

# 2025 Schedule of Benefits



## Classic Plan

June 1, 2025 – May 31, 2026

## HI - HEALTH INSURANCE ACT BENEFITS

Bermuda Health Insurance Act Benefits ensure that residents have access to necessary healthcare services while in Bermuda, including in- and out-patient services at the hospital, and approved support services in the community.

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

## SH - SUPPLEMENTARY IN- AND OUT-PATIENT BENEFITS

Local benefits to help cover medical costs incurred during hospitalisation or from services outside of the hospital setting.

Primary Benefit	Coverage	Maximum
Ancillary Hospital Services	100%	
	Bermuda Hospitals Board Fee Schedule	
Surgical, Obstetrical, Anaesthetic, Medical Care and In-Patient Mental Health Treatment*	100%	
	Bermuda Fee Schedule	
* Services outside of the hospital must be pre-certified and in-network		
Ground Ambulance to Home	If medically necessary	
Chronic Disease Management Programme	80%	\$2,880 per policy year
	Bermuda Fee Schedule	
Medical Alarm Device	80%	\$200 per policy year

## PD - PREVENTIVE AND DIAGNOSTIC BENEFITS

Local treatment and services available in Bermuda aimed at maintaining health, detecting health problems early and preventing complications.

Primary Benefit	Coverage	Maximum
Allergies		
Allergy Testing	\$900 every 5 years	
Allergy Injections	\$20 - per injection and serum combined	
Annual Eye Exam		
For these services, the Provider must be approved by the Bermuda Health Council		
Annual Eye Exam	\$115	1 per policy year
Routine Diagnostic Testing in conjunction with Annual Eye Exam		\$200 per policy year
Annual Foot Exam		
For persons with type I or II diabetes or diabetic neuropathy	\$150	1 per policy year
Annual Gynaecologist / Specialist Exam		
Annual Gynaecologist / Specialist Exam	\$225	1 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	
Annual Health Exam		
General Practitioner	\$225	1 per policy year
	100% of billed charges at Island Health Services and Family Practice Group	
Paediatric (2-18 years)	\$195	1 per policy year
	100% of billed charges at Island Health Services and Family Practice Group	

## PD - PREVENTIVE AND DIAGNOSTIC BENEFITS

Local treatment and services available in Bermuda aimed at maintaining health, detecting health problems early and preventing complications.

Primary Benefit	Coverage	Maximum
Diabetes		
For these benefits, the programme & provider must be pre-approved by Argus		
Diabetes Prevention Programme Group Session	\$30 per session	12 per policy year
Diabetes Rewind Programme	100%	1 per lifetime
Immunisations and Injections		
Immunisations and Injections	\$50 per injection	\$1,000 per policy year for Dependent Children under age 19
Treatment and services not available in Bermuda	See Physical Medicine and Supplementary therapies under Major Medical	
Nutrition - Medical Therapy		\$745 per policy year
For these services, the Provider must be a registered Dietitian approved by Argus		
Initial Consultation	\$160	1 per policy year
Subsequent - Individual Visit	\$65	
Subsequent - Group Session	\$35	
Paediatric		
Well-Baby Routine Health Examination (under 2 years)	\$150 per examination	6 per policy year
Treatment and services not available in Bermuda	See Physical Medicine and Supplementary therapies under Major Medical	
Private Testing		
Laboratory & Diagnostic Services in Private Testing Facilities  - Includes Genetic Testing and Sleep Studies	100%	
	Bermuda Fee Schedule	
	Services must be pre-certified by Argus	

## HO - HOME AND OFFICE MEDICAL BENEFITS

Local treatment and services available in Bermuda by medical doctors, mental health professionals and allied health therapists.

