



BUSINESS FIT - EMERALD

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SUMMARY OF BENEFITS (B\$)

MAXIMUM LIFETIME BENEFIT	\$1,000,000.00
MAXIMUM CALENDAR YEAR BENEFIT	\$300,000.00
MAXIMUM BENEFIT PER EPISODE	\$150,000.00
MAXIMUM CALENDAR YEAR BENEFIT - AGED 70 OR OVER	\$25,000.00
CALENDAR YEAR OUT OF POCKET MAXIMUM (OOP) - INDIVIDUAL / FAMILY	\$2,000.00 / \$6,000.00

MEDICAL INPATIENT SERVICES

COVERED SERVICES	BENEFITS	BAHAMAS - IN NETWORK OOP WAIVED AT PMH/RAND	USA - IN NETWORK	OUT OF NETWORK USA OR BAHAMAS
HOSPITAL ROOM & BOARD	CALENDAR YEAR MAXIMUM	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
SURGICAL TREATMENT	CALENDAR YEAR MAXIMUM	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
IMAGING, INCLUDING MRI, PET AND CT	CALENDAR YEAR MAXIMUM	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
INTENSIVE CARE MAX 60 DAYS PER ANNUM	CALENDAR YEAR MAXIMUM	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
SURGEON / ANESTHESIOLOGIST FEES	CALENDAR YEAR MAXIMUM	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
LABS, MEDICATION & DRUGS	CALENDAR YEAR MAXIMUM	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
PHYSIOTHERAPY/REHAB MAX 30 DAYS PER ANNUM	CALENDAR YEAR MAXIMUM	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
MATERNITY (INCLUDES C-SECTION)	\$7,500.00 PER PREGNANCY	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
NEWBORN CARE WITHIN THE FIRST 30 DAYS	LIFETIME MAXIMUM \$50,000.00 PER CHILD	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
PREMATURE BIRTH/CONGENITAL DEFECTS	LIFETIME MAXIMUM \$100,000.00	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
HAEMODIALYSIS (INCLUDING OUTPATIENT)	LIFETIME MAXIMUM \$100,000.00	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
MENTAL HEALTH (INCLUDING OUTPATIENT)	LIFETIME MAXIMUM \$25,000.00	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%

MEDICAL EMERGENCY AND AMBULANCE SERVICES

COVERED SERVICES	BENEFITS	BAHAMAS - IN NETWORK	USA - IN NETWORK	OUT OF NETWORK USA OR BAHAMAS
EMERGENCY ROOM				
FOR A MEDICAL EMERGENCY	CALENDAR YEAR MAXIMUM	\$250.00 CO-PAY THEN 100%	\$250.00 CO-PAY THEN 100%	\$250.00 CO-PAY THEN 100%
NOT FOR A MEDICAL EMERGENCY		\$1,000.00 CO-PAY THEN 100%	\$1,000.00 CO-PAY THEN 100%	\$1,000.00 CO-PAY THEN 100%
AIR AMBULANCE	\$25,000.00 PER CALENDAR YEAR	PAYABLE AT 100%	PAYABLE AT 100%	NOT APPLICABLE
GROUND AMBULANCE	CALENDAR YEAR MAXIMUM	PAYABLE AT 100%	PAYABLE AT 100%	NOT APPLICABLE

MEDICAL OUTPATIENT SERVICES

COVERED SERVICES	BENEFITS	BAHAMAS - IN NETWORK	USA - IN NETWORK	OUT OF NETWORK USA OR BAHAMAS
DOCTORS / WALK IN CLINICS SPECIALIST VISITS	\$1,000.00 PER CALENDAR YEAR	\$40.00 CO-PAY THEN 100% \$55.00 CO-PAY THEN 100%	\$40.00 CO-PAY THEN 100% \$55.00 CO-PAY THEN 100%	\$70.00 CO-PAY THEN 100% \$85.00 CO-PAY THEN 100%
DIAGNOSTIC/LABS IN OFFICE PROCEDURES ROUTINE IMAGING	\$3,000.00 PER CALENDAR YEAR	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
PRESCRIPTION DRUGS	\$1,000.00 PER CALENDAR YEAR	\$15.00 CO-PAY FOR GENERIC DRUGS \$30.00 CO-PAY FOR BRAND DRUGS		
CHEMOTHERAPY AND RADIATION THERAPY	CALENDAR YEAR MAXIMUM	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
PHYSICAL, SPEECH, OCC THERAPY <i>ONCE PER DAY / 20 PER YEAR FOR EACH</i>	CALENDAR YEAR MAXIMUM	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
ANTE-NATAL CARE	\$1,500.00 PER PREGNANCY	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
HAEMODIALYSIS	LIFETIME MAXIMUM \$100,000.00	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
PREVENTATIVE CARE	\$275.00 PER CALENDAR YEAR	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
SURGEON / ANESTHESIOLOGIST FEES	CALENDAR YEAR MAXIMUM	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
OUTPATIENT SURGERY	CALENDAR YEAR MAXIMUM	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%

