



Select Health Schedule of Medical & Dental Benefits Effective July 1 2018 – May 31 2019

| STANDARD HEALTH BENEFITS FOR SERVICES AND SUPPLIES PROVIDED BY KEMH, MID-ATLANTIC WELLNESS INSTITUTE AND GOVERNMENT APPROVED FACILITIES IN BERMUDA | PW OR SP OR PRIV ON YOUR INSURANCE CARD |
|---|---|
| Standard Health Benefits | As per the Act, 100% of billed charges |
| Standard Health benefits are provided by King Edward Memorial Hospital and selected outpatient facilities approved to provide Standard Health Benefit services. The health insurance company is the first point of billing. The member does not pay out of pocket for these services. | |

NOTE: GREEN MEANS UPDATED FROM 2017

| PREVENTATIVE HEALTH CARE AND CHRONIC DISEASE MANAGEMENT (MAY BE USED LOCALLY OR OVERSEAS) | H/O ON YOUR INSURANCE CARD |
|---|---|
| Asthma, Allergy, Audiology, COPD or Smoking Cessation Initial Consult | \$159.00 |
| Asthma, Allergy, Audiology, COPD or Smoking Cessation Subsequent Visits (individual or group sessions) | \$70.00 (6 visits per calendar year) |
| Nutritional Initial Consult (services provided by a Registered Dietitian or Approved Nutritionist) – includes Nutrifit, Kurbo Mobile Nutrition Coaching App, CHIP program, E-Fit 10/6/2 program | \$162.00 |
| Nutritional Subsequent Visits (services provided by a Registered Dietitian or Approved Nutritionist) – includes Nutrifit, CHIP program, BF&M Eat Right for Life Program, E-Fit 10/6/2 program | \$70.00 (12 visits per calendar year) |
| Diabetic Counseling Initial Consult (private provider) | \$149.00 |
| Diabetic Counseling Subsequent Visits (private provider - group or individual) | \$45.00 (6 visits per calendar year) |
| Medical Nutrition Therapy | Initial Consult \$200.00, Follow Up \$100.00, Group Therapy \$50.00 |
| Annual General Health Exam | \$320.00 |
| Routine Diagnostic Testing Performed w/ Annual Exam | \$625.00 (maximum per calendar year) |
| Therapeutic Optometry Diagnostics (provided by approved Therapeutic Optometrists) | Local and Overseas: 100% of the BF&M Fee Schedule |
| Gynecological Exam | \$320.00 (1 visit per calendar year) |
| Well Baby Care | \$110.00 (8 visits per calendar year) |
| Pediatric Annual Exam | \$185.00 (valid for children age 2 to 16 years old) |

| PREVENTATIVE HEALTH CARE AND CHRONIC DISEASE MANAGEMENT (MAY BE USED LOCALLY OR OVERSEAS) | H/O ON YOUR INSURANCE CARD |
|--|--|
| Diagnostic Testing & Imaging at a Private Facility | Local: 100% of the BF&M Fee Schedule Overseas: Matches overseas determination of cover 50% |
| Private Cardiac Care (CORE) or BF&M registered Weight Management Program (provided by Ocean Rock, BWOC), E-Fit Momentum program, Registered Diabetes Management Program , Cardiopulmonary Rehab | \$142.00 per session (26 visits per calendar year) |
| Telemedicine Consults and Guidance (ALLY and ACCESS programs) | 100% of billed charges (contact BF&M Customer Service for more information) |
| Treatments for any Pervasive Developmental Disorder, ADD, ADHD (includes family or individual applied behavioral analysis therapies, family psychoeducational therapy, occupational/speech/physical therapy, behavioral therapy) | 100% of billed charges maximum \$10,000.00/calendar year per member (must be pre-authorized by the Company) |
| Immunizations and Injections | Please see Major Medical section for these benefits |

| HOME OR OFFICE MEDICAL, SURGICAL AND PSYCHIATRIC BENEFITS (MAY BE USED LOCALLY OR OVERSEAS) | H/O ON YOUR INSURANCE CARD |
|--|---|
| General Practitioner Office Visit (local) | \$120.00 |
| General Practitioner, Specialist Home Visit or after hours visit by an approved provider (local or overseas) | \$180.00 |
| Specialist Initial Consult (local) (Initial consultations for the same diagnosis covered once (1) every six (6) months if treated by the same physician), inclusive of Tele Medicine | \$300.00 |
| Specialist Follow-up Visit (local) inclusive of Tele Medical | \$120.00 |
| General Practitioner or Specialist follow up Office Visit (overseas) | 100% of billed charges up to maximum \$250.00 per visit |
| Specialist Practitioner Office Visit Initial Consult (overseas) | 100% of billed charges up to maximum of \$325.00 per visit |
| Hospital Based Private Doctor's charges (local) | 100% of billed charges |
| In Office Surgery (local or overseas) | Local: 100% of the Medical & Dental Charges Fee Schedule Overseas: Matches overseas determination of cover 50% |
| Physical/Occupational/Speech Therapy, TENS, Chiropractor, Therapeutic Massage or Smoking Cessation Acupuncture (local or overseas) | \$2,885.00 (maximum per calendar year) |
| Lymphedema Services (local or overseas) | \$161.00 (28 visits per calendar year) |
| Chiropracist/Podiatrist (local or overseas) | \$78.00 (20 visits per calendar year) |
| Psychiatry - outpatient or in the office (local or overseas) | \$185.00 (12 visits per calendar year) |
| Clinical Psychology or Licensed Counselors and Therapists - Individual sessions - in an office setting (local or overseas) | \$120.00 (25 visits per calendar year) |

