



COVER THAT CARES.

CG | **INSURANCE**

PREMIER HEALTH SCHEDULE OF BENEFITS

On and Off Island Benefits

EFFECTIVE 1ST 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 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
Hospital Inpatient & Surgery (pre-certification required) Room and Board: Hospital's average semi private charge per day of confinement	100%	80%
Physician Office visits & Specialist Fees	80%	80%
Surgeon Fees Assistant Surgeon: 20% of Surgeon Fee	100%	80%
Outpatient Surgery & Services (pre-certification required)	100%	80%
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%	80%
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 max. 30 day max.	100%	80%
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%

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Medical Health Care Benefits (Deductible & OOP Maximum Apply)	On Island & Off Island/In Network	Off Island/ Out of Network
Maternity Expense 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%
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%
EAP Programme 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%
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 3 month waiting period. Annual Physical - office visit, routine physical and associated diagnostic procedures; GYN, mammography and immunizations. \$300 calendar year max. Optometrist Visit - One visit/calendar year	100% \$60 max/visit	100% \$60 max/visit
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%
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%
Ground Ambulance \$750 calendar year max.	100%	Not applicable
Air Ambulance (referral by doctor required) \$20,000 calendar year max.	100%	Not Applicable

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Medical Health Care Benefits (Deductible & OOP Maximum Apply)	On Island & Off Island/In Network	Off Island/ Out of Network
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) (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. Romasco Place, Waterfront Drive, , Road Town, Tortola, British Virgin Islands
 PO Box 2377, Road Town, Tortola VG1110, British Virgin Islands | Tel 284 444 8450 | CGCoralisle.com
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Rev. 01-25

Dental & Vision

EFFECTIVE 1ST DECEMBER, 2024



Dental and Vision Insurance are optional extra benefits. Please check with your employer to confirm coverage.

THE DENTAL PLAN

Dental Benefits are paid at the Reasonable and Customary rate in accordance with the American Dental Association Fee Schedule. Any amounts charged above and beyond these rates are the responsibility of the Insured. There are two levels of coverage available - Basic and Comprehensive. Please check with your Employer to confirm coverage and at which level.

Calendar Year Deductible: \$25 per Insured

Calendar Year Maximum (CYM) Per Insured: \$1,000 or \$3,000 (whichever is applicable to your Plan)

Dental Benefits	% Payable
Basic Dental (Includes Preventative Treatment) Preventative: Routine Examinations, Cleaning & Scaling, Bitewings - 1 per 6 months; Fluoride Treatment (under 16 years) - 1 per year; Periodontal Treatment of Gums - 4 per calendar year; Full mouth X-ray - 1 per 3 calendar years; Fillings; Extractions; Oral Surgery; Sealants (under 14 years); Space Maintainers (under 14 years); Retainers; Rebasing & Relining of Dentures; Root Canals	100%
Comprehensive Dental (Includes Preventative, Restorative and Orthodontic Treatment) Preventative: see above Restorative: Inlays, Onlays, Crowns, Bridges, Bridge Repair, Dentures, Denture Repair Orthodontic: Braces for Teeth Alignment (Lifetime Max: \$3,000 in addition to Annual Max)	100% 50% 50%

Limitations & Exclusions: TMJ Treatment, Implants, Cosmetic Dentistry (other than repairs of accidental injury within 90 days of accident).

THE VISION PLAN

Calendar Year Maximum (CYM) Per Insured: \$450

Vision Benefits	% Payable
Prescription Eyeglasses (frames and lenses) Prescription Contact Lenses (soft, hard, disposable; initial and replacement)	100%

Limitations & Exclusions: Medical eye examination not included (covered under your Medical Plan. Please refer to the relevant Schedule of Benefits.).

The Vision Plan Annual Maximum can be applied towards Lasik Eye Surgery after a 12 month waiting period.



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