

Good health is within your reach

BahamaHealth is Family Guardian's major medical plan that is fast becoming the first choice for health coverage for employer-sponsored groups and individuals

We offer a wide variety of benefit options to ensure that your health coverage meets your unique needs & budget.



About Us

Lifetime Membership

BahamaHealth permits each member to remain for his/her lifetime. Once enrolled, coverage is continuous as long as premiums are paid.

24-7 HealthCare Coordination Service

With our Care Advocate program, help is just a phone call away! Members receive assistance, benefit verification and pre-certification 24 hours-a-day, 7 days-a-week.

Worldwide Coverage

BahamaHealth's network of physicians, hospitals, pharmacies, and other healthcare practitioners is one of the most extensive ones, locally and overseas.

Additionally, worldwide emergency care received outside the network, is treated as in-network.

Plan Choice

At BahamaHealth, we offer a wide variety of benefit options for both employer sponsored groups and individuals. A member can choose from a range of products and plans to suit his/her financial and medical needs.

Pre-Certification

Pre-certification is the process by which certain services are reviewed by BahamaHealth's Medical Director for medical necessity and appropriateness before approval is given. These services include:

- Overseas Care, Hospital Admission, Surgery & MRI
- Allergy Testing
- Durable Medical Equipment (DME)
- Air Ambulance and Air Transportation
- Chiropractic, Physical, Occupational, & Speech Therapy
- Home Health Care and Private Duty Nursing

In-Network Preventive Care Benefits

BahamaHealth offers unsurpassed coverage for preventive care so that you stay healthy. Preventive care when received within the local network is paid 100% and is covered if enrolled in the **Choice Plus, Select & Value Plans**. No co-payment, co-insurance, or deductible is required.

- Physical Exam for Adults
- Annual Pap Smears
- Mammograms
- PSA Tests
- Well Child Care (routine check-ups & immunizations)
- Tuberculosis Test
- Hearing Test (50+)
- Sigmoidoscopy & Bone Density (50+, once every 3-yrs)
- Full Body Screening (once every 3-yrs)
- \$500 max. for services rendered in the U.S.A. (Choice Plus & Select Plans only)

Preventive care is not covered outside the local network and is not available under the Hospital Plus plan.

For more information or to speak with a HealthCare Coordinator, call **+242-396-1303/4**

SELECT 200, 500, 1000 & 2000

Lifetime Maximum:	
Under age 70.....	\$1,000,000
Age 70+.....	\$1,000,000
	\$250,000 max. p/annum
Deductible (Individual).....	\$200/\$500/\$1,000/\$2,000
Deductible (Family).....	\$600/\$1,500/\$3,000/\$6,000
Coinsurance	
In-network.....	80%/20%
Out of network.....	60%/40%
Out-of-pocket (Individual).....	\$2,000/\$5,000/\$10,000/\$20,000
Out-of-pocket (Family).....	\$6,000/\$15,000/\$30,000/\$60,000
Primary Care Visit.....	\$30 copayment
Specialist Visit.....	\$40 copayment
Mental Health.....	\$40 copayment
	\$25,000 out of network
Emergency Room (ER).....	\$100 copayment
Out-patient Hospitalization.....	20% no deductible
In-patient Hosp. & Intensive Care....	20% no deductible
	100% at PMH and Rand (FPO)
Attending Physician, Surgeon and Anesthesiologist.....	20% after deductible
Maternity:	
Physician Charges.....	20% after deductible
Admission.....	20% no deductible
	100% at PMH and Rand (FPO)
CTScan.....	\$50 copayment
EEG, EMG, ECHO, Stress Test, MRI & Virtual Screening.....	\$100 copayment
Chemo, Radiation & Dialysis.....	20% no deductible
X-ray, Densitometry & Lab.....	20% no deductible
Prescription Drugs.....	20% no deductible
Durable Medical Equipment.....	20% no deductible
Chiropractic Treatment.....	\$40 copayment
Physical & Occupational Therapy.....	\$40 copayment
Speech Therapy.....	\$40 copayment
Rehabilitation Facility.....	20% after deductible
Skilled Nursing Facility.....	20% no deductible
Home Health Care.....	\$40 copayment p/visit
Ground Ambulance.....	\$50 copayment
Air Ambulance.....	100%
Air Transportation.....	\$250 (Bahamas & Overseas) max. p/trip. 4 trips p/year
Lodging.....	Inpatient: \$250 max p/day up to 7 days Outpatient: \$250 max p/day for Chemo and Radiation
Overseas Care (Pre-certified).....	Same as Local Network Annual out-of-pocket maximum applies
Non pre-certified.....	60% after deductible Annual max. does not apply

