

PremierHealth

Schedule of Benefits
2015-2016



COLONIAL

On island benefits

Effective 1st June, 2015

Lifetime maximum benefit:

Full-time Active Employees	\$5,000,000
Retirees	\$500,000

Please note: Benefits not described in this section "On island benefits" will be paid subject to the deductible and coinsurance listed in the "Off island benefits" Schedule.

Hospital Room & Board - The published BHB Fee Schedule is applicable to the plan you are enrolled in and paying premium for:

Psychiatric Hospital (Mid Atlantic Wellness Institute only):	
Inpatient Per The Act	Limited to 40 days per calendar year
Outpatient Per The Act	Unlimited days

The following are paid at 100% according to The Act, or the Bermuda Government Legislated Fee Schedule, whichever is applicable:

Hospital Emergency or Out-Patient Department, Surgery and Anaesthesia, In-Hospital Doctor's Visits, Diagnosis X-ray and Laboratory, Ambulance Service

Artificial Limbs (\$30,000 lifetime max.)

The following are Fixed Plan Benefits regardless of location where services are rendered.

Doctor's visits:

Office	\$102
Home	\$150
Specialist (based on medical necessity) Initial visit	\$268
Each subsequent visit paid as Office visit	

Prescription drug plan for prescribed medications:

Generic drugs	100%
Brand name drugs	80%
Prescribed contraceptives (maximum \$1,200 per calendar year)	75%

General health/wellness exam, screening and services:

(Physical - 1 exam per calendar year)	
General Practitioner	\$255
Specialists/Gynecologist	\$295
Lab/Diagnostic Testing, Immunisations, Flu Shot, Vaccines	\$550

Preventative care:

Coverage for the following services is paid according to the relevant Fee Schedule: Annual mammogram, PSA, PAP smear, Occult bloods

Optometrist: (maximum 1 visit per calendar year)	\$102
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Obstetrics: There is a 10 month waiting period for this benefit

Normal Delivery	} Paid in full according to Bermuda Government legislated fee schedule
Caesarean Section.....	
Miscarriage.....	
Elective Abortion	\$750

Well baby visits: (maximum 10 visits per calendar year)	\$82
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Well child visits: (age 3-16 Annual Physical)	\$175
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Physiotherapy and Occupational Therapy:	\$65
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(maximum 15 visits per calendar year) A visit includes services for examination and therapies performed on the same day.

Chiropractor: (maximum 18 visits per calendar year)	\$68
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A visit includes services for examination and modalities performed on the same day. This benefit can be extended to an approved, qualified acupuncturist or massage therapist.

Chiropodist: (maximum 18 visits per calendar year)	\$66
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Holistic Health Care/Nutrition Program:	\$42
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(maximum 10 visits per year) For treatment rendered by an approved, qualified holistic health care provider or for services related to a medically approved nutrition program.

Nutritional counseling: Requires Doctor's letter of referral	
Initial Visit	\$160
Each subsequent visit (maximum 6 per calendar year)	\$65

Diabetic counseling:	As per the BHB fee schedule
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Asthma counseling: Initial Visit	\$155
Each subsequent visit (maximum 4 per calendar year)	\$65

Allergy shots and testing: When prescribed by a physician	
Initial Test (SET, RAST or PRIST) (maximum 1 per lifetime)	\$650
Allergy Shots - per shot (maximum 25 per calendar year)	\$25

Speech Therapy: (maximum 52 visits per calendar year)	\$58
Requires Doctor's letter of referral	

Mental Health: (maximum combination of Psychiatrist, Psychologist, and Clinical Therapists visits allowed is 38 visits per calendar year)	
Clinical Psychiatrist	\$170
Licensed Psychologist	\$138
Clinical Therapist	\$121

Hearing aids:	\$4,000 per 5 calendar years
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Home Healthcare Services:	80%
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(maximum 60 days per calendar year) Requires a Doctor's letter of referral, must be medically necessary and is subject to relevant Fee Schedule or Reasonable & Customary allowance.

Off island benefits

Effective 1st June, 2015

Overseas Prescription Drugs Pharmacy Benefit:

USA - In Network:	No deductible applies
Generic Drugs	80%
Brand Drugs	70%
Brand name drugs if no Generic equivalent is available	80%
USA - Out of Network:	Deductible applies
Generic Drugs	70%
Brand Drugs	60%
Brand name drugs if no Generic equivalent is available	70%
Worldwide (excl. USA):	No deductible applies
Drugs	80%

For all medical services and supplies:

Deductible per Calendar Year	When In Network Provider is used	Out of Network/ All other providers
Each Individual	\$0	\$300
Family Maximum	\$0	\$600
Co-insurance (Insured's portion)	0%	20%
Stop-Loss (in addition to deductible)		
Each Individual	\$0	\$2,500
Family Maximum	\$0	\$5,000
Hospital Room & board Unlimited number of days	100%	\$1,000 per day
Intensive care supplement: Unlimited number of days (includes Overseas Hospital Room & Board amount above)	100%	\$2,000 per day

Please note: Care rendered In Network is reimbursed at 100% of the contracted rate. Care rendered Out of Network is reimbursed at 80% of Reasonable & Customary rates and is subject to the Deductible and Co-insurance.

