



# ProvidentPlan

Schedule of Benefits 2019-2020

Your peace of mind plan



COLONIAL

# On island benefits

Effective 1<sup>st</sup> June, 2019

## Lifetime maximum for On and Off Island benefits:

Full-time Active Employees	\$2,000,000
Retirees	\$500,000

**Calendar Year maximum:** \$1,000,000

## 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.bm](http://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.

### Doctor's visits:

Office	\$98
Home	\$163
Specialist (based on medical necessity) Initial visit	\$273
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%

**Optometrist:** (Maximum 1 visit per calendar year) \$112

### Obstetrics:

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

**Home Healthcare Services:** 80%

(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.

**Hearing aids:** \$3,500 per 5 calendar years

**Artificial Limbs** \$30,000 lifetime max.

**Speech Therapy:** (maximum 52 visits per calendar year) \$62  
Requires Doctor's letter of referral

## Wellness & Preventative Care

### General health/wellness exam, screening and services:

(Physical - 1 exam per 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

**Well baby visits:** (Maximum 10 visits per calendar year) \$80

**Well child visits:** (Age 3-16 Annual Physical) \$178

**Weight Loss Program\*/Holistic Health Care** \$45

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

### Nutritional counseling:

(Requires Doctor's letter of referral)	
Initial Visit	\$150
Each subsequent visit (Maximum 6 per calendar year)	\$60

### Mental Health:

(Maximum combination of Psychiatrist, Psychologist, and Clinical Therapists visits allowed is 40 visits per calendar year)	
Clinical Psychiatrist	\$175
Licensed Psychologist	\$150
Clinical Therapist	\$135

### Physiotherapy and Occupational Therapy:

(Maximum 20 visits per calendar year) A visit includes services for examination and therapies performed on the same day.

**Chiropractor:** (Maximum 20 visits per 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.

**Chiroprapist:** (Maximum 20 visits per calendar year) \$75

**Diabetic counseling:** As per the BHB fee schedule

**Asthma counseling:** Initial Visit \$150  
Each subsequent visit (Maximum 4 per calendar year) \$55

**Allergy shots and testing:** When prescribed by a physician  
Initial Test (SET, RAST or PRIST) (maximum 1 per lifetime) \$580  
Allergy Shots - per shot (maximum 25 per calendar year) \$25

# Off island benefits

Effective 1<sup>st</sup> June, 2019

## 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 Colonial 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 supplies:** 100% of the contracted rate

**Air Ambulance:** \$50,000 per calendar year

**Repatriation:** \$7,000 lifetime max.

Airfare for repatriation to home country of mortal remains.

**Commercial air transportation:** \$5,000 per calendar year

### Overseas allowance

Patient only: \$220 per day

Patient and approved companion: \$250 per day

(Maximum 120 days per 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 procedures** 100% at an IoE\*

\*Institute of Excellence must be used.

All above Overseas Care conditions must be met.

**Cancer Center of Excellence:** When COE\* is used When Non-Cancer COE is used

**Deductible:** \$0

**Co-insurance:** (Insured's portion) 0%

**Stop-loss:** \$0 **NO BENEFITS AVAILABLE**

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%

The amounts listed in this Schedule of Benefits are the maximums paid by Colonial 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 calendar year max.

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 calendar year max.

### Executive Physicals

## Making the most of your cover at home and overseas

### Provident Plan at Home:

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

### Provident Plan 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 program. To find a pharmacy call: 1 800 927 8802
3. Call for prior-authorization of all services: (441) 296 3200  
Call for pre-certification of specified services: 1 800 423 9130
4. To locate an In Network USA Facility or Provider  
ASA PPO Network by Aetna: 1 800 423 9130  
or visit their website: [www.aetna.com/asa](http://www.aetna.com/asa)

## Important Note on Out of Network and Emergency Care

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.



COLONIAL GROUP  
INTERNATIONAL

Jardine House, 33-35 Reid Street, Hamilton HM 12, Bermuda  
tel. (441) 293 2444 [www.cgigroup.com](http://www.cgigroup.com)

Colonial Insurance Company Limited  
Jardine House, 33-35 Reid Street, Hamilton  
P.O. Box HM 1559, Hamilton HM FX, Bermuda  
tel. (441) 296 3700

British Caymanian Insurance Agencies Limited  
BritCay House, 236 Eastern Avenue, George Town  
P.O. Box 74, Grand Cayman, KY1-1102, Cayman Islands  
tel. (345) 949 8699

Atlantic Medical Insurance Limited  
Atlantic House, 2nd Terrace & Collins Ave  
P.O. Box SS-5915, Nassau, Bahamas  
tel. (242) 326 8191

Colonial Pension Services (Bahamas) Limited  
Atlantic House, 2nd Terrace & Collins Ave  
P.O. Box SS-6246, Nassau, Bahamas  
tel. (242) 502 7526

Colonial Insurance (BVI) Limited  
Palm Grove House, P.O. Box 2377  
Road Town, Tortola, British Virgin Islands VG1110  
tel. (284) 494 8450

Colonial Insurance Brokers Limited  
Suite 3D-A, Courtyard Plaza, Leeward Highway  
Providenciales, Turks & Caicos Islands  
tel. (649) 941 3195

Colonial Medical Insurance Company Limited  
Unit 3 D, The Domers, Prior Park  
St. James BB23017 Barbados  
tel. (246) 538 4444



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COLONIAL MEDICAL INSURANCE COMPANY LIMITED  
Jardine House, 33-35 Reid Street, Hamilton HM 12  
P.O. Box HM 1559, Hamilton HM FX, Bermuda  
tel. (441) 296 3200 fax. (441) 295 9036 [www.cgigroup.com](http://www.cgigroup.com)

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