

SolusHealth



Schedule of Benefits  
2019-2020



COLONIAL

# On island benefits

Effective 1st June, 2019

## Lifetime Maximum Benefits (each insured)

For all On and Off island benefits	\$1,000,000
From Age 65 (Please Note: benefits terminate at age 70)	\$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.

## 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](http://www.bhec.com) 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	\$120
Home	\$170
Specialist (based on medical necessity) Initial visit	\$305
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) \$115

### 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

### Home Healthcare Services:

(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. 80%

**Hearing aids:** \$4,000 max. per 5 calendar years

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

**Speech Therapy:** (maximum 52 visits per calendar year) \$65  
Requires Doctor's letter of referral

## Wellness & Preventative Care

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

(Physical - 1 exam per calendar year after 6 month waiting period)

General Practitioner	\$275
Specialists/Gynecologist	\$315
Lab/Diagnostic Testing, Immunisations, Flu Shot, Vaccines	\$600

### Preventative care:

(There is a 6 month waiting period for this benefit)  
Coverage for the following services is paid according to the relevant Fee Schedule: Annual mammogram, PSA, PAP smear, Occult bloods

### Premature birth, related complications and congenital deformities:

\$500,000 Lifetime max.

**Well baby visits:** (maximum 10 visits per calendar year) \$90

**Well child visits:** (age 3-16 Annual Physical) \$180

**Weightloss Program\*/ Holistic Health Care:** \$50

\*Physician supervised (Maximum 10 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	\$160
Each subsequent visit (maximum 6 per calendar year)	\$65

### Mental Health:

(maximum combination of Psychiatrist, Psychologist, and Clinical Therapists visits allowed is 40 visits per calendar year)	
Clinical Psychiatrist	\$185
Licensed Psychologist	\$155
Clinical Therapist	\$140

### 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) \$75

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 \$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

# Off island benefits

Effective 1st June, 2019

# Dental and Vision

Optional Extra Benefits

## Overseas Prescription Drugs Pharmacy Benefit:

<b>USA - In Network:</b>	No deductible applies
Generic Drugs	80%
Brand Drugs	70%
Brand name drugs if no Generic equivalent is available	80%

<b>USA - Out of Network:</b>	Deductible applies
Generic Drugs	70%
Brand Drugs	60%
Brand name drugs if no Generic equivalent is available	70%

<b>Worldwide (excl. USA):</b>	No deductible applies
Drugs	80%

Medical services and supplies:	In Network Providers	Out of Network/ Other providers
<b>Deductible</b> per Calendar Year		
Each Individual	\$0	\$300
Family Maximum	\$0	\$600
<b>Co-insurance</b> (Insured's portion)	0%	20%
<b>Stop-Loss</b> (in addition to deductible)		
Each Individual	\$0	\$2,500
Family Maximum	\$0	\$5,000

<b>Hospital Room &amp; board</b>	100%	\$1,000/day
Unlimited number of days		

<b>Intensive care supplement:</b>	100%	\$2,000/day
Unlimited number of days (includes Overseas Hospital Room & Board amount above)		

**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)

<b>Transplant related charges</b> (Deductible/Co-insurance do not apply)	
A Institute of Excellence (IoE) must be used for this benefit	100%
Lifetime Maximum	\$500,000

<b>Air Ambulance*</b>	\$75,000 per calendar year
Only by referral from a local Doctor.	

<b>Commercial air transportation*</b>	\$5,500 per calendar year
Specialist referral letter is required.	

<b>Overseas allowance*</b>	Patient only: \$275 per day
----------------------------	--------------------------------

Patient and approved companion: \$325 per day  
(Maximum 120 days per calendar year) May be used for transport, accommodation and food. Advance funding for 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 to receive treatment overseas and this treatment is available locally, you will not qualify for these benefits.

Please Note: These Optional Benefits are not included in the standard plan. They are available only upon request and require an additional premium.

## The Dental Plan: Calendar Year Maximum \$3,000

Dental Benefits are paid in accordance with the relevant fee schedule. Any amounts charged above and beyond these rates are the responsibility of the Insured. There are two levels of coverage to choose from: Basic and Comprehensive.

Basic Dental Benefits	% Payable
Routine examinations, cleanings and scaling, bitewings, fluoride treatment (under 16yrs) (2 per calendar year)	100%
Periodontal treatment of gums (4 per calendar year)	100%
Full mouth X-ray (1 per 2 calendar years)	100%
Fillings, extractions, oral surgery, retainers, space maintainers (under 14yrs), root canals, rebasing and relining of dentures	100%

Comprehensive Dental Benefits	% Payable
(in addition to the Basic Benefits listed above)	
Restorative: inlays, crowns, bridges, bridge repair, dentures, denture repair	80%
Orthodontic: braces for teeth alignment (Lifetime maximum \$3,000 in addition to annual maximum)	50%

## The Vision Plan: Calendar Year Maximum \$420

Vision Benefits	% Payable
Prescription eyeglasses (frames and lenses)	100%
Prescription contact lenses (soft, hard, disposable)	100%

Limitations and Exclusions:  
Medical eye examination (covered under your health insurance plan. Please refer to the relevant Schedule of Benefits).

## Going solo can mean you're in great company!

Going solo with Solus Health insurance doesn't mean you are going it alone. In fact, you will be supported with exceptional service and support by the number one regional provider of group health insurance, Colonial Group International (CGI).

CGI operates in Bermuda and the Caribbean and takes care of 50,000 employees in occupational health insurance plans. In all territories, CGI companies offer the fastest claims turn-around with 98% procedural accuracy too. This means more of your money goes into the service, benefits and care you deserve.

### Inpatient Overseas Care

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 (317) 927 6820 (collect call).

### In Network Services

When an In Network provider is used, benefits are reimbursed at 100% based on contracted rates. You will not be required to pay up-front or at the time of service. Remember that the attending physician charges are billed separately and you should make sure these services are also provided In Network.

### Out of Network Services

When you choose to receive treatment from an Out of Network provider, Colonial Medical will reimburse at the percentage shown of Reasonable and Customary (R&C) rates. You will be responsible for paying the Deductible and Co-insurance. Should the physician charge at higher than R&C rates, you are responsible for the balance.



## COLONIAL

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)

A member of Colonial Group International Ltd.  
Insurance, Health, Pensions, Life

### Your Solus Health Plan 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

### Your Solus Health Plan Overseas

1. Always carry your Medical ID and RX cards with you when you travel.
2. In order to receive the Off island benefits in the USA, Med-Valu must be notified of all proposed inpatient admissions: Please call: 1 800 423 9130  
For inpatient admissions outside the US, please call collect: (317) 927 6820
3. Over 50,000 US Pharmacies participate in the RX Card programme. To find a pharmacy call: 1 800 927 8802
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](http://www.aetna.com/asa)  
Worldwide (excluding US) - IMG Assistance: (317) 927 6820  
(collect call)