

Select Health

Schedule of Medical & Dental Benefits

Effective June 1, 2019 – May 31, 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

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 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 Opinion, Telemedicine Consults (local and overseas)	
- ALLY and ACCESS Programs	100% of billed charges

Therapeutic Benefits

Chiropractor, Therapeutic Massage and Acupuncture	\$2,885
Physical Therapy, Occupational Therapy, and Speech Therapy (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, COPD, Smoking Cessation and Audiology	
- 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
---	-------

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 (provided by Registered Dietitians or Approved Nutritionists)	
- Initial Consult	\$162
- Follow-Up and Group Visits (max 12 visits per year)	\$70

² 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 ³ (max per 24 months)	\$650

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

Prescription Medications⁴

Brand drugs and oral contraceptives/injections	75%
Generic drugs	75%

⁴ Prescriptions over \$5,000 must be pre-authorized

Select Health

Schedule of Medical & Dental Benefits

Effective June 1, 2019 – May 31, 2020

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	50% of billed charges

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

⁶ 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 to verify network status.

Major Medical – Worldwide Benefits

Inpatient Physical Rehabilitation Room and Board

- KEMH Ward Rate per day \$25,000 (max per year)

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)

\$27,000 (max per year)

⁷ 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 Care⁸ (includes custodial and medical care) \$25,000 (max per year)

⁸ 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)

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

Basic Dental: cleaning, scaling, root planning, fluoride, polish(once per year) 100% ODA

Basic Dental & Endodontic (subject to 12 month recall) 100% ODA

Periodontal Treatment (max \$1,500 per year) 50% ODA

Insurance Card Identifiers:

- 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/>

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