



COLONIAL

# HIP Enhanced

## Schedule of Benefits

### Medical Benefits covered in Bermuda

Hospital Inpatient (public ward) & Outpatient	As per Fee Schedule
Psychiatric Hospital	Inpatient: 40 days per year Outpatient as detailed under the SHP Act
Home Health Care	as per legislation for Ulcer/Wound Care, Dressing Change, Stump Care, Ostomy Care, Stroke Rehabilitation
Specialists & Physicians (In hospital/Per admission)	Surgery: \$2,114 Anesthetist: \$1,171 Internal Medicine: \$1,643 Obstetrics: \$3,442 Specialist: \$1,004 General Practitioner: \$792
Physicians (Outside SHP cover)	Home visit 12 per calendar year: \$128 Office visit 12 per calendar year: \$75 Pre-admission consultation: \$100
Prescription costs (by reimbursement only)	\$10,000 per calendar year
Air Ambulance	\$25,000 per calendar year
Diagnostic Imaging Facilities	Covered at approved rates for: Mammography, Bone Densitometry, Diagnostic Imaging, Laboratory Services, MRI, Cardiac Investigation
Artificial limbs and appliances	\$15,000 lifetime maximum
Dialysis Treatment, Hospital long-stay, Anti-rejection drugs (kidney)	As per Fee Schedule
Kidney transplant	\$150,000 lifetime maximum
Specialist services for any medically necessary procedure	\$1,000 per calendar year

### Medical Benefits covered Overseas

Maximum Cover for inpatient and outpatient medically necessary treatment and services are payable overseas at the same rates (fee schedules) paid in Bermuda.

You must obtain an overseas referral from a local specialist and obtain pre-approval from Colonial prior to obtaining any services.

### 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), 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

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