Global Series

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-Lin 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
We	ell 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 Programs¹ (max 26 visits per year) \$142 ¹ Includes Private Cardiac Care (CORE), BF&M Registered Weight Management

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
 BF&M Eat Right for Life Programs
 100% of billed charges
- Nutrition Services² (provided by Registered Dieticians or Approved Nutritionists)
- Initial Consult \$162
- Follow-Up and Group Visits (max 12 visits per year) \$70

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

-	Global Plus	\$3,00
-	Global Elite	\$4,00

Prescription Medications⁴

Brand drugs and oral contraceptives/injections	80%
Generic drugs	100%

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



Includes Nutrifit, CHIP program, E-Fit 10/6/2 program, North Shore Medical Chronic Disease Self-Management Program, OMNI Medical

Global Series

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			
- Global Health	50% of billed charges		
- Global Plus	80% of billed charges		
- Global Elite ⁶	85% of billed charges		

⁵ 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 $\underline{\text{careoverseas@bfm.bm}}$ to verify network status.

Major Medical - Worldwide Benefits

Overseas Executive Health Examination (max 1 visit per year)

 Global F 	Health	\$1,000
- Global F	Plus	\$2,000
- Global E	Elite	\$3,000

Inpatient Physical Rehabilitation Room and Board (max per year)		
- Global Health	\$45,000	
- Global Plus	\$60,000	
- Global Elite	\$90,000	
Skilled Nursing Facility Room & Board (max per year	r) \$25,000	
Commercial Economy Airfare ⁷	\$6,000 (max per year)	

Commercial Economy Airfare ⁷	\$6,000 (max per year)
Overseas Hotel Accommodations ⁷	\$300 (max per day)
	\$27,000 (max per year)

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	\$25,000 (max per year)	
custodial and medical care)	. , , , , ,	
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)	
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

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
Orthodontic ¹⁰ (max \$3,000 per lifetime)	100% ODA

¹⁰ Orthodontic services include adults and invisalign

Insurance Card Identifiers:

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

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



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.