

# Individual Core

## Schedule of Medical & Dental Benefits

Effective June 1, 2024 – May 31, 2025

### Standard Health Benefits (SHB)

Services mandated to be included in every health insurance policy.

For a full list of Standard Health Benefits, approved providers, and reimbursement rate levels, please contact the Bermuda Health Council on +1 441 292 6420 or visit [www.bhec.bm/standard-health-benefit/](http://www.bhec.bm/standard-health-benefit/) for more information.

### Other Local Benefits

Therapeutic Optometry Diagnostics (approved providers), Diagnostic Testing & Imaging at a Private Facility, In-Office Surgery, and Services incurred at the Bermuda Hospital Board which are not covered under the SHB.

Paid as per the legislated fees as set by the Bermuda Government or the BF&M Fee Schedule, whichever is applicable.

### Home and Office Benefits

General Practitioner

- Local Office Visit \$125
- Home Visit \$200

Specialist (initial consultations for the same diagnosis covered once every six months if treated by the same physician)

- Initial Consult (local) \$310
- Home Visit \$200
- Follow-Up Office Visit (local) \$125

### Preventative and Diagnostic Benefits

Health/Wellness exams, screenings and services

- General Practitioner (max 1 visit per year) \$335
- Gynecological (max 1 visit per year) \$335
- Pediatric (age 1-17; max 1 visit per year) \$200
- Lab/Diagnostic Testing (max per year) \$625

Well Baby Care (under 12 months; max 8 visits per year) \$110

Medical 2<sup>nd</sup> Opinion, Telemedicine Consults 100% of billed charges

### Therapeutic Benefits

Chiropractor, Therapeutic Massage and Acupuncture \$85  
Physical Therapy, Occupational Therapy, and Speech Therapy (\$2,885 combined max per year)

Chiropodist / Podiatrist (max 20 visits per year) \$80

Lymphedema Services (max 28 visits per year) \$161

### Mental Health Benefits

Psychiatry (max 6 visits per year) \$250

Clinical Psychologist or Licensed Counselors and Therapists, including Art Therapy and ABA Therapy

Individual Therapy (max 35 visits per year) \$190

Group Therapy (max 25 visits per year) \$50

### Wellness Benefits

Asthma, Allergy, COPD, Smoking Cessation and Audiology

- Initial Consult \$159
- Follow-Up Visits (max 6 visits per year) \$70

Diabetic Counselling

- Initial Consult \$149
- Follow-Up Visit (max 6 visits per year) \$45

Chronic Disease Management Programmes<sup>1</sup> \$142  
(max 26 visits per year)

<sup>1</sup> Includes Private Cardiac Care (CORE), BF&M Registered Weight Management Programmes (Ocean Rock, BWOC, North Shore Medical, E-Fit), Registered Diabetes Management Programmes (Premier Health, North Shore Medical), Cardiopulmonary Rehab, OMNI Medical.

Nutrition Services<sup>2</sup> Paid as per SHB

<sup>2</sup> Services provided by Registered Dietitians or Approved Nutritionists. Includes Medical Nutritional Therapy, Nutrifit, CHIP Programme, E-Fit 10/6/2 Programme, North Shore Medical Chronic Disease Self-Management Programme, OMNI Medical.

BF&M Education Programmes<sup>3</sup>

- Eat Right for Life
- Sleep Right for Life
- Managing through Menopause

<sup>3</sup> Offered at no additional cost to the member.

### Pervasive Developmental Disorders, ADD, ADHD

The following benefits are paid at 100% of billed charges (pre-authorisation required)

- Treatments for any Pervasive Developmental Disorder, ADD, ADHD. Includes family or individual applied behavioral analysis therapies, family psychoeducational therapy, occupational, speech, physical, and behavioral therapies.  
(max \$10,000 per member per year)

### Vision Care

Eye Exam (max 1 visit per year) \$135

Vision Hardware<sup>4</sup> (max per calendar year) \$400

<sup>4</sup> Vision hardware includes glasses, prescription sunglasses, work-related safety goggles and contact lenses.

### Prescription Medications<sup>5</sup>

Brand drugs and oral contraceptives/injections 80%

Generic drugs 100%

<sup>5</sup> Prescriptions over \$5,000 must be pre-authorised.

### Medical Evacuation

Air Ambulance (must be pre-authorised) 100% of billed charges  
(unlimited per year)

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### Dental Benefits<sup>6</sup>

<sup>6</sup> Pre-treatment estimates must be sent to the Company for review if service is expected to cost more than \$2,000. All dental benefits paid at a percentage of the Ontario Dental Association (ODA) Fee Guide.

Basic Dental: cleaning, scaling, root planning, fluoride, polish (max \$1,400 per year)	100% ODA
Basic Dental & Endodontic (unlimited)	100% ODA
Periodontal Treatment (max \$2,000 per year)	50% ODA

BD = Basic and Periodontal Benefits

If you have questions regarding your health or dental coverage, please contact the BF&M Claims Department at [healthclaims@bfm.bm](mailto:healthclaims@bfm.bm) or via phone at +1 441 295 5566 ext. 4002. A representative of the claims team will be able to assist you with your queries.

Health claims can be viewed online 24/7 on our secure web portal at <https://health.bfm.bm>

Claims submissions must be submitted within 12 months from date of service to be eligible for reimbursement.

For other questions regarding your health plan, please contact our Client Relations Team at +1 441 298 0358 or email [customercare@bfm.bm](mailto:customercare@bfm.bm)