

Vital Plan

June 1, 2025 - May 31, 2026



HI - HEALTH INSURANCE ACT BENEFITS

Bermuda Health Insurance Act Benefits ensure that residents have access to necessary healthcare services while in Bermuda, including in- and out-patient services at the hospital, and approved support services in the community.

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

SH - SUPPLEMENTARY IN- AND OUT-PATIENT BENEFITS

Local benefits to help cover medical costs incurred during hospitalisation or from services outside of the hospital setting.

| Primary Benefit | Coverage | Maximum \$10,000 per policy year |
|--|---|--|
| Ancillary Hospital Services | 100% | |
| | Bermuda Hospitals Board Fee Schedule | |
| Surgical, Obstetrical, Anaesthetic, Medical Care and In-Patient Mental Health Treatment* | 100% | |
| * Services outside of the hospital must be pre-certified and in-network | Bermuda Fee Schedule | |
| Ground Ambulance to Home | If medically necessary | |
| Chronic Disease Management Programme | 80% | \$2,880 per policy year |
| | Bermuda Fee Schedule | |
| Medical Alarm Device | 80% | \$200 per policy year |



PD - PREVENTIVE AND DIAGNOSTIC BENEFITS Local treatment and services available in Bermuda aimed at maintaining health, detecting health problems early and preventing complications. **Maximum Primary Benefit** Coverage **Allergies** \$900 every 5 Allergy Testing years \$20 - per injection and serum combined Allergy Injections **Annual Eye Exam** For these services, the Provider must be approved by the Bermuda Health Council \$115 Annual Eye Exam 1 per policy year \$200 per policy Routine Diagnostic Testing in conjunction with Annual Eye Exam year **Annual Foot Exam** For persons with type I or II diabetes or diabetic neuropathy \$150 1 per policy year Annual Gynaecologist / Specialist Exam Annual Gynaecologist / Specialist Exam \$225 1 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 **Annual Health Exam** General Practitioner \$225 1 per policy year



1 per policy year

100% of billed charges at Island Health Services and Family Practice Group

100% of billed charges at Island Health Services and Family Practice Group

\$195

Paediatric (2-18 years)

| PD - PREVENTIVE AND DIAGNOSTIC BENEFITS | | | |
|---|---|---|--|
| Local treatment and services available in Bermuda aimed at maintaining health, complications. | detecting health problems ea | arly and preventing | |
| Primary Benefit | Coverage | Maximum | |
| Diabetes | | | |
| For these benefits, the programme & provider must be pre-appro | oved by Argus | | |
| Diabetes Prevention Programme Group Session | \$30 per session | 12 per policy year | |
| Diabetes Rewind Programme | 100% | 1 per lifetime | |
| Immunisations and Injections | | | |
| Immunisations and Injections | \$50 per injection | \$1,000 per policy year for Dependent Children under age 19 | |
| Treatment and services not available in Bermuda | See Physical Medicine and Supplementary therapies under Major Medical | | |
| Nutrition - Medical Therapy | · | \$745 per policy year | |
| For these services, the Provider must be a registered Dietitian ap | pproved by Argus | | |
| Initial Consultation | \$160 | 1 per policy year | |
| Subsequent - Individual Visit | \$65 | | |
| Subsequent - Group Session | \$35 | | |
| Paediatric | | | |
| Well-Baby Routine Health Examination (under 2 years) | \$150 per examination | 6 per policy year | |
| Treatment and services not available in Bermuda | See Physical Medicine and Supplementary therapies under Major Medical | | |
| Private Testing | | | |
| Laboratory & Diagnostic Services in Private Testing Facilities | 100% | | |
| - Includes Genetic Testing and Sleep Studies | Bermuda Fee Scho | Bermuda Fee Schedule | |
| | Services must be p | ore-certified by Argus | |



| HO - HOME AND OFFICE MEDICAL BENEFITS | | | |
|---|--|---|--|
| Local treatment and services available in Bermuda by medical doctors, mental health professionals and allied health therapists. | | | |
| Primary Benefit | Coverage | Maximum | |
| Behavioural Therapies for Autism Spectrum & Attention Deficit Disorders | | | |
| Individual and family applied behavioural therapies | 100% | \$10,000 per policy year | |
| | Services must be Argus | Services must be pre-approved by Argus | |
| Treatment and services not available in Bermuda | See Behavioral Ti Medical | See Behavioral Therapies under Major Medical | |
| Chiropractic | <u>'</u> | | |
| Office Visit | \$85 per visit | 6 per policy year | |
| Chiropody / Podiatry | | | |
| Office Visit | \$85 per visit | 6 per policy year | |
| General Practitioner & Specialist - Office Visit | | 9 per policy year | |
| General Practitioner | \$130 per visit | | |
| | 100% of billed cha Services and Fam | | |
| Specialist | \$150 per visit | | |
| General Practitioner - Home Visit | · | | |
| Home Visit | \$170 per visit | 3 per policy year | |
| Lymphedema Treatment | | | |
| Individual Visit | \$110 per visit | 28 per policy year | |
| Mental Health Services | · | | |
| Psychiatrist Visit | \$190 per visit | 6 visits per policy year | |
| Psychologist / Group Therapy Session | \$140 per visit | 6 sessions per policy year | |
| Mental Health Services - Counselling | | 6 visits/sessions per policy year | |
| Counselling Services - Individual Visit | \$100 per visit | | |
| Counselling Services - Group Session | \$45 per session | | |
| Counselling Services includes Addiction, Art, Play & Equest | rian Therapies | | |



| HO - HOME AND OFFICE MEDICAL BENEFITS | | | |
|---|-------------------------------|---|--|
| Local treatment and services available in Bermuda. | | | |
| Primary Benefit | Coverage | Maximum | |
| Mental Health Services - Smoking Cessation | | \$370 per policy year | |
| Smoking Cessation - Individual Visit | \$100 per visit | | |
| Smoking Cessation - Group Session | \$45 per session | | |
| Neuropsychological Testing | | \$5,000 per lifetime | |
| Individual Visit | 100% Bermuda Fee Schedule | 1 test every 2 policy years | |
| | Services must be Argus | pre-approved by | |
| Physical Medicine and Supplementary Therapies | | \$900 per policy year | |
| Physical & Occupational Therapy / TENS - Individual Visit | \$85 | | |
| Physical & Occupational Therapy / TENS - Group Session | \$40 | | |
| Treatment and services not available in Bermuda | | See Physical Medicine and Supplementary therapies under Major Medical | |
| Specialist | | | |
| Initial Consultation | \$315 per visit | 2 per policy year | |
| | | 100% of billed charges at Island Health Services and Family Practice Group | |
| Surgical | | | |
| In-Office Medical/Surgical Treatment | 100% | 100% | |
| | Bermuda Fee Sch | Bermuda Fee Schedule | |
| Telemedicine | | | |
| Same as in-person reimbursement, services & providers must be pre-approved by Argus; refer to FAQ's | | | |
| Virtual Office Visit with a Local Provider Only | Subject to benefit applicable | Subject to benefit maximums, if applicable | |



RX - PRESCRIPTION DRUG BENEFIT

Brand name or generic prescription drugs dispensed in Bermuda or Worldwide.

| Primary Benefit | Coverage | Maximum |
|---|--------------------------|-------------------------|
| Drugs, Birth Control, Medicines and Sera available only by prescription | 100% for generic drugs | \$7,500 per policy year |
| | 80% for brand name drugs | |
| Prescriptions over \$2,000 must be pre-certified and in-network, otherwise reimbursement is 50% if out-of-network | | |

This document provides a summary of the Argus Health Plan benefits.

