

# Smart Care Individual Health

## Schedule of Medical & Dental Benefits

Effective June 1, 2023– May 31, 2024

### 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/](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   | \$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 1-17; max 1 visit per year)            | \$185                  |
| - Lab/Diagnostic Testing (max per year)                 | \$400                  |
| Well Baby Care (under 12 months; max 8 visits per year) | \$107                  |
| Medical 2 <sup>nd</sup> Opinion, Telemedicine Consults  | 100% of billed charges |

### Therapeutic Benefits

|  |       |
|--|-------|
| Chiropractor, Therapeutic Massage and Acupuncture<br>Physical Therapy, Occupational Therapy, and Speech<br>Therapy (\$2,662 combined max per year) | \$70  |
| Chiropodist / Podiatrist (max 12 visits per year)  | \$62  |
| Lymphedema Services (max 28 visits per year)   | \$161 |

### Mental Health Benefits

|   |       |
|---|-------|
| Psychiatry (max 6 visits per year)  | \$250 |
| Clinical Psychologist or Licensed Counselors and Therapists,<br>including Art Therapy and ABA Therapy |       |
| - Individual Therapy (max 35 visits per year)   | \$190 |
| - 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 Programmes <sup>1</sup><br>(max 23 visits per year) | \$142 |

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

|                                 |                 |
|---------------------------------|-----------------|
| 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 Programme, E-Fit 10/6/2 Programme, North Shore Medical Chronic Disease Self-Management Programme, OMNI Medical.

### BF&M Education Programmes<sup>3</sup>

- Eat Right for Life
  - Sleep Right for Life
  - Managing through Menopause
- <sup>3</sup> Offered at no additional cost to the member.

### Pervasive Developmental Disorders, ADD, ADHD

The following benefits are paid at 100% of billed charges (pre-authorisation 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>4</sup> (max per calendar year) | \$400 |

<sup>4</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

## Schedule of Medical & Dental Benefits

Effective June 1, 2023 – May 31, 2024

### 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>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     | 50% 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 [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>6</sup>        | \$4,000 (max per year)  |
| Overseas Hotel Accommodations <sup>6,7</sup>   | \$450                   |
| Overseas Transportation/Food <sup>6,7</sup>    | Unlimited               |
| Annual Benefit Maximum <sup>8</sup>            | \$22,500 (max per year) |

<sup>6</sup> Airfare and accommodation expenses are only applicable for care that is pre-authorised by the Company and in-network.

<sup>7</sup> Maximum per approved day.

<sup>8</sup> Combined annual maximum includes overseas hotel accommodations, transportation and food.

### 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  | \$10,000                                    |

### 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 \$2,000. 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 +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)