



## Global Series 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%, 80%, or 85% dependent on plan type)
Private Cardiac Care (CORE) or BF&M registered Weight Management Program (provided by Ocean Rock, BWOC), E-Fit Momentum program, Registered Diabetes Management Program, <b>Cardiopulmonary Rehab</b>	<b>\$142.00 per session (26 visits per calendar year)</b>
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)	<b>\$120.00</b>
General Practitioner, Specialist Home Visit or after hours visit by an approved provider (local or overseas)	<b>\$180.00</b>
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	<b>\$300.00</b>
Specialist Follow-up Visit (local) <b>inclusive of Tele Medical</b>	<b>\$120.00</b>
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%, 80%, or 85% dependent on plan type)
Physical/Occupational/Speech Therapy, TENS, Chiropractor, Therapeutic Massage or Smoking Cessation Acupuncture (local or overseas)	<b>\$2,885.00 (maximum per calendar year)</b>
Lymphedema Services (local or overseas)	<b>\$161.00 (28 visits per calendar year)</b>
Chiropodist/Podiatrist (local or overseas)	<b>\$78.00 (20 visits per calendar year)</b>
Psychiatry - outpatient or in the office (local or overseas)	<b>\$185.00 (12 visits per calendar year)</b>

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 - Individual sessions - in an office setting (local or overseas)	\$120.00 (25 visits per calendar year)
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	MGH, MGP, MGE ON YOUR INSURANCE 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 <b>50%, 80%, or 85%</b> based on plan out of network

MAJOR MEDICAL - WORLDWIDE BENEFITS	MGH, MGP, MGE ON YOUR INSURANCE CARD
Inpatient Treatment for Substance Abuse	100% billed charges in Network, or <b>50%, 80%, or 85%</b> based on Plan out of Network (maximum of two, 28 day admissions per lifetime)
Overseas Executive Health Examination	<b>Global Health \$1,000.00</b> <b>Global Plus \$2,000.00</b> <b>Global Elite \$3,000.00</b>
Inpatient Physical Rehabilitation Room & Board	<b>Global Health \$45,000.00</b> <b>Global Plus, \$60,000.00</b> <b>Global Elite \$90,000.00</b> 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	
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 (reimbursed at 50%, 80%, or 85% of billed charges dependent on health plan)
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	\$4,100.00 every 5 years
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%, 80%, or 85% of billed charges dependent on health plan type)
Immunizations & Injections	80% of billed charges
Repatriation of Remains	Maximum of \$25,000.00

Overseas Hospital Benefits*			
Coverage Type	Global Health (MGH)	Global Plus (MGP)	Global Elite (MGE)
Pre-Authorized or Emergent	100% of billed charges	100% of billed charges	100% of billed charges
Not Authorized	50% of billed charges	80% of billed charges	85% 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

\*\*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 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	\$850.00 maximum every 24 months
LASIK Eye Surgery (no waiting period)	Maximum Lifetime Benefit of \$3,000.00 Global Health and Global Plus, \$4,000.00 Global Elite

PRESCRIPTION MEDICATIONS (MAY BE UTILIZED LOCALLY OR OVERSEAS)	PD ON YOUR INSURANCE CARD
Prescription brand name drugs and oral contraceptives/injections	80%
Prescription generic drugs	100%
Pre-Authorization	Prescriptions over \$5,000.00 (must be pre-authorized by the Company)

DENTAL BENEFITS*			
Description of Type of Coverage	Global Health	Global Plus	Global Elite
Pre-Treatment Estimate	\$1,500.00	\$1,500.00	\$1,500.00
Basic Dental (cleaning, scaling, root planning, fluoride, polish)	Medically Necessary services 100% paid in accordance with the ODA Fee Guide to a calendar year maximum of \$1,400.00	Medically Necessary services 100% paid in accordance with the ODA Fee Guide to a calendar year maximum of \$1,400.00	Medically Necessary services 100% paid in accordance with the ODA Fee Guide to a calendar year maximum of \$1,400.00
Basic Dental & Endodontic services (all other services not listed above)	Medically Necessary services 100% paid in accordance with the ODA Fee Guide calendar year maximum: unlimited	Medically Necessary services 100% paid in accordance with the ODA Fee Guide calendar year maximum: unlimited	Medically Necessary services 100% paid in accordance with the ODA Fee Guide calendar year maximum: unlimited
Periodontal Treatment	Maximum of \$2,000.00 per calendar year paid at 50% of the ODA Fee Guide	Maximum of \$2,000.00 per calendar year paid at 50% of the ODA Fee Guide	Maximum of \$2,200.00 per calendar year paid at 100% of the ODA Fee Guide
Restorative	Maximum of \$4,000.00 per calendar year paid at 50% of the ODA Fee Guide	Maximum of \$4,000.00 per calendar year paid at 50% of ODA Fee Guide	Maximum of \$4,800.00 per calendar year paid at 100% ODA Fee Guide
Orthodontic- including adults and invisalign	Maximum of \$3,000.00 per lifetime paid at 100% of the ODA Fee Guide	Maximum of \$3,000.00 per lifetime paid at 100% of the ODA Fee Guide	Maximum of \$3,000.00 per lifetime paid at 100% of the ODA Fee Guide

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

Insurance card identifiers:

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

Restorative = R50 and R80 or R80 and R100 on your insurance card

Orthodontic = 'O' on your insurance card

NOTE: GREEN MEANS UPDATED FROM 2017