

Solus Health
SCHEDULE OF BENEFITS



Your peace of mind plan

On and Off Island Benefits

SCHEDULE OF BENEFITS: EFFECTIVE 1ST JANUARY, 2020



HEALTH CARE BENEFITS

Medical cover for Health care is extended to the Primary Insured and their eligible Insured Dependents.

Overall Lifetime Maximum Per Insured up to the age of 70: US\$1,000,000
 Annual Maximum Per Insured up to the age of 70: US\$500,000

Deductibles per Calendar Year	Individual:	In Network	Out of Network
		US\$500	US\$1,000
	Family:	US\$1,500	US\$3,000
Annual Out-of-Pocket (OOP) Maximum (excludes deductibles) Individual:			US\$5,000
Applicable only to Out of Network care unless otherwise stated Family:			US\$15,000

The OOP Maximum will not apply to Out of Network providers. The Deductible applies to all listed Benefits unless otherwise stated. After satisfaction of the Calendar Year Deductible, Coralisle Medical will pay the benefits set forth in this Schedule at the percentage payable of the Reasonable & Customary (R&C) charges for the geographical areas in which services are rendered or at the Contracted Rate

Please refer to the Policy for further explanation of the Benefits listed below including definitions, exclusions and covered services.

OVERSEAS NETWORK DETAILS

United States: For information on In Network facilities in the US, please go to www.aetna.com/asa. Prior to ALL US inpatient admissions, please also go to www.aetna.com/asa.

Puerto Rico: For information on In Network facilities, contact Coralisle Insurance (BVI): 1-284-494-8450 (8:30 am - 5:00 pm Local Time) or Coralisle Medical Insurance, Bermuda: 1-441-296-3200 (8:30 am - 5:00 pm Atlantic Time).

Canada, Europe & Worldwide (excluding BVI, USA and Puerto Rico): Call 1-317-927-6820 (collect) for assistance.

PRE-CERTIFICATION REQUIREMENTS

Pre-certification is required for the following treatments for both on- and off-island. A Non-certification Penalty of 50% applies to Out of Network services and a penalty of 25% applies to In Network services. For pre-certification, please use the contact numbers listed above.

- All In-patient procedures and all Out-patient surgery
- Diagnostic, MRIs, Sonograms, CT scans
- All In-patient and Out-patient chemotherapy and radiation services
- Medical transportation (except for local emergency transportation)

Medical Health Care Benefits	On Island & Off Island/ In Network	Off Island/ Out of Network
Hospital Inpatient & Surgery (pre-certification required) Room and Board: Hospital's average semi private charge per day of confinement	80%	60%
Physician Office visits & Specialist Fees	80%	60%
Surgeon Fees Assistant Surgeon: 20% of Surgeon Fee	80%	60%
Outpatient Surgery & Services (pre-certification required)	80%	60%
Emergency Room (Within 48 hours of accident)	100%	80%
Non-Emergency Treatment in E.R.	80%	50%
X-ray, Lab, MRI, Sonograms and CT Scans (pre-certification required for MRI, Sonograms and CT Scans)	80%	60%

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Medical Health Care Benefits	On Island & Off Island/ In Network	Off Island/ Out of Network
Chiropractor \$400 calendar year max.	\$20 max/visit	\$20 max/visit
Physiotherapy \$400 calendar year max.	\$30 max/visit	\$30 max/visit
Private Duty Nursing (referral by doctor required) \$1,500/calendar year; 30 days max.	80%	60%
Extended Care Facility (referral by doctor required) \$6,000 lifetime max. 120 day max.	\$50 max/day	\$50 max/day
Home Health/Hospice Care (referral by doctor required) \$6,000 lifetime max. 120 day max.	\$50 max/day	\$50 max/day
Durable Medical Equipment/Medical Supplies \$15,000 lifetime max.	80%	80%
AIDS, HIV, ARC \$25,000 lifetime max.	100%	80%
Maternity Expense For primary Insured and eligible spouse only. This benefit is not extended to dependent children. 10 month waiting period. \$24,000 lifetime max Hospital Inpatient & Outpatient Services Physician's Fees & Diagnostic Fees	100% 80%	80% 80%
Infertility Covers testing to determine the diagnosis of infertility. Excludes treatment, prescription drugs, methods to bypass (In-vitro) and pregnancy as a result of fertility treatment	80%	80%
Newborn and Congenital Disabilities Includes Routine, Premature and all complications thereof. \$25,000 lifetime max	100%	80%
Mental Health/Substance Abuse Outpatient: 15 visits/calendar year at \$25/visit Inpatient: 60 days/calendar year \$25,000 lifetime max. \$10,000 calendar year max.	50%	50%
Prescription Program Oral Contraceptives: \$500 calendar year max. Excludes expenses for contraceptive devices, prenatal vitamins, smoking cessation products and over the counter medications.	80% 75% OOP does not apply	80% 75% OOP does not apply
Preventative Care - Adult: Subject to a three month waiting period. Annual Physical - office visit, routine physical and associated diagnostic procedures; gynecological/prostate exam, mammography and immunizations. \$300 calendar year max. Optometrist Visit - One visit/calendar year	100% \$60 max/visit	100% Not subject to deductible \$60 max/visit

Medical Health Care Benefits	On Island & Off Island/ In Network	Off Island/ Out of Network
Preventative Care - Child: Health history, physical examinations, development assessments, anticipatory guidance, appropriate immunizations (detailed below) and laboratory tests. Subject to the following Calendar Year Maximums: Child - Birth to age 12 months: \$300 calendar year max. Child - 13 months through age 17: \$100 calendar year max. Child - 18 to 25 (if full time student): \$200 calendar year max.	100%	100% Not subject to deductible
Child Immunizations & Routine Medical Exams: for children from birth to age 18 for immunization against diphtheria, hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, haemophilus influenza B, and hepatitis A.	100%	100% Not subject to deductible
Ground Ambulance Benefit \$750 calendar year max.	100%	Not applicable
Air Ambulance (referral by doctor required) \$20,000 calendar year max.	100%	Not applicable
Air Transportation Benefit (referral by doctor and pre-certification required) Treatment must be medically necessary and not available in BVI. Maximum of 2 tickets reimbursable based on medical necessity.	\$350 max/ticket	Not applicable
Overseas Allowance Benefit Hotel Accommodations, Car Rental, Taxi Hire or a combination of these. Treatment must be medically necessary and not available in BVI. Referral by doctor and pre-certification required. 75 day calendar year max.	\$120 max/day	Not applicable
Transplant Procedures (referral by doctor and pre-authorization required) (CoE = Centre of Excellence) \$250,000 lifetime max.	100% in CoE	60% outside CoE OOP does not apply

MAKING THE MOST OF YOUR SOLUS HEALTH CARE COVER

1. Always carry your Member ID and RX Cards with you when you travel
2. Toll-free 24/7 Nurse on Call line: 1-800-423-9130 Option 2
3. To verify your benefits or receive advice, call Coralisle Medical 8:30 am - 5:00 pm Monday - Friday on 1-441-296-3200
4. Over 50,000 US Pharmacies participate in the Medco prescription drug RX Card programme. To find a pharmacy call 1-800-927-8802
5. Whenever possible, when receiving treatment overseas, use an In Network provider (see Overseas Network Details)



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Personal and Business Insurance, Health Insurance and Employee Benefits, Life Assurance

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