



COVER THAT CARES.



On Island Benefits

EFFECTIVE 1ST JUNE, 2024



Lifetime maximum for On and Off Island benefits:

Full-time Active Employees	\$2,000,000
Retirees	\$500,000
Calendar Year max: (Active Employees)	\$1,000,000

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.healthcouncil.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	\$105
Home	\$173
Specialist (based on medical necessity) Initial visit	\$275
Each subsequent Specialist visit paid as Office visit	

CG Pharmacy Prescription Drug Plan (prescribed medication)

(For prescriptions filled at the CG Pharmacy)

Generic	100%
Brand name	80%
Prescribed Oral Contraceptives	as above
Diabetic Supplies - Easy Touch* Brand Only	100%
*ET Test Strips, ET Lancets, ET Glucose Meter Kit, ET Pen Needles	
Diabetic Supplies - all other brands	80%
Vitamins** - prescribed prescription strength	100%

**with prescription and pre-authorized as medically necessary
Note: Prior approval for singular prescriptions, \$2,000 or more, is required. CG Insurance will have the local pharmacy who submits the lowest quote fulfill the prescription.

Non-CG Pharmacy Prescription Drug Plan (prescribed meds)

Generic drugs	100%
Brand name drugs	80%
Prescribed contraceptives (max \$1,200/calendar year)	75%
Diabetic Supplies	80%

Note: Prior approval for singular prescriptions, \$2,000 or more, is required. CG Insurance will have the local pharmacy who submits the lowest quote fulfill the prescription.

Obstetrics

New employees subject to 10 month waiting period. Prior insurance will be counted towards waiting period. See Policy for details.

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

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

Optometrist (1 visit/calendar year) \$118

Hearing Aids \$3,500/5 calendar years

Artificial Limbs lifetime max: \$30,000

Speech Therapy (max 52 visits/calendar year)..... \$62
 Requires Doctor's referral letter

Wellness & Preventative Care

Annual Physical (1 exam/calendar year)

General Practitioner	\$255
Specialists/Gynecologist	\$318
Lab/Diagnostic Testing, Immunisations, Flu Shot, Vaccines	\$614

Preventative Care

Coverage for the following services is paid according to the relevant Fee Schedule: Annual mammogram, PSA, PAP smear, Occult bloods

Contraceptive Management (2 visits/calendar year) ... \$50

Well Baby Visits (max 10 visits/calendar year) \$89

Well Child Visits (age 3-16 annual physical) \$178

Weight Loss Program/Holistic Health Care**..... \$47

**Physician Supervised (max 15 visits/calendar 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	\$150
Each subsequent visit (max 6/calendar year)	\$60

Mental Health (max combination of Psychiatrist, Psychologist, and Clinical Therapists: 52 visits/calendar year)

Clinical Psychiatrist	\$175
Licensed Psychologist	\$150
Clinical Therapist	\$135

Employee Assistance Programme (EAP)

Connects you to local resources to help support you and your dependent's emotional, practical or physical needs through professional counselling. This service is free, confidential, and available 365 days a year.

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)..... \$68
 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 (max 20 visits/calendar year) \$75

Diabetic Counselingas per the BHB fee schedule

Asthma Counseling

Initial Visit	\$155
Each subsequent visit (max 6 visits/calendar year)	\$55

Allergy Shots and Testing (when prescribed by a physician)

Initial Test (SET, RAST or PRIST) (max 1/lifetime)	\$580
Allergy Shots - per shot (max 25/calendar year).....	\$25

Neuropsychological Testing..... 100%
 (max \$2,500, one test every 2 years). Must be pre-authorized.

Behavioural Therapies for Autism Spectrum and Attention Deficit Disorders

..... 100%
 (max \$6,000/member/year). Must be pre-authorized. Includes:

- Treatment for any Pervasive Development Disorder, ADD, ADHD;
- Family or individual applied behavioral analysis therapies;
- Family psycho-educational therapy, occupational, speech, physical, and behavioral therapies.

Off Island Benefits

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Important Notes 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 Coralisle 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 supplies100% contracted rate

Air Ambulance \$50,000/calendar year

Repatriation\$7,000 lifetime max
Airfare to home country of mortal remains

Commercial air transportation* \$5,250/calendar year
Specialist referral letter is required

Overseas allowance*

Patient only \$240/day

Patient and approved companion \$275/day
(max 120 days/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.

Note: If you elect for treatment overseas and this treatment is available in Bermuda, you will not qualify for these benefits.

Transplant procedures100% at an IoE*

*Institute of Excellence (IoE).

All above Overseas Care conditions must be met.

Cancer Center of Excellence (Cancer COE)	when Cancer COE is used	when non-Cancer COE is used
Deductible:	\$0	n/a
Co-insurance: (Insured's portion)	0%	n/a
Stop-loss:	\$0	n/a

Chemotherapy and 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%

Note: The amounts listed in this Schedule are the maximums paid by Coralisle 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 \$450

Dental Benefits \$3,000, \$4,000 or \$5,000

On and Off Island Benefits

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Provident Plan at Home:

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

Provident Plan Overseas:

1. Always carry your digital ID and RX cards with you when you travel.
2. Over 50,000 US Pharmacies participate in the RX Card programme. To find a pharmacy call: 1-800-927-8802
3. Call for prior-authorisation of services: (441) 296-3200
Call for pre-certification of specified services: 1-800-423-9130
4. To locate an In Network Facility or Provider, go to www.aetna.com/asa

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.



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