Substance Abuse (Inpatient treatment. Pre-authorisation required.)
Reimbursed at same rate as Mid Atlantic Wellness Institute in Bermuda
(maximum stay 28 days per admission up to lifetime maximum \$50,000)

Transplant related charges: *Center of Excellence	When a COE* provider is used	Out of Network/ All other providers
Deductible	\$0	\$300
Co-insurance (Insured's portion)	0%	25%
Stop-loss	\$0	Unlimited

The deductible and coinsurance WILL NOT apply to the following benefits:

Air Ambulance*	\$50,000 per calendar year
On the written recommendation of a Bermuda Doctor	
Commercial air transportation*	\$5,500 per calendar year
Specialist referral letter is required	
Overseas allowance* Patient only:	\$260 per day
Patient and approved companion:	\$300 per day
(Maximum 120 days per calendar year) May be used for accommodation, car rental, taxi hire, food or a combination of these, not to exceed the limits stated above. Advanced funding of emergency care: Airfare and 5 days per diem, current limits and specific documentation apply. The accompanying adult companion must be pre-approved as medically necessary to be eligible under this benefit.	

***Please note:** If you elect for treatment overseas and this treatment is available in Bermuda, you will not qualify for these benefits.

Optional Extra Benefits

These benefits are available only upon the request of the employer and for an additional premium.

Vision Plan: \$400 calendar year max.
Can be applied towards Lasik Eye Surgery
after a 12 month waiting period.

Lasik Eye Surgery: \$2,500 lifetime max.
12 month waiting period.

Dental Benefits: \$3,000, \$4,000 or \$5,000 calendar year max.

Corporate Wellness Programme

Executive Physicals

IMPORTANT

In order to receive the Off island benefits, notification must be given for all proposed inpatient admissions. For services in the US, please call 1 800 423 9130. For services outside the US or Bermuda, please call (312) 935 3758 (collect call).

When you choose to receive treatment from an Out of Network provider, Colonial Medical will reimburse at the percentage shown of Reasonable and Customary rates. These rates are subject to the Deductible and Co-insurance. When an In Network provider is used, eligible benefits are reimbursed at 100% based on contracted rates.

The amounts listed are the maximums paid by Colonial Medical for the applicable services.

Premier Health at Home:

1. Always carry your Medical ID Card with you.
2. Toll-free 24/7 Nurse on Call line: 1 800 423 9130
3. All pharmacies in Bermuda accept the Colonial Medical ID Card.
4. To verify your benefits or receive advice, call Colonial Medical (8:30am - 5:00pm Mon - Fri): (441) 296 3200

Premier Health Overseas:

1. Always carry your Medical ID and RX cards with you when you travel.
2. Over 50,000 US Pharmacies participate in the RX Card programme. To find a pharmacy call: 1 800 927 8802
3. Call to advise of proposed inpatient services:
In the United States: 1 800 423 9130
Worldwide (excluding US)(collect call): (312) 935 3758
4. To locate an In Network Facility or Provider
USA - ASA PPO Network by Aetna: 1 800 423 9130
or visit their website: www.aetna.com/asa
Worldwide (excluding US) (collect call): (312) 935 3758

Off-Island Benefits:

Your ID card is a passport to overseas network care that will be billed directly to Colonial Medical. By choosing an In Network hospital or physician, you will not be required to pay up-front or at the time services are rendered. Network facilities and providers accept assignment of benefits and they agree to accept negotiated contract rates. Charges will be paid in full at agreed rates.

In Network Services:

Facility and hospital charges will be reimbursed at 100% of the negotiated contract rate. Remember, however, the attending physician charges are billed separately and you should make sure that his/her services are also provided In Network.

Out of Network Services:

If you receive services from a facility or provider that is not within the Network, the cost of those services will be reimbursed at Reasonable and Customary rates (R&C). You will be responsible for paying the Deductible and 20% Co-insurance. However, your maximum liability will be \$2,200 for charges that are Reasonable and Customary.

IMPORTANT: Should the physician charge at a rate higher than the R&C rates, then you are responsible for the balance.

How using In Network care makes financial sense:

Example (illustration only - for typical charges of \$22,000)

Hospital and Physician Charges	\$22,000
Reasonable & Customary (allowed by your plan)	\$20,000
Network Contracted Rate	\$15,000

Your Plan pays as follows:	In Network	Out of Network
Amount Billed	\$22,000	\$22,000
Allowed by your Plan R&C	not applicable	\$20,000
Network Rate	\$15,000	not applicable
Colonial Pays	\$15,000	\$17,800
You Pay	Nil	\$4,200*

*\$200 deductible + \$2,000 coinsurance + \$2,000 doctors services not covered by your plan = \$4,200. This does not include any amounts charged above R&C rates.



COLONIAL

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