

**Schedule of Health Benefits  
Guardian Plan  
Effective June 1, 2024**

**LOCAL TREATMENT AND SERVICES**

**Health Insurance Act Benefits – HI**

As specified under The Health Insurance Act 1970 and its regulations, orders and rules

**Supplementary In-Hospital Benefits – SH**

Ancillary Hospital Services	100%, Bermuda Hospitals Board Fee Schedule
Surgical, Obstetrical, Anaesthetic, Diagnostic and Medical Care	100%, Bermuda Fee Schedule
Ground Ambulance to Home	As specified under The Health Insurance Act
Chronic Disease Management Programme	80%, \$2,880 maximum per policy year
Medical Alarm Device	80%, \$200 maximum per policy year

**Preventive and Diagnostic Benefits – PD**

Asthmatic, Audiologic, Allergy & Chronic Obstructive Pulmonary Disease (COPD) Counselling	
- Initial Consultation	\$160 - 1 per policy year for each type of service
- Subsequent Visits	\$65
- Combined Maximum	\$1,100 per policy year
Medical Nutritional Therapy (Provider must be a registered Dietitian approved by Argus)	
- Initial Consultation	\$160 - 1 per policy year
- Subsequent - Individual Visit	\$65
- Subsequent - Group Session	\$35
- Combined Maximum	\$1,395 per policy year
Weight Loss Management Programme (Programme & provider must be pre-approved by Argus)	\$127 - 26 visits per policy year
Diabetes Prevention Programme (Programme & provider must be pre-approved by Argus)	
- Group Session	\$30 - 12 sessions per policy year
Diabetes Rewind Programme (Programme & provider must be pre-approved by Argus)	100%, one programme per lifetime
Annual Foot Exam For persons with type I or II diabetes or diabetic neuropathy	\$150 - maximum 1 examination per policy year
Allergy Testing	\$900 every 5 years
Allergy Injections	\$20 - per injection and serum combined
Annual Health Exam	Maximum 1 examination per policy year
- General Practitioner	\$325
- Paediatric (2-18 years)	\$195
	100% of billed charges at Island Health Services and Family Practice Group

## Local Treatment & Services...continued

Annual Specialist/Gynaecologist Exam (all ages)	\$325 - maximum 1 examination per policy year 100% of billed charges at Island Health Services and Family Practice Group
Routine Diagnostic Testing in conjunction with Annual Exams	100%, Bermuda Fee Schedule
Well-Baby Routine Health Examination (under 2 years)	\$150
Annual Eye Exam	\$115 - maximum 1 examination per policy year
Routine Diagnostic Testing in conjunction with Annual Eye Exam (Provider must be approved by the Bermuda Health Council)	\$200 per policy year
Immunisations and Injections	\$50 per injection \$1,000 maximum per policy year for Dependent Children under age 19
Laboratory & Diagnostic Services in Private Testing Facilities - Includes Genetic Testing and Sleep Studies (These services must be pre-certified by Argus)	100%, Bermuda Fee Schedule

### Home and Office Medical Benefits – HO

General Practitioner - Office Visit	\$130 (100% of billed charges at Island Health Services and Family Practice Group)
- Home Visit	\$170
Specialist	
- Initial Consultation	\$315 - 5 per policy year (100% of billed charges at Island Health Services and Family Practice Group)
- Office Visit	\$150
Telemedicine	
- Virtual Office Visit	Same as in-person reimbursement
o With a Local Provider only	Subject to benefit maximums, if applicable
o With Local & Overseas Providers Jointly	Not subject to benefit maximums
(Services & providers must be pre-approved by Argus; refer to FAQ's)	
In-Office Medical/Surgical Treatment	100%, Bermuda Fee Schedule
Physical Medicine and Supplementary Therapies:	
- Manipulations, Speech Therapy, Chiropractic, Osteopathy, Massage* (inclusive of Reflexology*), Acupuncture*, Naturopathic Doctors* (*Provider must be approved by Argus)	\$85
- Physical & Occupational Therapy/TENS	
o Individual Visit	\$85
o Group Session	\$40
Combined Maximum, all Services	\$3,600 per policy year
Chiroprody/Podiatry	\$85 - 12 visits per policy year
Behavioural Therapies for Autism Spectrum & Attention Deficit Disorders (Services must be pre-approved by Argus)	Individual and family applied behavioural therapies 100% of billed charges, \$10,000 per policy year

