



# WHERE PEOPLE COME FIRST

 | **INSURANCE**

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PREMIER HEALTH YOUR HEALTH PLAN SCHEDULE OF BENEFITS

# On and Off Island Benefits

EFFECTIVE 1<sup>ST</sup> NOVEMBER, 2021



## HEALTH CARE BENEFITS

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

Overall Lifetime Maximum Per Insured:	US\$2,000,000
Annual Deductible	Individual: US\$200 Family: US\$400
Annual Out-of-Pocket (OOP) Maximum (excludes Deductible)	Individual: US\$2,000 Family: US\$4,000

## OVERSEAS NETWORK DETAILS

**United States:** For information on In Network facilities in the US, go to [www.aetna.com/asa](http://www.aetna.com/asa) and click "START A NEW SEARCH". Prior to ALL US inpatient admissions, you or your provider must call 1-800-423-9130 Option 1.

**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 (excl. BVI, USA and Puerto Rico):** Call 1-317-927-6820 (collect) for medical assistance.

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

All reimbursement levels are based on Reasonable and Customary (R&C) charges.

Medical Health Care Benefits (Deductible & OOP Maximum Apply)	On Island & Off Island/In Network	Off Island/ Out of Network
<b>Hospital Inpatient &amp; Surgery</b> (pre-certification required) Room and Board: Hospital's average semi private charge per day of confinement	100%	80%
<b>Physician Office visits &amp; Specialist Fees</b>	80%	80%
<b>Surgeon Fees</b> Assistant Surgeon: 20% of Surgeon Fee	100%	80%
<b>Outpatient Surgery &amp; Services</b> (pre-certification required)	100%	80%
<b>Emergency Room</b> (within 48 hours of accident)	100%	80%
<b>Non-Emergency Treatment in E.R.</b>	80%	50%
<b>X-ray, Lab, MRI, Sonograms and CT Scans</b> (pre-certification required for MRI, Sonograms and CT Scans)	80%	80%
<b>Chiropractor</b> \$400 calendar year max.	\$20 max/visit	\$20 max/visit
<b>Physiotherapy</b> \$400 calendar year max.	\$30 max/visit	\$30 max/visit
<b>Private Duty Nursing</b> (referral by doctor required) \$1,500 calendar year max. 30 day max.	100%	80%
<b>Extended Care Facility</b> (referral by doctor required) \$6,000 lifetime max. 120 day max.	\$50 max/day	\$50 max/day
<b>Home Health/Hospice Care</b> (referral by doctor required) \$6,000 lifetime max. 120 day max.	\$50 max/day	\$50 max/day
<b>Durable Medical Equipment/Medical Supplies</b> \$15,000 lifetime max.	80%	80%
<b>AIDS, HIV, ARC</b> \$25,000 lifetime max.	100%	80%

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<b>Maternity Expense</b> For employees and eligible spouses 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%
<b>Infertility</b> 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%
<b>Newborn and Congenital Disabilities</b> Includes Routine, Premature and all complications thereof. \$25,000 lifetime max.	100%	80%
<b>Mental Health/Substance Abuse</b> Outpatient: 15 visits/calendar year at \$25/visit Inpatient: 60 days/calendar year \$25,000 lifetime max. \$10,000 calendar year max.	50%	50%
<b>EAP Programme</b> Connects you to local resources to help support you and your dependents' emotional, practical or physical needs through professional counselling. This service is free, confidential and available 365 days a year.	100%	100%
<b>Prescription Program</b> 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
<b>Preventative Care - Adult</b> Subject to a 3 month waiting period. <b>Annual Physical</b> - office visit, routine physical and associated diagnostic procedures; GYN, mammography and immunizations. \$300 calendar year max. <b>Optometrist Visit</b> - One visit/calendar year	100% \$60 max/visit	100% \$60 max/visit
<b>Preventative Care - Child</b> 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%
<b>Child Immunizations &amp; Routine Medical Exams:</b> 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%
<b>Ground Ambulance</b> \$750 calendar year max.	100%	Not applicable
<b>Air Ambulance</b> (referral by doctor required) \$20,000 calendar year max.	100%	Not Applicable

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<b>Air Transportation Benefit</b> (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
<b>Overseas Allowance Benefit</b> 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
<b>Transplant Procedures</b> (referral by doctor and pre-authorization required) (IoE = Institute of Excellence) \$250,000 lifetime max.	100% in IoE	60% outside IoE OOP does not apply

**Please Note:** On all services where pre-certification is required (including inpatient services, outpatient surgery, MRIs, CT Scans, Ultrasounds, Chemotherapy, Radiation), a Non-certification Penalty of 50% applies to Out of Network services and a penalty of 25% applies to In Network services.

## IMPORTANT NUMBERS

Coralisle Insurance (BVI) (8:30 am - 5:00 pm Local Time) .....1-284-494-8450  
 Coralisle Medical Insurance, Bermuda (8:30 am - 5:00 pm Atlantic Time).....1-441-296-3200  
 Prior to ALL US inpatient admissions, you or your provider must call: .....1-800-423-9130 (Opt.1)  
 For access to medical providers outside of BVI, US or Puerto Rico, please call:.....(collect) 1-317-927-6820  
 24/7 Nurseline (in the event of an emergency, dial 911) .....1-800-423-9130 (Opt.2) or 1-800-356-0810



**Coralisle Insurance (BVI) Ltd.** Palm Grove House, Road Town, Tortola, British Virgin Islands  
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