	\$120
Visio	on Hardware <sup>3</sup> (max per 24 months)	\$850
	ion hardware includes glasses, prescription sunglasses, work-related saf ggles and contact lenses	fety

Lasik Surgery (no waiting period; max per lifetime)

- Global Health	\$3,000
- Global Plus	\$3,000
- Global Elite	\$4,000

## Prescription Medications<sup>4</sup>

Brand drugs and oral contraceptives/injections	80%
Generic drugs	100%

<sup>4.</sup> Prescriptions over \$5,000 must be pre-authorized



<sup>1.</sup> Includes Private Cardiac Care (CORE), BF&M Registered Weight Management Programs (Ocean Rock, BWOC, North Shore Medical, E-Fit), Registered Diabetes Management Programs (Premier Health, North Shore Medical), Cardiopulmonary Rehab, OMNI Medical

Includes Nutrifit, CHIP program, E-Fit 10/6/2 program, North Shore Medical Chronic Disease Self-Management Program, OMNI Medical

# **Global Series**

# Schedule of Medical & Dental Benefits

Effective June 1, 2020

## Lifetime Maximum for Major Medical Benefits

All Insured Members \$5,000,000

## Overseas Hospital Benefits

The following benefits are paid as per the schedule below, based on plan and network status:

Medical or Mental Health Hospital-Based Inpatient and Outpatient Services, Transplant Services, Professional fees, Inpatient Treatment for Substance Abuse<sup>5</sup>, Prosthetic Devices, Implantable Appliances, Diagnostic Testing and Imaging at a Private Facility, Therapeutic Optometry Diagnostics (approved providers)

Pre-Authorized or Emergent Treatment 100% of billed charges
Not Authorized or Out-Of-Network
- Global Health 50% of billed charges

50% of billed charges
80% of billed charges
85% of billed charges

<sup>5.</sup> Inpatient Treatment for Substance abuse is limited to a maximum of two, 28-day admissions per lifetime

In-Network providers are extensive and updated regularly. Please contact the Nurse Case Management Team at <a href="mailto:careoverseas@bfm.bm">careoverseas@bfm.bm</a> to verify network status.

## Major Medical - Worldwide Benefits

Overseas Executive Health Examination (max 1 visit per year)

- Global Health	\$1,000
- Global Plus	\$2,000
- Global Elite	\$3,000

## Inpatient Physical Rehabilitation Room and Board

- Global Health	\$45,000 (max per year)
- Global Plus	\$60,000 (max per year)
- Global Elite	\$90,000 (max per year)
Skilled Nursing Facility Room & Board	\$25,000 (max per year)
Commercial Economy Airfare <sup>7</sup>	\$6,000 (max per year)
Overseas Hotel Accommodations <sup>7</sup>	\$300 (max per day)
	\$27,000 (max per year)

<sup>7.</sup> Airfare and accommodation expenses are only applicable for care that is preauthorized by the Company and in-network.

## Major Medical - Local & Worldwide Benefits

Home Health Nursing Care <sup>8</sup> (includes custodial and medical care)	\$25,000 (max per year)	
8. Provider must be an RN or CNA licensed within the practicing jurisdiction		
Sclerotherapy	\$6,000 (max every 6 years)	
Air Ambulance (must be pre-authorized)	100% of billed charges (Unlimited per year)	
Hearing Aids	\$4,100 (max every 5 years)	
Durable Medical Equipment (Max \$15,000 per year)		
Medical Alarm Device hardware and other durable medical equipment	80% of billed charges	
Orthotics, Surgical Hose, Wigs and Surgical Bras (max 2 each per year)	80% of billed charges	
Genetic Testing (must be pre-authorized)	\$4,040 (max per lifetime)	
Allergy Testing	\$650 (max every 5 years)	

## Dental Benefits9

Allergy Injections (max \$625 per year)

Immunizations & Injections

Repatriation of Remains

9. Pre-treatment estimates must be sent to the Company for review if service is expected to cost more than \$1,500. All dental benefits paid at a percentage of the Ontario Dental Association (ODA) Fee Guide

80% of billed charges

80% of billed charges

\$25,000

Basic Dental: cleaning, scaling, root planning,	100% ODA
fluoride, polish (max \$1,400 per year)	
Basic Dental & Endodontic (unlimited)	100% ODA
Periodontal Treatment	
- Global Health (max \$2,000 per year)	50% ODA
- Global Plus (max \$2,000 per year)	50% ODA
- Global Elite (max \$2,200 per year)	100% ODA
Restorative	
- Global Health (max \$4,000 per year)	50% ODA
- Global Plus (max \$4,000 per year)	50% ODA
- Global Elite (max \$4,800 per year)	100% ODA
Orthodontic <sup>10</sup> (max \$3,000 per lifetime)	100% ODA

 $<sup>^{\</sup>rm 10.}$  Orthodontic services include adults and invisalign

Insurance Card Identifiers:

- BD = Basic and Periodontal Benefits
- R or R50 = Global Health & Global Plus Restorative Benefits
- R80 or R100 = Global Elite Restorative Benefits
- O = Orthodontic Benefits

If you have questions regarding your health or dental coverage, please contact the BF&M Claims Department at <a href="healthclaims@bfm.bm">healthclaims@bfm.bm</a> or via phone at 295-5566 ext. 4002. A representative of the claims team will be able to assist you with your queries.

Health claims can be viewed online 24/7 on our secure web portal at <a href="https://health.bfm.bm/">https://health.bfm.bm/</a>

For other questions regarding your health plan, please contact our Customer Care Team at (441) 298-0358 or email customercare@bfm.bm



<sup>6.</sup> If facility is In-Network, medical services are covered at 100% of billed charges for this category; however, airfare and accommodations are not covered.