## Local Treatment & Services...continued

<b>Mental Health Services:</b>	
- Psychiatrist Visit	\$190
- Psychologist/Group Therapy Session	\$140
- Counselling Services (Includes Addiction, Art, Play & Equestrian Therapies)	
o Individual Visit	\$100
o Group Session	\$45
- Smoking Cessation Counselling	
o Individual Visit	\$100
o Group Session	\$45
Combined Maximum, all Services	\$5,500 per policy year
 Neuropsychological Testing (Services must be pre-approved by Argus)	 100%, Bermuda Fee Schedule. One test every 2 policy years to a maximum of \$5,000.
 Sclerotherapy	 100%, Bermuda Fee Schedule, \$1,000 per policy year
 Lymphedema Treatment	 \$110 – 28 visits per policy year

## OVERSEAS TREATMENT AND SERVICES

### Major Medical Benefits – MM

Eligible Expenses are payable at a percentage of the lesser of Usual and Customary Charges, claim amounts reduced by the Argus claims editing process or Discounted Rates.

Maximum benefit for Active Employees, Dependents and eligible Retirees      \$5,000,000 per Lifetime

#### Emergency Treatment:

Insured must call Argus within 48 hours in order to receive 100% coinsurance; otherwise, benefits are payable at 80%

#### Treatment Not Available in Bermuda not specified below:

Insured must call Argus in advance and treatment currently not available in Bermuda must be pre-certified by Argus in order to receive 100% coinsurance; otherwise, benefits are payable at 80%

#### Treatment Available in Bermuda:

Insured must call Argus in advance and treatment must be pre-certified by Argus and obtained within the Argus Network in order to receive 100% coinsurance; otherwise, benefits are payable at 80%

#### Argus Specialty Networks:

	<b>Pre-certified and In-Network</b>	<b>Not Pre-certified</b>
Neonatal Treatment, Birth Defects & High-Risk Pregnancy	100%	80%
Spinal Treatment (subject to a mandatory second opinion review)	100%	50%
Paediatric Assessment of Autism Spectrum & Attention Deficit Disorders	100%	80%
Specialty Prescription Drugs	100%	50%
Psychiatric Disorders & Substance Abuse Disorders	100%	80%
Non-Solid Organ Transplants (Bone Marrow, Stem Cell and CAR-T)	100%	50%

## Overseas Treatment & Services...continued

The following services are payable at a percentage of the lesser of Usual & Customary charges, claim amounts reduced by the Argus claims editing process or Discounted Rates, and must be pre-certified by Argus in order to receive maximum reimbursement:

Inpatient Care	Semi-private accommodation
Intensive Care, Outpatient and Emergency Care	Unlimited
Surgical, Obstetrical, Anaesthetic, Diagnostic and Medical Care	Unlimited
Physician Services – Home or Office Visit	Unlimited
Rehabilitation / Skilled Nursing Facility	Semi-private up to 60 days per policy year
Home Health Care	Unlimited
Transplant Services	Unlimited
Psychiatric & Substance Abuse Disorders:	Up to 90 days per policy year, must be pre-certified by Argus in order to be eligible and receive maximum reimbursement
<i>Inpatient Care</i>	Unlimited
<i>Psychiatric Professional Services</i>	\$5,500 combined maximum per policy year

Airfare and accommodation are only eligible for services indicated in the chart above and must be pre-certified by Argus in order to be eligible. For maximum reimbursement, travel arrangements must be made by the Argus Concierge. The daily reimbursement allowance is inclusive of charges for hotel or rental accommodation, transportation and other daily living expenses incurred outside Bermuda while the Insured Person is receiving Medically Necessary treatment.

Commercial Economy Airfare** (Excludes preferred/priority seating and baggage fees)	\$35,000 combined maximum per policy year
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### Daily Reimbursement Allowance (Hotel, Transportation, Meals)\*\*

#### - In the Argus Preferred Provider & Specialty Networks:

- |   |                     |
|---|---------------------|
| ○ Insured Person or Insured Person and Approved Travelling Companion* | Up to \$400 per day |
| ○ Without Hotel or Rental Accommodation                               | 50% of above amount |

#### - Argus Network and all other facilities and providers:

- |   |                      |
|---|----------------------|
| ○ Insured Person or Insured Person and Approved Travelling Companion* | Up to \$200 per day  |
| ○ Without Hotel or Rental Accommodation                               | 50% of above amounts |

\* Benefits for one travelling companion are approved for one episode of care in the following circumstances: When the Insured Person is a minor Dependent Child, or has surgery or mental incapacity or otherwise requires a travelling companion due to medical necessity, subject to medical documentation and pre-approval by Argus

## Overseas Treatment & Services...continued

The following services must be pre-certified by Argus in order to be eligible:

Ground Ambulance and Air Ambulance	Unlimited (if Medically Necessary)
Air Ambulance Return to Bermuda	Unlimited (if Medically Necessary)
Behavioural Therapies for Autism Spectrum & Attention Deficit Disorders	Individual and family applied behavioural therapies 100% of billed charges, \$2,500 maximum per policy year
Genetic Testing	Unlimited
Telemedicine Virtual Office Visit	Unlimited
Student Mental Health Hotline	Unlimited
Repatriation of remains (inclusive of cremation)	Unlimited for return of remains or ashes

The following services are payable at 100% of the lesser of Usual and Customary charges, claim amounts reduced by the Argus claims editing process or Discounted Rates. Airfare and accommodation do not apply to these services, consultations and second opinions. Pre-certification of these services is not required.

Annual Health Exam and related Diagnostic Testing	\$3,000 per policy year
Physical Medicine and Supplementary Therapies (Nutritional/Diabetic, Asthmatic, Audiologic and Allergy Counselling Services, Well-baby Care, Immunisations and Injections, Allergy Testing, Annual Eye Exam, Physical and Occupational Therapy, Chiropractic, Osteopathy, Chiropody, Podiatry, Speech Therapy)	\$3,360 combined maximum per policy year
Complementary Alternative Therapies (Massage, Acupuncture and Naturopathic Doctors)	\$350 combined maximum per policy year

## WORLDWIDE TREATMENT AND SERVICES

### Supplementary Miscellaneous Benefits – MISC

Hearing Aids, Surgical Support Hose, Surgical Brassieres, Wigs, Orthotics - Hearing Aids limited to 1 every 5 policy years - Orthotics limited to 1 every 2 policy years	80%, \$4,000 combined maximum every 5 policy years
Oral Appliances (Services must be pre-certified by Argus)	80%, \$3,000 every 5 policy years
Prosthetic Devices and Appliances	80%, \$25,000 maximum per lifetime
Durable Medical Equipment, Accidental Dental Services and Overseas Cardiac Rehabilitation/Exercise Programme, Medical/Surgical Supplies - CPAP limited to 1 every 5 policy years, \$5,000 maximum	80% of Usual and Customary Charges

**Worldwide Treatment & Services...continued**

**Prescription Drug Benefit – RX**

Drugs, Birth Control, Medicines and Sera available only by prescription. 100% for generic drugs  
80% for brand name drugs

**Specialty Prescription Drug Benefit – RX**

Specialty Prescription Drugs (Must be pre-certified by Argus) 100% for tier one drugs  
(High cost drugs, biologic and biosimilar drugs and specialty 50% for tier two drugs  
drugs approved by Argus to treat complex or chronic medical conditions)

**Vision Care Benefits – VC**

Prescription Eye Glasses or Contact Lenses \$400 per policy year payable at 100%

Elective Surgical Treatment for Vision Correction \$2,000 per lifetime payable at 100%

**Dental Benefit Summary – DE**

Benefits are payable in accordance with the Bermuda Dental Fee Schedule. Amounts charged by a provider which exceed the scheduled amounts are your responsibility. Please obtain a pre-estimate of benefits from your dentist prior to undergoing extensive dental procedures.

*Basic Dental Services (DE01):*

Preventive and Diagnostic Exams, Consultations, Polishing, Scaling or Root Planing, Fluoride	100% of Fee Schedule	Policy Year: Unlimited	Lifetime: Unlimited
Surgical and Minor Restorative Endodontics	100% of Fee Schedule	Policy Year: \$1,400	Lifetime: Unlimited
Periodontics	100% of Fee Schedule	Policy Year: Unlimited	Lifetime: Unlimited
	50% of Fee Schedule	Policy Year: Unlimited	Lifetime: Unlimited
		Policy Year: \$2,000	Lifetime: Unlimited

*Major Restorative Services (DE02)* 50% or 80% of Fee Schedule Policy Year: \$5,000 Lifetime: Unlimited

*Orthodontic Services (DE03)* Only Insured Persons up to age 19 are covered

50% of Fee Schedule Policy Year: N/A Lifetime: \$4,000

\*\*Airfare and accommodation do not apply to Worldwide Treatment and Services

**Benefits in this booklet provide a brief summary of the Group Health plan. To view the coverage that applies to you, log-in to your Argus Vantage secure member account at [www.argus.bm/argus-vantage](http://www.argus.bm/argus-vantage). Full terms and conditions of the plan are provided in the Master Policy issued to your employer.**

**Argus Customer Service Centre 298-0888**

**[www.argus.bm](http://www.argus.bm)**