| HOME OR OFFICE MEDICAL, SURGICAL AND PSYCHIATRIC BENEFITS (MAY BE USED LOCALLY OR OVERSEAS) | H/O ON YOUR INSURANCE CARD |
|--|---------------------------------------|
| Clinical Psychology or Licensed Counselors and Therapists Group Therapy in an office setting (local or overseas) | \$50.00 (25 visits per calendar year) |

| MAJOR MEDICAL LIFETIME AMOUNTS | MGS ON YOUR NSURANCE CARD |
|---|--|
| Lifetime Maximum per Insured person | \$5,000,000.00 maximum all insured members |
| Lifetime Maximum per Insured person for Transplants (e.g. solid organ or bone marrow) | 100% in Network, or 50% based on plan out of network |

| MAJOR MEDICAL - WORLDWIDE BENEFITS | MGS ON YOUR NSURANCE CARD |
|--|---|
| Inpatient Treatment for Substance Abuse | Mid Atlantic Wellness Institute rate per day (maximum of two, 28-day admissions per lifetime) |
| Overseas Executive Health Examination | Not Applicable |
| Inpatient Physical Rehabilitation Room & Board | KEMH Ward Rate (maximum per day up to \$25,000.00 per calendar year) |
| Ground Ambulance | 100% billed charges; unlimited per calendar year |
| Skilled Nursing Facility Room & Board | \$25,000.00 per calendar year |
| Commercial Airfare Airfare expenses are ineligible for care that is not pre-authorized by the Company or is out of network | \$6,000.00 (maximum per calendar year) |
| Overseas Hotel Accommodations Accommodation expenses are ineligible for care that is not pre-authorized by the Company or is out of network | \$300.00 (maximum per day up to \$27,000.00 per calendar year) |

| MAJOR MEDICAL - LOCAL & WORLDWIDE BENEFITS | MGS ON YOUR NSURANCE CARD |
|--|---|
| Home Health Nursing Care (includes custodial care and medical care) | \$25,000.00 per calendar year |
| Pediatric Assessments for Autism Spectrum Disorder or Pervasive Developmental Disorders, ADD, ADHD (locally or overseas) | Local and Overseas: 100% of billed charges for pre-authorized and/or in network providers |
| Private Doctor's Professional Fees for services to hospital in/out patients (includes OB, Surgical, Medical, Sub-specialties and Anesthesia) | Overseas: matches overseas coverage determination 50% of billed charges |
| Sclerotherapy | Up to \$6,000.00 in any 6 year period |
| Air Ambulance/Medical Air Evacuation | 100% billed charges; unlimited per year (must be pre-authorized by the Company) |
| Hearing Aids | Not Applicable |
| Durable Medical Equipment (includes medical alarm device hardware) | 80% up to \$15,000.00 per calendar year |
| Orthotics, Surgical Hose, Wigs and Surgical Bras (maximum 2 of each per year) | Items utilize the durable medical equipment benefit as above |
| Genetic Testing | \$4,040.00 per lifetime (must be pre-authorized by the Company) |
| Allergy Testing | \$650.00 maximum every 5 years |
| Allergy Injections | 80% of billed charges to a maximum of \$625.00 per calendar year |
| Prosthetic Devices & implantable appliances | Locally: 100% billed charges; unlimited per calendar year Overseas: matches overseas coverage determination reimbursed at 50% of billed charges |
| Immunizations & Injections | 80% of billed charges |
| Repatriation of Remains | Maximum of \$25,000.00 |

| Overseas Hospital Benefits* | MGS ON YOUR INSURANCE CARD |
|-----------------------------|----------------------------|
| Coverage Type | Select Health |
| Pre-Authorized or Emergent | 100% of billed charges |
| Not Authorized | 50% of billed charges** |

*Includes medical or mental health hospital based in/outpatient services and professional fees. Refer to the H/O section of this Schedule for in-office services reimbursements

** Airfare and accommodations are not covered.

***In-Network providers are extensive and updated regularly. Please contact the Nurse Case Management Team at assistance@active-care.ca to verify in or out of network status

| VISION CARE (MAY BE UTILIZED LOCALLY OR OVERSEAS) | VC ON YOUR INSURANCE CARD |
|--|-------------------------------------|
| Annual Eye Exam (performed by an Optometrist) | \$120.00 (1 exam per calendar year) |
| Glasses, Prescription Sunglasses, Prescription Safety Goggles (work related) or Contact Lenses | \$650.00 maximum every 24 months |
| LASIK Eye Surgery (no waiting period) | Not Applicable |

| PRESCRIPTION MEDICATIONS (MAY BE UTILIZED LOCALLY OR OVERSEAS) | PD ON YOUR INSURANCE CARD |
|--|--|
| Prescription brand name drugs and oral contraceptives/injections | 75% |
| Prescription generic drugs | 75% |
| Pre-Authorization | Prescriptions over \$5,000.00 (must be pre-authorized by the Company) |

| DENTAL BENEFITS* | BD ON YOUR INSURANCE CARD |
|--|---|
| Coverage Type | Select Health |
| Pre-Treatment Estimate | \$1,500.00 |
| Basic Dental (cleaning, scaling, root planning, fluoride, polish) | Medically Necessary services 100% paid in accordance with the ODA Fee Guide. (Once every 12 months.) |
| Basic Dental & Endodontic services (all other services not listed above) | Medically Necessary services 100% paid in accordance with the ODA Fee Guide. Subject to a 12 month recall interval. |
| Periodontal Treatment | Maximum of \$1,500.00 per calendar year paid at 50% of the ODA Fee Guide. |
| Restorative | Not Applicable |
| Orthodontic - including adults and invisalign | Not Applicable |

*ODA means current version of the Ontario Dental Association Fee Guide

Insurance card identifiers:

Basic and periodontal benefits = 'BD' on your insurance card

NOTE: GREEN MEANS UPDATED FROM 2017