



WHERE PEOPLE COME FIRST



On Island Benefits

EFFECTIVE 1ST JULY, 2021



Lifetime maximum for On and Off Island benefits:

Full-time Active Employees	\$2,000,000
Retirees	\$500,000
Calendar Year max: (Active Employees)	\$1,000,000

Standard Health Benefits (SHB)

Claim reimbursement will be considered for services incurred at a Bermuda Hospital Board facility, which are not covered under the SHB, as regulated by The Act, the Bermuda Health Council, and/or the Bermuda Government fee schedule, whichever is applicable. For services outside of the Bermuda Hospital Board facilities, please visit www.bhec.bm for a full listing of SHB eligible providers and services under the law.

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

Doctor's visits

Office	\$98
Home	\$163
Specialist (based on medical necessity) Initial visit	\$273
Each subsequent Specialist visit paid as Office visit	

Prescription Drug Plan for prescribed medications

Generic drugs	100%
Brand name drugs	80%
Prescribed contraceptives (max \$1,200/calendar year).....	75%

Optometrist (1 visit/calendar year) \$112

Obstetrics

New employees are subject to 10 month waiting period. Prior insurance will be counted towards waiting period, see Policy for details.

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

Home Healthcare Services 80%
(max 60 days/calendar year) Requires a doctor's referral letter, must be medically necessary and subject to relevant Fee Schedule or Reasonable & Customary allowance.

Hearing Aids \$3,500/5 calendar years

Artificial Limbslifetime max: \$30,000

Speech Therapy (max 52 visits/calendar year).....\$62
Requires Doctor's referral letter

Wellness & Preventative Care

Annual Physical (1 exam/calendar year)

General Practitioner	\$243
Specialists/Gynecologist.....	\$303
Lab/Diagnostic Testing, Immunisations, Flu Shot, Vaccines.....	\$585

Preventative Care

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

Contraceptive Management (2 visits/calendar year) \$50

Well baby (max 10 visits/calendar year) \$80

Well child (age 3-16 annual physical) \$178

Weight Loss Program*/Holistic Health Care\$45

*Physician Supervised (max 15 visits/year) related to a medically approved nutrition program or for services by an approved, qualified holistic health care provider.

Nutritional Counseling (requires doctor's referral letter)

Initial Visit	\$150
Each subsequent visit (max 6/calendar year).....	\$60

Mental Health (max combination of Psychiatrist, Psychologist, and Clinical Therapists visits allowed is 40 visits/calendar year)

Clinical Psychiatrist	\$175
Licensed Psychologist	\$150
Clinical Therapist	\$135

EAP Programme

Connects you to local resources to help support you and your dependent's emotional, practical or physical needs through professional counselling. This service is free, confidential, and available 365 days a year.

Physiotherapy and Occupational Therapy \$75
(max 20 visits/calendar year) A visit includes services for examination and therapies performed on the same day.

Chiropractor (max 20 visits/calendar year)\$66
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 (max 20 visits/calendar year) \$75

Diabetic Counseling as per the BHB fee schedule

Asthma Counseling

Initial Visit	\$150
Each subsequent visit (max 6 visits/calendar year)	\$55

Allergy Shots and Testing (when prescribed by a physician)

Initial Test (SET, RAST or PRIST) (max 1/lifetime).....	\$580
Allergy Shots - per shot (max 25/calendar year).....	\$25

Off Island Benefits

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Important Note on Overseas Care

To be eligible for overseas benefits and coverage, all of the following conditions must be met:

- Care must be rendered at an In Network Preferred Provider Organisation (PPO) facility
- All services must be deemed medically necessary
- Any services sought must not be available in Bermuda
- A Bermuda doctor's referral is required
- Prior authorization from Coralisle Medical is required
- For specific services, pre-certification is also required, including:
 - All inpatient procedures
 - All outpatient surgery
 - All chemotherapy and radiation services (inpatient or outpatient)

Medical services and supplies100% contracted rate

Air Ambulance \$50,000/calendar year

Repatriation\$7,000 lifetime max
Airfare to home country of mortal remains

Commercial air transportation*... \$5,000/calendar year

Overseas allowance*

Patient only \$220/day

Patient and approved companion \$250/day
(max 120 days/calendar year) May be used for accommodation, transportation and/or food. Not to exceed the limits stated above. Advanced funding for Airfare and up to 5 days per diem for emergency care is available (specific documentation applies). The accompanying adult companion must be pre-approved as medically necessary to be eligible under this benefit.

Transplant procedures100% at an IoE*

*Institute of Excellence (IoE).

All above Overseas Care conditions must be met.

Cancer Center of Excellence (Cancer COE)	when Cancer COE is used	when non-Cancer COE is used
Deductible:	\$0	n/a
Co-insurance: (Insured's portion)	0%	n/a
Stop-loss:	\$0	n/a

Chemotherapy & Radiation Therapy must be pre-certified regardless of the location where services are performed. If a Member is referred for Chemotherapy & Radiation Therapy and services are performed at a Cancer COE and prior approval obtained, the commercial air transportation overseas allowance can be used.

Overseas Prescription Drugs Pharmacy Benefit

USA - In Network	No deductible applies
Generic Drugs	80%
Brand Drugs	70%

Note: The amounts listed in this Schedule are the maximums paid by Coralisle Medical for the applicable services.

Optional Extra Benefits

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

Vision Plan \$420
Can be applied towards Lasik Eye Surgery after a 12 month waiting period

Lasik Eye Surgery \$2,000 lifetime max
12 month waiting period

Dental Benefits \$3,000, \$4,000 or \$5,000

Executive Physicals

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Provident Plan at Home:

1. Always carry your digital ID Card with you.
2. All pharmacies in Bermuda accept the Coralisle Medical ID Card.
3. To verify your benefits or receive advice, call Coralisle Medical (8:30 am - 5:00 pm Monday - Friday excluding public holidays): (441) 296-3200

Provident Plan Overseas:

1. Always carry your digital 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 for prior-authorisation of services: (441) 296-3200
Call for pre-certification of specified services: 1-800-423-9130
4. To locate an In Network Facility or Provider, go to www.aetna.com/asa

Out of Network and Emergency Care:

Note: Care rendered outside of the PPO Network for all Overseas benefits and services will not be covered with the exception of Emergency Treatment, which can be sought anywhere and will be paid according to the level of the In Network benefits.



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