Primary Benefit	Coverage	Maximum
Behavioural Therapies for Autism Spectrum & Attention Deficit Disorders		
Individual and family applied behavioural therapies	100%	\$10,000 per policy year
	Services must be pre-approved by Argus	
Treatment and services not available in Bermuda	See Behavioral Therapies under Major Medical	
Chiropractic		
Office Visit	\$85 per visit	6 per policy year
Chiropody / Podiatry		
Office Visit	\$85 per visit	6 per policy year
General Practitioner & Specialist - Office Visit		9 per policy year
General Practitioner	\$130 per visit	
	100% of billed charges at Island Health Services and Family Practice Group	
Specialist	\$150 per visit	
General Practitioner - Home Visit		
Home Visit	\$170 per visit	3 per policy year
Lymphedema Treatment		
Individual Visit	\$110 per visit	28 per policy year
Mental Health Services		
Psychiatrist Visit	\$190 per visit	6 visits per policy year
Psychologist / Group Therapy Session	\$140 per visit	6 sessions per policy year
Mental Health Services - Counselling		6 visits/sessions per policy year
Counselling Services - Individual Visit	\$100 per visit	
Counselling Services - Group Session	\$45 per session	
Counselling Services includes Addiction, Art, Play & Equestrian Therapies		

HO - HOME AND OFFICE MEDICAL BENEFITS		
Local treatment and services available in Bermuda.		
Primary Benefit	Coverage	Maximum
Mental Health Services - Smoking Cessation		\$370 per policy year
Smoking Cessation - Individual Visit	\$100 per visit	
Smoking Cessation - Group Session	\$45 per session	
Neuropsychological Testing		\$5,000 per lifetime
Individual Visit	100% Bermuda Fee Schedule	1 test every 2 policy years
	Services must be pre-approved by Argus	
Physical Medicine and Supplementary Therapies		\$900 per policy year
Physical & Occupational Therapy / TENS - Individual Visit	\$85	
Physical & Occupational Therapy / TENS - Group Session	\$40	
Treatment and services not available in Bermuda	See Physical Medicine and Supplementary therapies under Major Medical	
Specialist		
Initial Consultation	\$315 per visit	2 per policy year
	100% of billed charges at Island Health Services and Family Practice Group	
Surgical		
In-Office Medical/Surgical Treatment	100%	
	Bermuda Fee Schedule	
Telemedicine		
Same as in-person reimbursement, services & providers must be pre-approved by Argus; refer to FAQ's		
Virtual Office Visit with a Local Provider Only	Subject to benefit maximums, if applicable	
Virtual Office Visit with Local & Overseas Providers Jointly	Not subject to benefit maximums	

## MM - MAJOR MEDICAL BENEFITS

Access to treatment and services outside of Bermuda, including hospitals, clinics and specialists through our overseas network partners.

Coverage Eligibility	Policy Year Maximum	Lifetime Maximum	
All Insured Persons	\$500,000	\$1,500,000	
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.			
Primary Benefit	If Argus Notified within 48 hours	If Argus Not Notified within 48 hours	Maximum
Emergency			
Emergency Treatment	100%	10% inpatient only	
Primary Benefit	Pre-certified and In-Network	Not Pre-certified	Maximum
Argus Specialty Networks     (Insured must contact Argus in advance)			
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	
Cardiology	100%	10% inpatient only	
Oncology	100%	10% inpatient only	
Non-Solid Organ Transplants (Bone Marrow, Stem Cell and CAR-T)	100%	10% inpatient only	\$700,000 per lifetime
All Other Treatment     (Insured must contact Argus in advance)			
If Treatment is Available in Bermuda	No benefits	No benefits	
If Treatment is not Available in Bermuda	100%	10% inpatient only	

**MM - MAJOR MEDICAL BENEFITS**

Access to treatment and services outside of Bermuda, including hospitals, clinics and specialists through our overseas network partners.

Primary Benefit	Coverage	Maximum
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:		
<b>Home</b>		
Home Health Care	Unlimited	Unlimited
<b>Hospitalization</b>		
Inpatient Care	Semi-private accommodation	
Intensive Care, Outpatient and Emergency Care	Unlimited	Unlimited
<b>Doctors Visits</b>		
Home or Office Visit	Unlimited	Unlimited
<b>Psychiatric &amp; Substance Abuse Disorders</b>		
Inpatient Care		Up to 90 days per policy year
Psychiatric Professional Services		\$5,500 per policy year
<b>Surgical, Obstetrical, Anaesthetic, Diagnostic and Medical Care</b>		
Per covered Service	Unlimited	Unlimited
<b>Transplant</b>		
Transplant Services	Unlimited	Unlimited
<b>Rehabilitation</b>		
Rehabilitation / Skilled Nursing Facility	Semi-private accommodation	Up to 60 days per policy year



**MM - MAJOR MEDICAL BENEFITS**

Access to treatment and services outside of Bermuda, including hospitals, clinics and specialists through our overseas network partners.

