# Schedule of Health Benefits Vital Plan Effective June 1, 2020

### **LOCAL TREATMENT AND SERVICES**

#### Health Insurance Act Benefits - HI

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

SIII	nlementar	y In-Hospital	Ranafite .	_ SH
Sup	ppiementar	y in-mospitai	Denents -	- оп

Bermuda Hospitals Board Fee Schedule **Ancillary Hospital Services** 

Surgical, Obstetrical, Anaesthetic, Diagnostic and Medical Care 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

Medical Nutritional Therapy

(Provider must be a registered Dietitian approved by Argus)

- Initial Consultation \$160 - 1 per policy year

- Subsequent - Individual Visit \$65 \$35 - Subsequent - Group Session

- 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 Reversal Programme

(Programme & provider must be pre-approved by Argus)

\$4,650, 1 per lifetime - Initial Programme - Maintenance Programme (following completion of initial)

- Office Visit with Physician \$125 - 2 visits per policy year

- Group Session \$35 - 2 sessions per policy year

Annual Foot Exam

For persons with type I or II diabetes or diabetic neuropathy

Allergy Testing Our Fee Schedule, \$600 per lifetime

Allergy Injections \$20 - per injection and serum combined

Annual Health Exam Maximum 1 examination per policy year

\$225 General Practitioner

\$195 - Paediatric (2-18 years)

Annual Specialist/Gynaecologist Exam (all ages) \$225 - maximum 1 examination per policy year

Routine Diagnostic Testing in conjunction with Annual Exams 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 \$200 per policy year (Provider must be approved by the Bermuda Health Council)



\$150 - maximum 1 examination per policy year

### Local Treatment & Services...continued

Immunisations and Injections \$30 - per injection

Diagnostic Services in Private Testing Facilities

- Includes Genetic Testing and Sleep Studies (These services must be pre-certified by Argus)

Bermuda Fee Schedule

#### **Home and Office Medical Benefits - HO**

General Practitioner - Office Visit \$125 Specialist - Office Visit \$125

9 visits per policy year combined

\$170 - 3 per policy year General Practitioner - Home Visit - Consultation \$315 - 2 per policy year Specialist

In-Office Medical/Surgical Treatment Bermuda Fee Schedule

Physical & Occupational Therapy/TENS

- Individual Visit \$75 - Group Session \$35

Combined Maximum, all Services \$900 per policy year

Chiropractic \$75 - 6 visits per policy year

Chiropody/Podiatry \$75 - 6 visits per policy year

Behavioural Therapies for Autism Spectrum & Attention Deficit

Disorders

(Services must be pre-certified by Argus)

Individual and family applied behavioural therapies 100% of billed charges, \$2,500 per policy year

Psychiatrist Visit \$190 - maximum 6 visits per policy year \$140 - maximum 6 sessions per policy year

Clinical Psychologist/Group Therapy Session

Counselling Services

- Individual Visit - Group Session

Combined Maximum, Counselling

**Smoking Cessation Counselling** - Individual Visit

- Group Session

Combined Maximum, Smoking Cessation \$370 per policy year

Sclerotherapy Bermuda Fee Schedule, \$1,000 per policy year

Lymphedema Treatment \$110 - 28 visits per policy year

### **WORLDWIDE TREATMENT AND SERVICES**

\$100

\$45

\$100

\$45

## Prescription Drug Benefit - RX

Drugs, Birth Control, Medicines and Sera available only by

prescription.

80% for brand name drugs 100% for generic drugs

\$7,500 maximum per policy year

6 visits/sessions per policy year

Your Medical Insurance Card will determine your benefits. Please check your card to confirm which benefits are covered under your Health Plan.

Benefits explained in this booklet provide a brief summary of your Health Plan and are subject to limitations and policy maximums. Full terms and conditions of your plan are provided in the Master Policy issued to you.

**Argus Customer Service Centre 298-0888** 

www.argus.bm

