PremierHealth

Schedule of Benefits

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PremierHealth
Schedule of Benefits
Effective June 1, 2019

Colonial Medical Insurance Company will pay the benefits set forth in this Schedule at the percentage payable of the Standard Health Insurance Fees of the Cayman Islands, the contracted rate or the Reasonable and Customary (R&C) rate. Once the Out of Pocket (OOP) maximums have been met, benefits are payable at 100% of the allowable charge for the remainder of the calendar year unless otherwise stated.

Please note this Schedule of Benefits is a guide only. Please refer to the policy contract with your Employer for full Terms and Conditions.

All funds stated are in US Dollars.

Lifetime Maximum Per Insured - Actively at work Employee and Eligible Insured Dependents:		$2,000,000
Lifetime Maximum Per Insured - Retirees and Eligible Insured Dependents:		$1,219,000
Calendar Year Maximum Per Insured - Retirees and Eligible Insured Dependents:		$500,000
Out-of-Pocket (OOP) Annual Maximum for On Island Services:	Individual:	$1,000
	Family:	$2,000

Unless otherwise stated, there is no Out-of-Pocket (OOP) Calendar Year Maximum for Off Island/Out of Network Services.

Annual Deductible for Off Island and Out of Network Services:	Individual:	$500
	Family:	$1,000

We use Preferred Provider Organization (PPO) Networks for our In Network services outside the Cayman Islands.*

Medical Health Care Benefits	On Island % Payable (OOP applies)	*Off Island/ In Network % Payable	Off Island/Out of Network % Payable (Deductible applies)
Hospital Inpatient/Inpatient Ancillary Services Room and Board: Hospital's average semi private and Intensive Care Unit	100%	100%	80%
Physician Office visits & Specialist Fees	80%	100%	80%
Outpatient Surgery & Services	80%	100%	80%
Office-based Medical/Surgical Services	80%	100%	80%
Hospital Emergency Room For medical emergency treatment (threat to life or limb) sought within 48 hours.	100%	100%	100%
Diagnostic Services	80%	100%	80%
Therapeutic Services Must have referral letter from registered MD Physical Therapy - Per visit limit: $125. Calendar year max: 30 visits Acupuncture - Per visit limit: $125. Calendar year max: 12 visits Occupational and Speech Therapy - Calendar year max: 30 visits Osteopath & Podiatry - Per visit limit: $125. Calendar year max: 25 visits	80%	100%	80%
Chiropractor Per visit limit: $125. Calendar year max: 25 visits	80%	100%	80%
Durable Medical Equipment Lifetime max - $3,000 for Hearing Aids	80%	100%	80%
Hospice Care Services	80%	100%	80%
Extended Care Facility	100%	100%	80%

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Medical Health Care Benefits	On Island % Payable (OOP applies)	*Off Island/ In Network % Payable	Off Island/Out of Network % Payable (Deductible applies)
Chemotherapy and Radiation Therapy Including all scans and supplemental treatment	80% up to SHIC Maximums Once SHIC benefits are exhausted 70% up to lifetime max. and OOP will NOT apply	100% when a COE is utilized. If care is received outside of a Cancer Centers of Excellence: 70% up to lifetime max, OOP will NOT apply	70% up to lifetime max, OOP will NOT apply
Human Organ Transplants Transplant and all related procedures must be pre-approved by a Pre-Certification Manager. Travel Benefit for accompanying family member Lifetime max: $5,000. Organ Acquisition & Procurement Lifetime max: $10,000. Allogenic Bone Marrow Donor Cost Lifetime max: $20,000	Not Covered	100% up to lifetime max. when Institute of Excellence (IoE) provider is used	75% up to lifetime max. OOP max will not apply
Maternity Expense Employee and eligible spouses only. Pregnancy as a result of infertility treatment is covered to SHIC only. Hospital Inpatient Hospital Outpatient, Physician's Fees, Diagnostic Fees	 100% 80%	 100% 100%	 80% 80%
Antenatal Care	80%	100%	80%
Routine Nursery As any other treatment including room and board, physician charges and circumcision for males prior to discharge for the first 30 days. Hospital Inpatient Hospital Outpatient, Physician's Fees, Diagnostic Fees	 100% 80%	 100% 100%	 80% 80%
Sterilizations As any other illness, both male and female. This will not include the reversals, or any complications arising out of such procedures. Hospital Inpatient Hospital Outpatient, Physician's Fees, Diagnostic Fees	 100% 80%	 100% 100%	 80% 80%
Infertility Covers testing to determine the diagnosis of infertility. Pregnancy as a result of infertility treatment is covered to SHIC only. Treatment, prescription drugs, and/or other methods to bypass are not covered. Not available to retirees.	80%	100%	80%
Prescription Drugs No OOP max applies. No Deductible. Excluded: OTC medications, prenatal vitamins, smoking cessation products.	75% - Brand name 100% - Generic	75% - Brand name 80% - Generic	75% - Brand name 80% - Generic
Oral contraceptives and contraceptive devices Calendar year max: $500.			
Mental Health Benefits Inpatient Lifetime max: $30,500 Outpatient Calendar year max: $1,000	80%	100%	80%

