# Schedule of Health Benefits Lighthouse Plan Effective June 1, 2024

## LOCAL TREATMENT AND SERVICES

Health Insurance Act Benefits – HI

As specified under The Health Insurance Act 1970 and its regulations, orders and rules

Supplementary In-Hospital Benefits – SH	
Ancillary Hospital Services	100%, Bermuda Hospitals Board Fee Schedule
Surgical, Obstetrical, Anaesthetic, Diagnostic and Medical Care	100%, Bermuda Fee Schedule
Ground Ambulance to Home	As specified under The Health Insurance Act
Chronic Disease Management Programme	80%, \$2,880 maximum per policy year
Medical Alarm Device	80%, \$200 maximum per policy year
Preventive and Diagnostic Benefits – PD	

Preventive and Diagnostic Benefits – PD	
Asthmatic, Audiologic, Allergy & Chronic Obstructive Pulmonary Disease (COPD) Counselling - Initial Consultation - Subsequent Visits - Combined Maximum	\$160 - 1 per policy year for each type of service \$65 \$1,100 per policy year
Medical Nutritional Therapy (Provider must be a registered Dietitian approved by Argus) - Initial Consultation - Subsequent - Individual Visit - Subsequent - Group Session - Combined Maximum	\$160 - 1 per policy year \$65 \$35 \$1,395 per policy year
Weight Loss Management Programme (Programme & provider must be pre-approved by Argus)	\$127 - 26 visits per policy year
Diabetes Prevention Programme (Programme & provider must be pre-approved by Argus) - Group Session	\$30 - 12 sessions per policy year
Diabetes Rewind Programme (Programme & provider must be pre-approved by Argus)	100%, one programme per lifetime
Annual Foot Exam For persons with type I or II diabetes or diabetic neuropathy	\$150 - maximum 1 examination per policy year
Allergy Testing	\$900 every 5 years
Allergy Injections	\$20 - per injection and serum combined
Annual Health Exam - General Practitioner - Paediatric (2-18 years)	Maximum 1 examination per policy year \$325 \$195 100% of billed charges at Island Health Services and Family Practice Group

Local Treatment & Servicescontinued		
Annual Specialist/0	Gynaecologist Exam (all ages)	\$325 - maximum 1 examination per policy year 100% of billed charges at Island Health Services and Family Practice Group
Routine Diagnostic	: Testing in conjunction with Annual Exams	100%, Bermuda Fee Schedule
Well-Baby Routine	Health Examination (under 2 years)	\$150
	: Testing in conjunction with Annual Eye Exam le approved by the Bermuda Health Council)	\$115 - maximum 1 examination per policy year \$200 per policy year
Immunisations and	I Injections	\$50 per injection \$1,000 maximum per policy year for Dependent Children under age 19
<ul> <li>Includes Gene</li> </ul>	nostic Services in Private Testing Facilities etic Testing and Sleep Studies (These services ertified by Argus)	100%, Bermuda Fee Schedule
Home and Office	Medical Benefits – HO	
General Practitione	er - Office Visit	\$130 (100% of billed charges at Island Health
	- Home Visit	Services and Family Practice Group) \$170
Specialist	- Initial Consultation	\$315 - 5 per policy year (100% of billed charges at Island Health Services and Family Practice Group)
	- Office Visit	\$150
Telemedicine (Services & prov FAQ's)	<ul> <li>Virtual Office Visit</li> <li>With a Local Provider only</li> <li>With Local &amp; Overseas Providers Jointly</li> <li>iders must be pre-approved by Argus; refer to</li> </ul>	Same as in-person reimbursement Subject to benefit maximums, if applicable Not subject to benefit maximums
In-Office Medical/S	Surgical Treatment	100%, Bermuda Fee Schedule
<ul> <li>Manipulations, Massage* (incl Naturopathic D (*Provider mus</li> <li>Physical &amp; Occ o Individual Vi</li> </ul>	t be approved by Argus) upational Therapy/TENS sit	\$85 \$10
<ul> <li>Group Sessi</li> <li>Combined Maxir</li> </ul>	ion num, all Services	\$40 \$3,600 per policy year
Chiropody/Podiatry	/	\$85 - 12 visits per policy year
Disorders	pies for Autism Spectrum & Attention Deficit be pre-approved by Argus)	Individual and family applied behavioural therapies 100% of billed charges, \$10,000 per policy year



