



# WHERE PEOPLE COME FIRST

**CG** | INSURANCE

SOLUS HEALTH SCHEDULE OF BENEFITS

# On Island Benefits

EFFECTIVE 1ST JULY, 2021



## Lifetime maximum benefits (each insured):

For all On and Off Island benefits..... \$1,000,000

From age 65 (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” section.

## 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](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 unless otherwise stated.

## Doctor's visits

Office ..... \$120  
Home ..... \$170  
Specialist (based on medical necessity) Initial visit... \$305  
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)..... \$115

## Obstetrics

(There is a 10 month waiting period for this benefit.)  
Normal Delivery ..... } Paid in full according to  
Caesarean Section ..... } Bermuda Government  
Miscarriage ..... } legislated fee schedule  
Elective Abortion ..... \$750

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

**Hearing Aids**..... \$4,000/5 calendar years

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

**Speech Therapy** (max 52 visits/calendar year) ..... \$65  
Requires Doctor's referral letter

## Health and Wellness Exam, Screening and Services

### Annual Physical (1 exam/calendar year)

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** ..... Lifetime max: \$500,000

**Well baby** (max 10 visits/calendar year)..... \$90

**Well child** (age 3-16 annual physical) ..... \$180

**Weight Loss Program\*/Holistic Health Care** ..... \$50

\*Physician Supervised (max 10 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..... \$160  
Each subsequent visit (max 6/calendar year) ..... \$65

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

Clinical Psychiatrist ..... \$185  
Licensed Psychologist ..... \$155  
Clinical Therapist ..... \$140

**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)..... \$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.

**Chiropodist** (max 20 visits/calendar year)..... \$75

**Diabetic Counseling** ..... as per the BHB fee schedule

### Asthma Counseling

Initial Visit ..... \$155  
Each subsequent visit (max 6 visits/calendar year) .... \$65

**Allergy Shots and Testing** (when prescribed by a physician)

Initial Test (SET, RAST or PRIST) (max 1/lifetime)..... \$650  
Allergy Shots - per shot (max 25/calendar year)..... \$25



## 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%

## For all medical services and supplies

Deductible/calendar year	when In Network Provider is used	Out of Network/ All other providers
Each Individual	\$0	\$300
Family maximum	\$0	\$600
Co-insurance (Insured's portion)	0%	20%
Stop-Loss (in addition to deductible)		
Each Individual	\$0	\$2,500
Family maximum	\$0	\$5,000

**Hospital Room & board** 100% \$1,000/day  
Unlimited number of days

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

## Substance Abuse

Mental nervous benefit inclusive of treatment for substance abuse. Pre-authorization required. Reimbursed at same rate as Mid Atlantic Wellness Institute in Bermuda (max stay 28 days per admission up to lifetime max \$50,000).

**Transplant related charges** .....100%  
Deductible/Co-insurance do not apply. Institute of Excellence (IoE) must be used for this benefit  
Lifetime max ..... \$500,000

**Air Ambulance\*** .....\$75,000/calendar year  
Based on Medical Necessity

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

## Overseas allowance\*

Patient only .....\$275/day  
Patient and approved companion .....\$325/day  
(max 120 days/calendar year) May be used for accommodation, car rental, taxi hire, food or a combination of these, not to exceed the limits stated above. Advanced funding of 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 in Bermuda, you will not qualify for these benefits.

## Optional Extra Benefits

**PLEASE NOTE:** These 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 or Comprehensive.**

#### Basic Dental Benefits % Payable

Routine examinations, cleanings and scaling, bitewings, fluoride treatment (under 16 yrs) (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

Basic: as listed above  
Restorative: inlays, crowns, bridges, bridge repair, dentures, denture repair ..... 80%  
Orthodontic: braces for teeth alignment .....50%  
Lifetime maximum: .....\$3,000 in addition to CYM

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

#### Vision Benefits % Payable

Prescription eyeglasses (frames and lenses), 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.



# On and Off Island Benefits

EFFECTIVE 1ST JULY, 2021



## 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, the Coralisle Group (CG).

CG operates in Bermuda and the Caribbean and takes care of 50,000 employees in occupational health insurance plans. In all territories, CG 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 1-317-927-6820 (collect).

### 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, Coralisle 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.

### 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 Coralisle Medical ID Card.
4. To verify your benefits or receive advice, call Coralisle 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, we must be notified of all proposed inpatient admissions. Please call: 1-800-423-9130

For inpatient admissions outside the US, please call collect: 1-317-927-6820

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 - [www.aetna.com/asa](http://www.aetna.com/asa)

**Worldwide** (excluding US): IMG Assistance - 1-317-927-6820 (collect) or [ipa.imgglobal.com](http://ipa.imgglobal.com)



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Rev. 08-21