Global Series

Schedule of Medical & Dental Benefits

Effective June 1, 2018 - May 31, 2019

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

Home and Office Benefits

General Practitioner		
- 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)		
- 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 exams, screenings and s	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)	\$625	
Well Baby Care (max 8 visits per year)	\$110	
Therapeutic Optometry Diagnostics (approved providers)		
- Local and Overseas	100% BF&M Fee Schedule	

Medical Second Option / Personal Medical Guidance

- ALLY and ACCESS Programs 100% of billed charges

Therapeutic Benefits

Physical Therapy, Occupational Therapy, Speech	\$2,885
Therapy, TENS, Chiropractor, Therapeutic Massage and	
Smoking Cessation Acupuncture (Combined max per year)	
Chiropodist / Podiatrist (max 20 visits per year)	\$78
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 25 visits per year)	\$120
- Group Therapy (max 25 visits per year)	\$50

Wellness Benefits

Asthma, Allergy, Audiology, COPD or Smoking Cessation		
- 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 ¹ (max 26 visits per year)	\$142	
Includes Private Cardiac Care (CORE), BF&M Registered Weight Management Programs (Ocean Rock RWOC, North Shore Medical E-Fit) Registered Diabetes		

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

Nutrition Education Programs

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

 $Nutrition\ Services^2\ (provided\ by\ Registered\ Dieticians\ or\ Approved\ Nutritionists)$

- Initial Consult \$162
- Follow-Up and Group Visits (max 12 visits per year) \$70
- Includes Nutrifit, CHIP program, E-Fit 10/6/2 program, North Shore Medical Chronic Disease Self-Management Program

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)	\$850
Vision hardware includes glasses, prescription sunglasses, work-related s goggles and contact lenses	safety
Lasik Surgery (no waiting period; max per lifetime)	
- Global Health	\$3,000
- Global Plus	\$3,000
- Global Elite	\$4.000

Prescription Medications4

Brand drugs and oral contraceptives/injections	80%
Generic drugs	100%
⁴ Prescriptions over \$5,000 must be pre-authorized	



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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 Abuse⁵, Prosthetic Devices, Implantable Appliances, Diagnostic Testing and Imaging at a Private Facility.

Pre-Authorized or Emergent Treatment 100% of billed charges

Not Authorized or Out-Of-Network

- Global HealthGlobal Plus80% of billed charges
- Global Elite⁶ 85% of billed charges

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 assistance@activecare.ca to verify network status.

Major Medical - Worldwide Benefits

- Clobal Haalth

Overseas Executive Health Examination (max 1 visit per year)	
- Global Health	

Global Health \$1,000Global Plus \$2,000Global Elite \$3.000

Inpatient Physical Rehabilitation Room and Board (max per year)

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-	Global Plus	\$60,000

- Global Plus \$60,000 - Global Elite \$90,000

Skilled Nursing Facility Room & Board (max per year) \$25,000 Commercial Economy Airfare⁷ \$6,000 (max per year)

Overseas Hotel Accommodations⁷ \$300 (max per day)

⁷ 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 ⁸ (includes custodial and medical care)	\$25,000 (max per year)
⁸ Provider must be certified and registered within the p	racticing 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	\$25,000

Dental Benefits9

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 in Bermuda Dollars (BMD).

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

¹⁰ Orthodontic services include adults and invisalign

Insurance Card Identifiers:

• BD = Basic and Periodontal Benefits

Orthodontic¹⁰ (max \$3,000 per year)

- R or R50 = Global Health & Global Plus Level of Benefits
- R80 or R100 = Global Elite Level of Benefits
- O = Orthodontic

All requests for claims reimbursement must be submitted within twelve (12) months of the date of service to be eligible.

\$27,000 (max per year)

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.

\$45,000

Health claims can be viewed online 24/7 on our secure web portal at https://health.bfm.bm/.

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



100% ODA

Inpatient Treatment for Substance abuse is limited to a maximum of two, 28-day admissions per lifetime
 If facility is In-Network, medical services are covered at 100% of billed charges for