Local Treatment & Servicescontinued		
Mental Health Services:		
- Psychiatrist Visit	\$190	
- Psychologist/Group Therapy Session	\$140	
- Counselling Services (Includes Addiction, Art, Play &		
Equestrian Therapies)		
<ul> <li>Individual Visit</li> </ul>	\$100	
<ul> <li>Group Session</li> </ul>	\$45	
<ul> <li>Smoking Cessation Counselling</li> </ul>		
<ul> <li>Individual Visit</li> </ul>	\$100	
<ul> <li>Group Session</li> </ul>	\$45	
Combined Maximum, all Services	\$5,500 per policy year	
Neuropsychological Testing	100%, Bermuda Fee Schedule. One test every 2	
(Services must be pre-approved by Argus)	policy years to a maximum of \$5,000.	
Sclerotherapy	100%, Bermuda Fee Schedule, \$1,000 per policy year	
Lymphedema Treatment	\$110 – 28 visits per policy year	

# **OVERSEAS TREATMENT AND SERVICES**

#### Major Medical Benefits – MM

Eligible Expenses are payable at a percentage of the lesser of Usual and Customary Charges, claim amounts reduced by the Argus claims editing process or Discounted Rates.

Maximum benefit for Active Employees, Dependents and eligible \$5,000,000 per Lifetime Retirees

#### **Emergency Treatment:**

Insured must call Argus within 48 hours in order to receive 100% coinsurance; otherwise, benefits are payable at 80%

#### All Other Treatment not specified below:

Insured must call Argus in advance and treatment must be pre-certified by Argus and obtained within the Argus Network in order to receive 100% coinsurance; otherwise, benefits are payable at 80%

Argus Specialty Networks:	Pre-certified and In-Network	Not Pre-certified
Neonatal Treatment, Birth Defects & High-Risk Pregnancy	100%	80%
Spinal Treatment (subject to a mandatory second opinion review)	100%	50%
Paediatric Assessment of Autism Spectrum & Attention Deficit Disorders	100%	80%
Specialty Prescription Drugs	100%	50%
Psychiatric Disorders & Substance Abuse Disorders	100%	80%
Non-Solid Organ Transplants (Bone Marrow, Stem Cell and CAR-T)	100%	50%



## **Overseas Treatment & Services...continued**

The following services are payable at a percentage of the lesser of Usual & Customary charges, claim amounts reduced by the Argus claims editing process or Discounted Rates, and must be pre-certified by Argus in order to receive maximum reimbursement:

Inpatient Care	Semi-private accommodation
Intensive Care, Outpatient and Emergency Care	Unlimited
Surgical, Obstetrical, Anaesthetic, Diagnostic and Medical Care	Unlimited
Physician Services – Home or Office Visit	Unlimited
Rehabilitation / Skilled Nursing Facility	Semi-private up to 60 days per policy year
Home Health Care	Unlimited
Transplant Services	Unlimited
Psychiatric & Substance Abuse Disorders:	Up to 90 days per policy year, must be pre-certified by Argus in order to be eligible and receive maximum reimbursement
Inpatient Care	Unlimited
Psychiatric Professional Services	\$5,500 combined maximum per policy year

Airfare and accommodation are only eligible for Psychiatric & Substance Abuse services, Emergency Treatment and treatment which is not available in Bermuda and must be pre-certified by Argus in order to be eligible. For maximum reimbursement, travel arrangements must be made by the Argus Concierge. The daily reimbursement allowance is inclusive of charges for hotel or rental accommodation, transportation and other daily living expenses incurred outside Bermuda while the Insured Person is receiving Medically Necessary treatment.

Commercial Economy Airfare** (Excludes preferred/priority seating and baggage fees)	\$35,000 combined maximum per policy year
Daily Reimbursement Allowance (Hotel, Transportation, Meals)**	
- In the Argus Preferred Provider & Specialty Networks:	
<ul> <li>Insured Person or Insured Person and Approved Travelling Companion*</li> <li>Without Hotel or Rental Accommodation</li> </ul>	Up to \$400 per day 50% of above amount
<ul> <li>Argus Network and all other facilities and providers:</li> </ul>	
<ul> <li>Insured Person or Insured Person and Approved Travelling Companion*</li> </ul>	Up to \$200 per day
<ul> <li>Without Hotel or Rental Accommodation</li> </ul>	50% of above amounts

\* Benefits for one travelling companion are approved for one episode of care in the following circumstances: When the Insured Person is a minor Dependent Child, or has surgery or mental incapacity or otherwise requires a travelling companion due to medical necessity, subject to medical documentation and pre-approval by Argus



