

**Schedule of Health Benefits
Signal Plan
Effective June 1, 2023**

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 (Your Medical Insurance Card will show SH if you have this benefit)

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 (Your Medical Insurance Card will show PD if you have this benefit)

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	\$745 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	\$225
- Paediatric (2-18 years)	\$195
Annual Specialist/Gynaecologist Exam (all ages)	\$225 - maximum 1 examination per policy year
Routine Diagnostic Testing in conjunction with Annual Exams	100%, Bermuda Fee Schedule
Well-Baby Routine Health Examination (under 2 years)	\$107 – maximum 6 examinations per policy year
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	\$30 - per injection

Local Treatment & Services...continued

Laboratory & Diagnostic Services in Private Testing Facilities	100%, Bermuda Fee Schedule
- Includes Genetic Testing and Sleep Studies (These services must be pre-certified by Argus)	
- COVID-19 Testing (Approved Tests at Approved Facilities)	

Home and Office Medical Benefits – HO (Your Medical Insurance Card will show HO if you have this benefit)

General Practitioner - Office Visit	\$125
Specialist - Office Visit	\$125 9 visits per policy year combined
General Practitioner - Home Visit	\$170 - 3 per policy year
Specialist - Consultation	\$315 - 2 per policy year (100% of billed charges at Island Health Services and Family Practice Group)
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
In-Office COVID-19 Sample Collection (and associated charges relating to evaluation and management, PPE and handling)	50%, Bermuda Fee Schedule or as otherwise directed by the Bermuda Health Council guidelines
Physical Medicine and Supplementary Therapies:	
- Physical & Occupational Therapy/TENS	
o Individual Visit	\$85
o Group Session	\$40
Combined Maximum, all Services	\$900 per policy year
Chiropractic	\$85 - 6 visits per policy year
Chiroprody/Podiatry	\$85 - 6 visits per policy year
Behavioural Therapies for Autism Spectrum & Attention Deficit Disorders	Individual and family applied behavioural therapies
(Services must be pre-approved by Argus)	100% of billed charges, \$10,000 per policy year
Mental Health Services:	
- Psychiatrist Visit	\$190 - maximum 6 visits per policy year
- Psychologist/Group Therapy Session	\$140 - maximum 6 sessions per policy year
- Counselling Services (Includes Addiction, Art, Play & Equestrian Therapies)	
o Individual Visit	\$100
o Group Session	\$45
Combined Maximum, Counselling	6 visits/sessions per policy year
- Smoking Cessation Counselling	
o Individual Visit	\$100
o Group Session	\$45
Combined Maximum, Smoking Cessation	\$370 per policy year
Neuropsychological Testing	100%, Bermuda Fee Schedule. One test every 2
(Services must be pre-approved by Argus)	policy years to a maximum of \$5,000.

Local Treatment & Services...continued

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 (Your Medical Insurance Card will show MM if you have this benefit)

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.

All Insured Persons other than Dependent Children noted below	Policy Year: \$500,000	Lifetime: \$1,500,000
Dependent Children age 19 and under age 26 who are not full-time students	Policy Year: \$500,000	Lifetime: \$500,000

Emergency Treatment:

Insured must call Argus within 48 hours in order to receive 100% coinsurance; otherwise, benefits will be payable at 10% for inpatient facility only, and all other services will not be eligible

Treatment Not Available in Bermuda not specified below:

Insured must call Argus in advance and treatment must be pre-certified by Argus and obtained within the Argus Preferred Provider Network in order to receive 100% coinsurance; otherwise, benefits will be payable at 10% for inpatient facility only, and all other services will not be eligible

Treatment Available in Bermuda:

Benefits will be payable at 10% for inpatient facility only, and all other services will not be eligible

Argus Specialty Networks:

	Pre-certified and In-Network	Not Pre-certified
Neonatal Treatment, Birth Defects & High-Risk Pregnancy	100%	10% inpatient only
Spinal Treatment (subject to a mandatory second opinion review)	100%	10% inpatient only
Paediatric Assessment of Autism Spectrum & Attention Deficit Disorders	100%	10% inpatient only
Specialty Prescription Drugs	100%	10% inpatient only
Psychiatric Disorders & Substance Abuse Disorders	100%	10% inpatient only
Non-Solid Organ Transplants (Bone Marrow, Stem Cell and CAR-T)	100%	10% inpatient only

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
COVID-19 Testing (Approved Tests)	Unlimited
Physician Services – Home or Office Visit	Unlimited

Overseas Treatment & Services...continued

Rehabilitation / Skilled Nursing Facility	Semi-private up to 60 days per policy year
Home Health Care	Unlimited
Transplant Services	Unlimited
Psychiatric & Substance Abuse Disorders:	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 Psychiatric & Substance Abuse services, Emergency Treatment and treatment which is not available in Bermuda and must be pre-certified by Argus in order to be eligible. The accommodation amount 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** - per Insured Person or per Insured Minor and Parent/Guardian jointly (Excludes preferred/priority seating and baggage fees)	\$15,000 combined maximum per policy year
--	---

Hotel or Rental Accommodation**

- In the Argus Preferred Provider & Specialty Networks:

- | | |
|---|---------------------|
| o Insured Person or Insured Minor and Parent/Guardian jointly | \$300 per day |
| o Without Hotel or Rental Accommodation | 50% of above amount |

- All other facilities and providers:

- | | |
|---|----------------------|
| o Insured Person or Insured Minor and Parent/Guardian jointly | \$200 per day |
| o Without Hotel or Rental Accommodation | 50% of above amounts |

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

Ground Ambulance and Air Ambulance	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
Cardiac Rehabilitation/Exercise Programme	\$2,000 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.

COVID-19 Vaccination	Unlimited
----------------------	-----------

WORLDWIDE TREATMENT AND SERVICES

Prescription Drug Benefit – RX (Your Medical Insurance Card will show RX if you have this benefit)

Drugs, Birth Control, Medicines and Sera available only by prescription.	100% for generic drugs 80% for brand name drugs
	\$7,500 maximum per policy year

Specialty Prescription Drug Benefit – RX (Your Medical Insurance Card will show RX if you have this benefit)

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

Vision Care Benefits – VC (Your Medical Insurance Card will show VC if you have this benefit)

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 (Your Medical Insurance Card will show DE if you have this benefit)

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 100% of Fee Schedule	Policy Year: Unlimited Policy Year: \$1,400	Lifetime: Unlimited Lifetime: Unlimited
Surgical and Minor Restorative	100% of Fee Schedule	Policy Year: Unlimited	Lifetime: Unlimited
Endodontics	100% of Fee Schedule	Policy Year: Unlimited	Lifetime: Unlimited
Periodontics	50% of Fee Schedule	Policy Year: \$2,000	Lifetime: Unlimited
<i>Major Restorative Services (DE02)</i>	50% or 80% of Fee Schedule	Policy Year: \$5,000	Lifetime: Unlimited
<i>Orthodontic Services (DE03)</i>	<i>Only Insured Persons up to age 19 are covered</i>		
	50% of Fee Schedule	Policy Year: N/A	Lifetime: \$4,000

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

Benefits explained above provide a summary of the Group Health Plan and are subject to limitations and policy maximums.

Argus Customer Service Centre 298-0888

www.argus.bm