Primary Benefit	In Argus Preferred Provider & Specialty Networks	At all other facilities and providers	Maximum
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. For maximum reimbursement, airfare 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.			
<b>Airfare</b>			
Commercial Economy Airfare - per Insured Person or per Insured Minor and Parent/Guardian jointly 100% if arranged through the Argus Concierge, otherwise 50% of a standard economy class fare as determined by Argus	Excludes preferred/priority seating and baggage fees		\$15,000 combined maximum per policy year
<b>Hotel or Rental Accommodation</b>	Daily Reimbursement Allowance		
Insured Person or Insured Minor and Parent/Guardian jointly	Up to \$300 per day	Up to \$200 per day	
Without Hotel or Rental Accommodation	50% of above amounts		

**MM - MAJOR MEDICAL BENEFITS**

Access to treatment and services outside of Bermuda, including hospitals, clinics and specialists through our overseas network partners.

Primary Benefit	Coverage	Maximum
The following services must be pre-certified by Argus in order to be eligible:		
<b>Behavioural Therapies for Autism Spectrum &amp; Attention Deficit Disorders</b>		
Individual and family applied behavioural therapies	100% of billed charges	\$2,500 per policy year
<b>Cardiac Rehabilitation/Exercise Programme</b>		
Cardiac Rehabilitation/Exercise Programme		\$2,000 per policy year
<b>Genetic Testing</b>		
Genetic Testing	Unlimited	
<b>Ground Ambulance and Air Ambulance (if Medically Necessary)</b>		
Ground Ambulance and Air Ambulance	Unlimited	
<b>Mental Health</b>		
Student Mental Health Hotline	Unlimited	
<b>Repatriation of remains (inclusive of cremation)</b>		
Return of remains or ashes	Unlimited	
<b>Telemedicine</b>		
Virtual Office Visit	Unlimited	

## Airfare and Accommodation do not apply to Worldwide Treatment and Services

### RX - PRESCRIPTION DRUG BENEFIT

Brand name or generic prescription drugs dispensed in Bermuda or Worldwide.

Primary Benefit	Coverage	Maximum
Drugs, Birth Control, Medicines and Sera available only by prescription  Prescriptions over \$2,000 must be pre-certified and in-network, otherwise reimbursement is 50% if out-of-network	100% for generic drugs  80% for brand name drugs	\$7,500 per policy year

### RX - SPECIALTY PRESCRIPTION DRUG BENEFIT

High-cost, biologic and biosimilar drugs and specialty drugs approved by Argus to treat complex or chronic medical conditions, dispensed in Bermuda or Worldwide.

Primary Benefit	In-Network	Out-of-Network
These benefits must be pre-certified by Argus		
Tier 1 Drugs	100%	50%
Tier 2 Drugs	50%	25%

**VC - VISION CARE BENEFITS**

Prescription glasses, contact lenses and vision correction surgery available in Bermuda or Worldwide.

Primary Benefit	Coverage	Maximum
Prescription Eye Glasses or Contact Lenses	100%	\$400 per policy year
Elective Surgical Treatment for Vision Correction	100%	\$2,000 per lifetime

**DE - DENTAL BENEFITS**

Dental treatment and services available in Bermuda or Worldwide.

Primary Benefit	% of Fee Schedule	Maximum
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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	100%	Unlimited
- Exams, Consultations, Polishing, Scaling or Root Planing, Fluoride	100%	\$1,400 per policy year
Surgical and Minor Restorative	100%	Unlimited
Endodontics	100%	Unlimited
Periodontics	50%	\$2,000 per policy year

**Major Restorative Services (DE02)**

Major Restorative Services	50%	\$5,000 per policy year
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**This document provides a summary of the Argus Health Plan benefits.**