



COLONIAL

Basic HIP Schedule of Benefits

Cover available for Full-time Employees (from age 19) and their Non-working spouse only

Medical Benefits covered in Bermuda

Standard Health Benefits (SHB)

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

Specialists & Physicians (Non- SHB) (In hospital/Per admission)

Surgery:	\$2,167
Anesthetist:	\$1,200
Internal Medicine:	\$1,684
Hospital Visit GP:	\$812
Obstetrician:	\$3,528
Caesarean Delivery:	\$6,990.12
SVD (Vaginal) Care/Delivery:	\$6,302.83
Caesarean Delivery On-Call Doctor:	\$2,788.24
SVD fee for on call Delivery:	\$2,467.29
Suction D&C (TOP):	\$838.27
Specialist:	\$1,029

Doctor's Visits

GP Office visit (max 4/year):	\$42
Home Visit:	\$82
Specialist Initial (max 2/year): Must be referred by GP	\$170
Specialist follow-up (max 3/year):	\$75

Home Health Care

Registered Nurse (max 12/year):	\$75/visit
Personal caregiving (monthly max):	\$15/hour or \$2,610
Skilled caregiver Max:	\$25/hour or \$1,525
Adult day care:	\$200/week or \$867(monthly max)
Home Health Care (Annual Max): Specific requirements must be met.	\$60,000

Home Medical Services (SHB)

(For SHB services as approved by BHeC: home nursing services, IV meds for infusion, palliative care, medical nutrition therapy)

Wellness Benefits

Max 6 visits/year: \$35/ 80%

Must be diagnosed with chronic disease. HID approved programs only (e.g. asthma, nutrition, diabetes, fall prevention, smoking cessation counselling)

Diagnostic Imaging

As per fee schedule

(mammography, bone density, MRI, lab services, cardiac investigations)

Artificial limbs and appliances (SHB)

Lifetime max: \$100,000

Kidney transplant (SHB)

Lifetime max: \$200,000

Dialysis (SHB)

Haemodialysis \$11,284 (monthly max.)
Peritoneal dialysis \$9,368/month or \$308/day

Radiation

Local covered at 100%

Medical Benefits covered Overseas

In Network care 60%

Out of Network care 40%

All overseas procedures and treatments require prior approval and must be medically necessary and not available in Bermuda.

Elective treatments, second opinions and experimental treatments are not covered.

Exclusions to the Whole Policy

1. Cosmetic or plastic surgery unless necessary to correct traumatic injury.
2. Long-term custodial care in a nursing home.
3. Eye or ear examination to fit eyeglasses or hearing aid, except in cases of injury or damage to eye or ear.
4. Medications taken home from hospital.
5. Diagnostic services performed to satisfy the requirements of third parties
6. Visits solely for the administration of drugs, vaccines, sera or biological products
7. Transportation or travel (other than local emergency ambulance service), air ambulance, airfare and hotel costs for overseas care
8. Medical treatment in the hospital that could be provided in a doctor's office during normal business hours.
9. Treatment given or hospital facilities used that have not been prescribed by a registered practitioner, unless certified as urgent and necessary by a medical officer at the local hospital.
10. Claims from medical providers or individuals must be submitted within 12 months of the treatment date, otherwise the claim are expired and will be rejected.

COLONIAL MEDICAL INSURANCE COMPANY LIMITED
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Insurance, Health, Pensions, Life

Effective June 2019



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Basic HIP

Schedule of Benefits

Dental Benefits

Dental Benefits are paid in accordance with the Ontario Dental Association Fee Schedule. Any amounts charged above and beyond these rates are the responsibility of the Insured. Please refer to the plan documents for full details, including exclusions and limitations that might affect benefits. Values are USD unless otherwise specified.

Dental Benefits	On Island/Off Island
Preventative Oral examinations - 2 exams per year Dental cleanings - 2 cleanings per year	75%
Services Polishing & Scaling - 1 unit of time every 6 months under age 44/ 1 unit of time every 4 months age 45 and over	75%
X-Rays Bitewing X-rays - 2 X-rays per year Full mouth X-rays - 1 X-ray every 36 months Panoramic X-rays - 1 X-ray every 36 months Other X-rays	75%
Basic Dental Fillings, Stainless steel crowns	75%
Services Extractions, Oral surgery, Denture relining	75%

Exclusions: Flouride Treatments, Sealants, Space maintainers, Periodontics, Periodontal Prophylaxis, Root Canals, Anesthesia, Major dental (Onlay/inlay/gold restorations, Permanent crowns, Dentures, Bridgework, TMJ treatment, Dental implants), Orthodontia (braces and harmful habit appliances).

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