

Smart Care Individual Health

Schedule of Medical & Dental Benefits

Effective October 1, 2020– May 31, 2021

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 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	\$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 2 nd Opinion, Telemedicine Consults	100% of billed charges

Therapeutic Benefits

Chiropractor, Therapeutic Massage and Acupuncture	\$70
Physical Therapy, Occupational Therapy, and Speech Therapy (\$2,662 combined max 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

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

Chronic Disease Management Programs ¹ (max 23 visits per year)	\$142
---	-------

¹ 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 ²	Paid as per SHB

² 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)	\$120
Vision Hardware ³ (max per 24 months)	\$800
³ 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

Schedule of Medical & Dental Benefits

Effective October 1, 2020– May 31, 2021

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 Abuse⁴, 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

⁴ 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 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 ⁵	\$4,000 (max per year)
Overseas Hotel Accommodations ⁵	\$250 (max per day) \$22,500 (max per year)

⁵ 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 ⁶	\$25,000 (max per year)
⁶ 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-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 Benefits⁷

⁷ 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 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