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Home Health Care Each visit up to 4 hours by a representative* of a Home Health Care Agency is considered as one visit. Calendar year max: 40 visits. *Must be a licensed registered nurse (R.N.) licensed practical nurse (L.P.N.), physical therapist, respiratory therapist, occupational therapist, speech pathologist or audiologist, social worker, dietitian or a home health aide who provides non-skilled personal care to a patient while under the supervision of an R.N. or other licensed member of the Agency.	100%	100%	100%
Dental Care Limited to accidental injury of sound, natural teeth sustained while covered under the plan.	100%	100%	100%
Preventive Care Calendar Year max: $500. Deductible does not apply.	100%	100%	100%
Child Immunisations Available to children age 0-16 years. Covered immunisations are based on the standard medical/age appropriate criteria. Refer to your Master Policy for complete listing of eligible expenses and ages.	100%	100%	100%
Haemodialysis	100%	100%	100%
Temporomandibular Joint Syndrome (TMJ) Treatment Outpatient Calendar Year max: $1,000	80%	100%	80%
Diabetes Education Lifetime Max: $500	100%	100%	80%
Allergy Shots and Testing When prescribed by a physician. Initial test (SET, RAST or PRIST): One per lifetime; Lifetime max: $750 Allergy Shots: Per shot limit: $25. Calendar year max: 25 shots	100%	100%	80%
Medical Evacuation and Assistance Air Ambulance: Requires a letter of medical necessity from doctor ordering patient to be airlifted, indicating condition is life threatening and that treatment is not available in Cayman. Calendar year max: $50,000	100%		
Medical Travel Benefit Covers pre-approved economy air fare, hotel, taxi, rental cars providing patient is going to a medical provider for medically necessary treatment (follow up visits are not eligible for this benefit); economy fare home to Cayman following a covered air ambulance evacuation. Calendar year max: $1,000	Not Applicable	100%	100%

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Medical Health Care Benefits	On Island % Payable (OOP applies)	*Off Island/ In Network % Payable	Off Island/Out of Network % Payable (Deductible applies)
When Accessing Care at Cancer Centers of Excellence Covers pre-approved round trip economy air fare for member and companion (when medically required) traveling for approved cancer treatment within the COE Network. Includes hotel, taxi, rental cars. Excludes follow up examinations. Includes Economy air fare back to Cayman following a covered air ambulance evacuation. Calendar year maximum $5,000.00.	Not Applicable	100%	Not Applicable
Repatriation Airfare for repatriation to home country of mortal remains Lifetime max: $10,000	100%		

Pre-Certification is required for the following treatments for both on island and off island services. Call 1-800-423-9130 for pre-certification.

- All Inpatient procedures, all Outpatient surgery and all scope procedures
- Diagnostic, MRIs, CT scans, vaginal ultrasounds, obstetrical ultrasounds exceeding 2 per pregnancy
- All Inpatient and Outpatient chemotherapy and radiation services
- Laboratory tests over $300 for on island only

Pre-Notification is required Prior to all overseas Inpatient Admissions. For services being sought in the US, you or your provider must call 1-800-423-9130. For services being sought outside Cayman or the US, please call 1-317-927-6820 (collect).

BRITCAY

PremierHealth
Dental & Vision Benefits
Effective March 1, 2013

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

If Dental and/or Vision benefits are covered under your Group's Plan, Colonial Medical Insurance Company Limited will pay the benefits set forth in the relevant Schedule of Benefits shown here at the Reasonable and Customary (R&C) levels. All charges are subject to the R&C fee for the area in which the services are rendered.

Please note this Schedule of Benefits is a guide only. Please refer to the policy contract with your Employer for full Terms and Conditions. All funds stated are in US Dollars.

THE DENTAL PLAN

Calendar Year Maximum (CYM) Per Insured: $1,000 or $2,000 (whichever is applicable to your Plan)

Dental Benefits	% Payable
Level I - Preventative Oral Exam, Prophy/Cleanings, Bitewing X-rays - 2 per calendar year Full Mouth X-rays - once every 5 years Fluoride Treatments - 2 per calendar year for dependent children under the age of 16 Sealants for dependent children under the age of 14 Perio Maintenance - 4 per calendar year	100%
Level II - Minor/Restorative Fillings, complex surgical, periodontal, endodontics services	80%
Level III - Major/Restorative Crowns (1 per 5 years on same tooth), Implants, Dentures, Orthodontic for dependent children up to age 19 Adult Orthodontic Lifetime Max: $2,000 (this is in addition to the $2,000 CYM but this benefit is not available with the $1,000 CYM option)	50%

Limitations & Exclusions:

- 3 month waiting period for present employees in the Group and 6 month waiting period for all new hires for Level III treatments.
- No Cover for the first 12 months for employees in the Group for missing teeth.
- Orthodontics is paid monthly.
- Cosmetic treatment, TMJ Treatment, Appliances and Guards are excluded.
- We recommend that for any services exceeding $400, your service provider submits a pre-service plan.

THE VISION PLAN

Calendar Year Maximum Per Insured: $200 or $400 (whichever is applicable to your Plan)

Vision Benefits	% Payable
Eye Examinations; Lenses (Single Vision/Bifocal/Trifocal/Lenticular); Frames; Contact Lenses	100%

Limitations & Exclusions:

- For Frames and all Lenses, members must pay the service provider at time of service and submit a claim to BritCay for reimbursement.
- 10 month waiting period for late enrollees

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