



**COVER THAT CARES.**

**CG** | **INSURANCE**

**SOLUS HEALTH SCHEDULE OF BENEFITS 2023-2024**

# On and Off Island Benefits

EFFECTIVE 1ST SEPTEMBER, 2020



## HEALTH CARE BENEFITS

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

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

Deductibles per Calendar Year	In Network		Out of Network	
	Individual:	US\$500	US\$1,000	US\$1,000
Family:	US\$1,500	US\$3,000	US\$3,000	US\$9,000

  

<b>Annual Out-of-Pocket (OOP) Maximum</b> (excludes deductibles)	Individual:	US\$5,000
OOP Maximum not applicable for On-Island Benefits	Family:	US\$15,000

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](http://www.aetna.com/asa). Prior to ALL US inpatient admissions, please also go to [www.aetna.com/asa](http://www.aetna.com/asa).

**Puerto Rico:** For information on In Network facilities, contact Coralisle Insurance (BVI): 1-284-494-8450 (8:30am - 5:00pm Local Time) or Coralisle Medical Insurance, Bermuda: 1-441-296-3200 (8:30am - 5:00pm 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%
Chiropractor \$400 calendar year max.	\$20 max/visit	\$20 max/visit

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Medical Health Care Benefits	On Island & Off Island/ In Network	Off Island/ Out of Network
<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; 30 days max.	80%	60%
<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%
<b>Maternity Expense</b> 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%
<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>Prescription Program</b> Oral Contraceptives: \$500 calendar year max. Excludes: 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 three month waiting period. <b>Annual Physical</b> - office visit, routine physical and associated diagnostic procedures; gynecological/prostate exam, mammography and immunizations. \$300 calendar year max. <b>Optometrist Visit</b> - One visit/calendar year	100% \$60 max/visit	100% Not subject to deductible \$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: Birth to age 12 months: \$300 calendar year max. 13 months through age 17: \$100 calendar year max. 18 to 25 (if full time student): \$200 calendar year max.	100%	100% Not subject to deductible
<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% Not subject to deductible



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Medical Health Care Benefits	On Island & Off Island/ In Network	Off Island/ Out of Network
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 Atlantic Time
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)



**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 | [www.CGCoralisle.com](http://www.CGCoralisle.com)

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

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Rev. 01-25

# Dental Benefits

EFFECTIVE 1ST SEPTEMBER, 2020



## THE DENTAL PLAN

The Dental Plan is available as an optional extra benefit for an additional premium.

Dental Benefits are paid at the Reasonable and Customary (R&C) rate in accordance with the American Dental Association Fee Schedule. Any amounts charged above and beyond these rates are the responsibility of the Insured.

**Calendar Year Deductible (per insured):** \$25

**Calendar Year Maximum (CYM):** \$3,000

Dental Benefits	% Payable
<b>Preventative Treatment:</b> 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%
<b>Restorative Treatment:</b> Inlays, Onlays, Crowns, Bridges, Bridge Repair, Dentures, Denture Repair	50%
<b>Orthodontic:</b> Braces for Teeth Alignment (Lifetime Maximum: \$3,000 in addition to Calendar Year Maximum)	50%

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



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