MISCELLANEOUS CARE

COVERED SERVICES	BENEFITS	BAHAMAS - IN NETWORK	USA - IN NETWORK	OUT OF NETWORK USA OR BAHAMAS
SKILLED NURSING / HOME & HOSPICE CARE	CALENDAR YEAR MAXIMUM	80% TO OOP MAX, THEN 100%	80% TO OOP MAX, THEN 100%	TOTAL PAYABLE AT 50%
NON EMERGENT COMMERCIAL AIRFARE	100% UP TO \$200 PER TRIP / 4 TRIPS PER YEAR MAXIMUM / MUST BE PRE-CERTIFIED AND MEDICALLY NECESSARY			
COMPANION TRAVEL / LODGING	CALENDAR YEAR MAXIMUM	NOT COVERED	\$250 PER DAY	NOT COVERED
REPATRIATION OF MORTAL REMAINS	100% UP TO \$5,000 FOR THE TRANSPORTATION COSTS OF RETURNING YOU OR YOUR ELIGIBLE DEPENDANT'S BODY TO THE BAHAMAS			

1. PRE-CERTIFICATION IS REQUIRED FOR ALL SPECIALIST VISITS, DIAGNOSTIC PROCEDURES, PHYSICAL/SPEECH/OCCUPATIONAL THERAPY, HOSPITAL ADMISSIONS, SURGERIES, REHABILITATION, CHEMOTHERAPY, RADIATION THERAPY, AIR AMBULANCE, MRI, CT AND PET SCANS, HOME HEALTH AND MATERNITY BENEFITS.
2. IF ADVANCE NOTICE CANNOT BE GIVEN DUE TO AN EMERGENCY, NOTICE MUST BE GIVEN BY YOU OR SOMEONE ON YOUR BEHALF WITHIN 72 HOURS OF THE SERVICE.
3. FAILURE TO PRE-CERTIFY MAY RESULT IN DENIAL OR A REDUCTION OF THE BENEFITS PAYABLE
4. OUT OF POCKET MAXIMUM APPLIES TO PERCENTAGE BASED CO-INSURANCE. FIXED DOLLAR CO-PAYMENTS SHALL NOT APPLY TO THE OUT OF POCKET MAXIMUM
5. PREVENTATIVE CARE INCLUDES CHILD IMMUNIZATIONS, WELL CHILD CARE, MAMMOGRAMS, PSA TESTS, PAP SMEARS ABD ROUTINE WELLNESS CHECKS. DIAGNOSTICS FOR WELLNESS ONLY ALLOWS GHP, CBC, LIPID/THYROID PROFILE, URINE AND TUBERCULOSIS TEST
6. PRESCRIPTION DRUGS; COVERAGE EXCLUDES DRUGS AVAILABLE WITHOUT A PRESCRIPTION. IF THE COST OF THE DRUG IS BELOW THE CO-PAY AMOUNT, NO BENEFIT IS PAYABLE
7. TENET AND BAPTIST HEALTH SYSTEMS ARE OUT OF NETWORK COVERAGE

ALL BENEFITS PAYABLE ARE BASED ON USUAL, REASONABLE & CUSTOMARY CHARGES



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DENTAL CARE

CALENDAR YEAR MAXIMUM	\$750.00
ANNUAL DEDUCTIBLE PER PERSON	\$150.00
WAITING PERIOD	6 MONTHS

COVERED SERVICES	BENEFITS	BAHAMAS - IN NETWORK	USA - IN NETWORK	OUT OF NETWORK USA OR BAHAMAS
DIAGNOSTIC SERVICES PREVENTATIVE TREATMENT RESTORATIVE TREATMENT	CALENDAR YEAR MAXIMUM	PAYABLE AT 80%	PAYABLE AT 80%	NOT COVERED
ORTHODONTIA	LIFETIME MAXIMUM \$1,000.00			

VISION CARE

CALENDAR YEAR MAXIMUM	\$350.00
ANNUAL DEDUCTIBLE PER PERSON	\$75.00
WAITING PERIOD	6 MONTHS

COVERED SERVICES	BENEFITS	BAHAMAS - IN NETWORK	USA - IN NETWORK	OUT OF NETWORK USA OR BAHAMAS
1 VISUAL EXAM PER CALENDAR YEAR 1 FRAME PER 2 CALENDAR YEARS LENS/CONTACTS 1 SET PER CALENDAR YEAR	CALENDAR YEAR MAXIMUM	PAYABLE AT 80%	PAYABLE AT 80%	NOT COVERED

ALL BENEFITS PAYABLE ARE BASED ON USUAL, REASONABLE & CUSTOMARY CHARGES