

# Smart Care Individual Health

## 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

General Practitioner

- Local Office Visit \$120
- Home Visit \$170
- Follow-Up Office Visit (Overseas) \$250

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

- Initial Consult (Local) \$285
- Initial Consult (Overseas) \$325
- Home Visit \$170
- Follow-Up Office Visit (Local) \$120
- Follow-Up Office Visit (Overseas) \$250

### Preventative and Diagnostic Benefits

Health/Wellness exams, screenings and services

- 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) \$400

Well Baby Care (max 8 visits per year) \$107

Medical Second Opinion, Telemedicine Consults (local and overseas)

- ALLY and ACCESS Programs 100% of billed charges

### Therapeutic Benefits

Chiropractor, Therapeutic Massage and Acupuncture \$70  
Physical Therapy, Occupational Therapy, and Speech Therapy (Combined max \$2,662 per year)

Chiropodist / Podiatrist (max 12 visits per year) \$62

Lymphedema Services (max 28 visits per year) \$161

### Mental Health Benefits

Psychiatry (max 12 visits per year) \$185

Clinical Psychologist or Licensed Counselors and Therapists, including Art Therapy and ABA Therapy

- Individual Therapy (max 12 visits per year) \$120
- Group Therapy (max 6 visits per year) \$50

### Wellness Benefits

Asthma, Allergy, COPD, Smoking Cessation and Audiology

- Initial Consult \$146
- Follow-Up Visits (max 6 visits per year) \$49

Medical Nutritional Therapy

- Initial Consult \$200
- Follow-Up Visit (Individual) \$100
- Follow-Up Visit (Group) \$50

Diabetic Counselling

- Initial Consult \$146
- Follow-Up Visit (max 6 visits per year) \$38

Chronic Disease Management Programs<sup>1</sup> (max 23 visits per year) \$142

<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

Nutrition Education Programs

- Kurbo Mobile Nutrition Coaching App 100% of billed charges
- BF&M Eat Right for Life Programs 100% of billed charges

Nutrition Services<sup>2</sup> (provided by Registered Dietitians or Approved Nutritionists)

- Initial Consult \$146
- Follow-Up and Group Visits (max 6 visits per year) \$49

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

### 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

Eye Exam (max 1 visit per year) \$120

Vision Hardware<sup>3</sup> (max per 24 months) \$800

<sup>3</sup> Vision hardware includes glasses, prescription sunglasses, work-related safety goggles and contact lenses

Lasik Surgery (no waiting period; max per lifetime) \$2,000

### Prescription Medications

Brand drugs and oral contraceptives/injections 80%

Generic drugs 100%

Prescription drugs (max per year) \$5,000

# Smart Care Individual Health

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Effective June 1, 2020

### Lifetime Maximum for Major Medical Benefits

All Insured Members (maximum \$500,000 per year) \$1,500,000

### 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>4</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	50% of billed charges

<sup>4</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 [careoverseas@bfm.bm](mailto:careoverseas@bfm.bm) to verify network status.

### Major Medical – Worldwide Benefits

Inpatient Physical Rehabilitation Room & Board	\$60,000 (max per year)
Skilled Nursing Facility Room & Board	\$25,000 (max per year)
Commercial Economy Airfare <sup>5</sup>	\$4,000 (max per year)
Overseas Hotel Accommodations <sup>5</sup>	\$250 (max per day) \$22,500 (max per year)

<sup>5</sup> Airfare and accommodation expenses are only applicable for care that is pre-authorized by the Company and in-network.

### Major Medical – Local & Worldwide Benefits

Home Health Nursing Care <sup>6</sup> (includes custodial and medical care)	\$25,000 (max per year)
<sup>6</sup> 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)
Allergy Injections (max \$625 per year)	80% of billed charges
Immunizations & Injections	80% of billed charges
Repatriation of Remains	\$10,000

### Dental Benefits<sup>7</sup>

<sup>7</sup> 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

Basic Dental: cleaning, scaling, root planning, fluoride, polish (max \$1,400 per year)	100% ODA
Basic Dental & Endodontic (unlimited)	100% ODA
Periodontal Treatment (max \$2,000 per year)	50% ODA

BD = Basic and Periodontal Benefits

If you have questions regarding your health or dental coverage, please contact the BF&M Claims Department at [healthclaims@bfm.bm](mailto:healthclaims@bfm.bm) 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 <https://health.bfm.bm>

Claims submissions must be submitted within 12 months from date of service to be eligible for reimbursement.

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