Overseas Treatment & Servicescontinued			
The following services must be pre-certified by Argus in order to be eligible:			
Ground Ambulance and Air Ambulance	Unlimited (if Medically Necessary)		
Air Ambulance Return to Bermuda	Unlimited (if Medically Necessary)		
Behavioural Therapies for Autism Spectrum & Attention Deficit Disorders	Individual and family applied behavioural therapies 100% of billed charges, \$2,500 maximum per policy year		
Genetic Testing	Unlimited		
Telemedicine Virtual Office Visit	Unlimited		
Student Mental Health Hotline	Unlimited		
Repatriation of remains (inclusive of cremation)	Unlimited for return of remains or ashes		
The following services are payable at 100% of the lesser of Usual and Customary charges, claim amounts reduced by the Argus claims editing process or Discounted Rates. Airfare and accommodation do not apply to these services, consultations and second opinions. Pre-certification of these services is not required.			
Annual Health Exam and related Diagnostic Testing	\$2,000 per policy year		
Physical Medicine and Supplementary Therapies (Nutritional/Diabetic, Asthmatic, Audiologic and Allergy Counselling Services, Well-baby Care, Immunisations and Injections, Allergy Testing, Annual Eye Exam, Physical and Occupational Therapy, Chiropractic, Osteopathy, Chiropody, Podiatry, Speech Therapy)	\$3,360 combined maximum per policy year		
Complementary Alternative Therapies (Massage, Acupuncture and Naturopathic Doctors)	\$350 combined maximum per policy year		
WORLDWIDE TREATMENT AND SERVICES			
Supplementary Miscellaneous Benefits – MISC			
<ul> <li>Hearing Aids, Surgical Support Hose, Surgical Brassieres, Wigs,</li> <li>Orthotics <ul> <li>Hearing Aids limited to 1 every 5 policy years</li> <li>Orthotics limited to 1 every 2 policy years</li> </ul> </li> </ul>	80%, \$4,000 combined maximum every 5 policy years		
Oral Appliances (Services must be pre-certified by Argus)	80%, \$3,000 every 5 policy years		
Prosthetic Devices and Appliances	80%, \$25,000 maximum per lifetime		
Durable Medical Equipment, Accidental Dental Services and Overseas Cardiac Rehabilitation/Exercise Programme, Medical/Surgical Supplies - CPAP limited to 1 every 5 policy years, \$5,000 maximum	80% of Usual and Customary Charges		



Worldwide Treatment & Servicescontinued		
Prescription Drug Benefit – RX		
Drugs, Birth Control, Medicines and Sera available only by prescription.	100% for generic drugs 80% for brand name drugs	
Specialty Prescription Drug Benefit – RX		
Specialty Prescription Drugs (Must be pre-certified by Argus) (High cost drugs, biologic and biosimilar drugs and specialty drugs approved by Argus to treat complex or chronic medical conditions)	100% for tier one drugs 50% for tier two drugs	
Vision Care Benefits – VC		
Prescription Eye Glasses or Contact Lenses	\$400 per policy year payable at 100%	
Elective Surgical Treatment for Vision Correction	\$2,000 per lifetime payable at 100%	
Dental Benefit Summary – DE		
Benefits are payable in accordance with the Bermuda Dental Fee	Schedule, Amounts charged by a provider which	

Benefits are payable in accordance with the Bermuda Dental Fee Schedule. Amounts charged by a provider which exceed the scheduled amounts are your responsibility.

Please obtain a pre-estimate of benefits from your dentist prior to undergoing extensive dental procedures.

Basic Dental Services (DE01):

Preventive and Diagnostic Exams, Consultations, Polishing, Scaling or Root Planing, Fluoride	100% of Fee Schedule 100% of Fee Schedule	Policy Year: Unlimited Policy Year: \$1,400	Lifetime: Unlimited Lifetime: Unlimited
Surgical and Minor Restorative	100% of Fee Schedule	Policy Year: Unlimited	Lifetime: Unlimited
Endodontics	100% of Fee Schedule	Policy Year: Unlimited	Lifetime: Unlimited
Periodontics	50% of Fee Schedule	Policy Year: \$2,000	Lifetime: Unlimited
Major Restorative Services (DE02)	50% or 80% of Fee Schedule	Policy Year: \$5,000	Lifetime: Unlimited
Orthodontic Services (DE03)	Only Insured Persons up to age 19 are covered		
	50% of Fee Schedule	Policy Year: N/A	Lifetime: \$4,000

\*\*Airfare and accommodation do not apply to Worldwide Treatment and Services

Benefits in this booklet provide a brief summary of the Group Health plan. To view the coverage that applies to you, log-in to your Argus Vantage secure member account at www.argus.bm/argus-vantage. Full terms and conditions of the plan are provided in the Master Policy issued to your employer.

Argus Customer Service Centre 298-0888

www.argus.bm

