

# Global Series

## Schedule of Medical & Dental Benefits

Effective June 1, 2022 – May 31, 2023

### Standard Health Benefits (SHB)

Services mandated to be included in every health insurance policy.

For a full list of Standard Health Benefits, approved providers, and reimbursement rate levels, please contact the Bermuda Health Council on +1 441 292 6420 or visit <http://www.bhec.bm/standard-health-benefit/> for more information.

### Other Local Benefits

Therapeutic Optometry Diagnostics (approved providers), Diagnostic Testing & Imaging at a Private Facility, In-Office Surgery, and Services incurred at the Bermuda Hospital Board which are not covered under the SHB.

Paid as per the legislated fees as set by the Bermuda Government or the BF&M Fee Schedule, whichever is applicable.

### Home and Office Benefits

|                                     |       |
|-------------------------------------|-------|
| General Practitioner                |       |
| - Local Office Visit                | \$125 |
| - Home Visit                        | \$200 |
| - 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)  | \$310 |
| - Initial Consult (overseas)   | \$325 |
| - Home Visit   | \$200 |
| - Follow-Up Office Visit (local)   | \$125 |
| - Follow-Up Office Visit (overseas)  | \$250 |

### Preventative and Diagnostic Benefits

|  |       |
|--|-------|
| Health/Wellness exams, screenings and services |       |
| - General Practitioner (max 1 visit per year)  | \$335 |
| - Gynecological (max 1 visit per year)         | \$335 |
| - Pediatric (age 2-16; max 1 visit per year)   | \$200 |
| - Lab/Diagnostic Testing (max per year)        | \$625 |

|  |       |
|--|-------|
| Well Baby Care (max 8 visits per year) | \$110 |
|--|-------|

Medical 2<sup>nd</sup> Opinion, Telemedicine Consults 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) |       |
| Chiropractist / Podiatrist (max 20 visits per year)  | \$80  |
| Lymphedema Services (max 28 visits per year)   | \$161 |

### Mental Health Benefits

|  |       |
|--|-------|
| Psychiatry (max 12 visits per year)  | \$200 |
| Clinical Psychologist or Licensed Counselors and Therapists, including Art Therapy and ABA Therapy |       |
| - Individual Therapy (max 25 visits per year)  | \$160 |
| - Group Therapy (max 25 visits per year)   | \$50  |

### Wellness Benefits

|  |       |
|--|-------|
| Asthma, Allergy, COPD, Smoking Cessation and Audiology |       |
| - Initial Consult                                      | \$159 |
| - Follow-Up Visits (max 6 visits per year)             | \$70  |

|   |       |
|---|-------|
| 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 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> | Paid as per SHB |
|---------------------------------|-----------------|

<sup>2</sup> Services provided by Registered Dietitians or Approved Nutritionists. Includes Medical Nutritional Therapy, 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)                  | \$135 |
| Vision Hardware <sup>3</sup> (max per 24 months) | \$850 |

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

|   |         |
|---|---------|
| 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.

# Global Series

## Schedule of Medical & Dental Benefits

Effective June 1, 2022 – May 31, 2023

### 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-Authorised or Emergent Treatment 100% of billed charges

Not Authorised or Out-Of-Network

- Global Health 50% of billed charges
- Global Plus 80% of billed charges
- Global Elite<sup>6</sup> 85% of billed charges

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

<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.

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

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>7,8</sup> \$450 (max per day)

Overseas Transportation/Food<sup>7,8</sup> Unlimited

Annual Benefit Maximum \$27,000 (max per year)

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

<sup>8</sup> Maximum per approved day.

### Major Medical – Local & Worldwide Benefits

Home Health Nursing Care<sup>9</sup> \$25,000 (max per year)

<sup>9</sup> Includes custodial and medical care. Provider must be an RN or CNA licensed within the practicing jurisdiction.

Sclerotherapy \$6,000 (max every 6 years)

Air Ambulance (must be pre-authorised) 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-authorised) \$4,040 (max per lifetime)

Allergy Testing \$650 (max every 5 years)

Allergy Injections (max \$625 per year) 80% of billed charges

Immunisations & Injections 80% of billed charges

Repatriation of Remains \$25,000

### Dental Benefits<sup>10</sup>

<sup>10</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

- 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>11</sup> (max \$3,000 per lifetime) 100% ODA

<sup>11</sup> 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 [healthclaims@bfm.bm](mailto:healthclaims@bfm.bm) or via phone at +1 441 295 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 Client Relations Team at +1 441 298 0358 or email [customercare@bfm.bm](mailto:customercare@bfm.bm).