VALUE 500 & 1000

Lifetime Maximum:	
Under age 70.....	\$1,000,000
Age 70+.....	\$1,000,000
	\$250,000 max. p/annum
Deductible (Individual).....	\$500/\$1,000
Deductible (Family).....	\$1,500/\$3,000
Coinsurance In Network.....	80%/20%
Coinsurance Out of Network.....	No benefit
Out-of-pocket (Individual).....	\$5,000/\$10,000
Out-of-pocket (Family).....	\$15,000/\$30,000
Primary Care Visit.....	\$30 copayment
Specialist Visit.....	\$40 copayment
Mental Health.....	No benefit
Emergency Room (ER).....	\$100 copayment
Out-patient Hospitalization.....	20% no deductible
In-patient Hosp. & Intensive Care....	20% no deductible
	100% at PMH and Rand (FPO)
Attending Physician, Surgeon and Anesthesiologist.....	20% after deductible
Maternity:	
Physician Charges.....	20% after deductible
Admission.....	20% no deductible
	100% at PMH and Rand (FPO)
CTScan.....	\$50 copayment
EEG, EMG, ECHO, Stress Test, MRI & Virtual Screening.....	\$100 copayment
Chemo, Radiation & Dialysis.....	20% no deductible
X-ray, Densitometry & Lab.....	20% no deductible
Prescription Drugs.....	20% no deductible
Durable Medical Equipment.....	20% no deductible
Chiropractic Treatment.....	No benefit
Physical & Occupational Therapy.....	\$40 copayment
Speech Therapy.....	\$40 copayment
Rehabilitation Facility.....	20% after deductible
Skilled Nursing Facility.....	20% no deductible
Home Health Care.....	\$40 copayment p/visit
Ground Ambulance.....	\$50 copayment
Air Ambulance.....	100% no deductible
Air Transportation.....	\$250 (Bahamas & Overseas) max. p/trip. 4 trips p/year
Lodging.....	Inpatient: \$250 max p/day up to 7 days Outpatient: \$250 max p/day for Chemo and Radiation
Overseas Care (Pre-certified).....	Same as Local Network Annual out-of-pocket maximum applies
Non pre-certified.....	No benefit

The information provided in this brochure gives a general overview of the products and services provided by BahamaHealth and should not be construed to be contractual information. Like most insurance policies, BahamaHealth's policies contain exclusions, limitations, reductions of benefits and terms for keeping them in force. For complete cost and details, talk to your Family Guardian representative.

VALUE 2000 & 5000

Lifetime Maximum:	
Under age 70.....	\$1,000,000
Age 70+.....	\$1,000,000
	\$250,000 max. p/annum
Deductible (Individual).....	\$2,000/\$5,000
Deductible (Family).....	\$6,000/\$15,000
Coinsurance	
In-network.....	80%/20%
Out of network.....	No benefit
Out-of-pocket (Individual).....	\$20,000/\$50,000
Out-of-pocket (Family).....	\$60,000/\$150,000
Primary Care Visit.....	\$30 copayment
Specialist Visit.....	\$40 copayment
Mental Health.....	No benefit
Emergency Room (ER).....	\$100 copayment
Out-patient Hospitalization.....	20% no deductible
In-patient Hosp. & Intensive Care.....	20% no deductible 100% at PMH and Rand (FPO)
Attending Physician, Surgeon and Anesthesiologist.....	
	20% after deductible
Maternity.....	\$5,000 maximum
Physician Charges.....	20% after deductible
Admission.....	20% no deductible 100% at PMH and Rand (FPO)
CT Scan.....	\$50 copayment
EEG, EMG, ECHO, Stress Test, MRI & Virtual Screening.....	\$100 copayment
Chemo, Radiation & Dialysis.....	20% no deductible
X-ray, Densitometry & Lab.....	20% no deductible
Prescription Drugs.....	20% no deductible
Durable Medical Equipment.....	20% no deductible
Chiropractic Treatment.....	No benefit
Physical & Occupational Therapy.....	\$40 copayment
Speech Therapy.....	\$40 copayment
Rehabilitation Facility.....	20% after deductible
Skilled Nursing Facility.....	20% no deductible
Home Health Care.....	\$40 copayment p/visit
Ground Ambulance.....	\$50 copayment
Air Ambulance.....	100%
Air Transportation.....	\$250 (Bahamas & Overseas) max. p/trip. 4 trips p/year
Lodging.....	Inpatient: \$250 max p/day up to 7 days Outpatient: \$250 max p/day for Chemo and Radiation
Overseas Care (Pre-certified).....	Same as Local Network Annual out-of-pocket maximum applies
Non pre-certified.....	No benefit

Call us today at 242-396-1300

Visit us on the web at www.bahamahealth.com

HOSPITAL PLUS II 1000 2000, 5000

Lifetime Maximum:	
Under age 70.....	\$1,000,000
Age 70+.....	\$1,000,000
	\$250,000 max. p/annum
Deductible (Individual).....	\$1,000/\$2,000/\$5,000
Deductible (Family).....	\$3,000/\$6,000/\$15,000
Coinsurance.....	
	80%/20%
Out-of-pocket (Individual).....	\$10,000/\$20,000/\$50,000
Out-of-pocket (Family).....	\$30,000/\$60,000/\$150,000
Qualifying Conditions.....	
	Hospitalization, Gen. Anesthesia, Cancer, Renal Failure, Maternity
Mental Health & Chiropractic.....	
	No benefit
Emergency Room (ER).....	\$100 copayment
Out-patient Hospitalization.....	20% no deductible
In-patient Hosp. & Intensive Care.....	20% no deductible 100% at PMH and Rand (FPO)
Attending Physician, Surgeon and Anesthesiologist.....	
	20% after deductible
Maternity.....	\$5,000 max.
Physician Charges.....	20% after deductible
Admission.....	20% no deductible 100% at PMH and Rand (FPO)
Pre-Admission Diagnostic Testing:	
CT Scan.....	\$50 copayment
EEG, EMG, ECHO, Stress Test, MRI & Virtual Screening.....	\$100 copayment
X-ray, Densitometry.....	20% no deductible
Laboratory.....	20% no deductible
Hospitalization Follow-up Treatment (12 months)	
Chemo, Radiation & Dialysis.....	20% no deductible
Prescription Drugs.....	20% no deductible
Durable Medical Equipment.....	20% no deductible
Physical, Occupational & Speech Therapy.....	\$40 copayment
Rehabilitation.....	20% after deductible
Home Health Care.....	\$40 copayment
Physician's Office Visit:	
Primary Care.....	\$30 copayment
Specialist.....	\$40 copayment
Ground Ambulance.....	\$50 copayment
Air Ambulance.....	100%
Air Transportation.....	\$250 (Bahamas & Overseas) max. p/trip. 4 trips p/year
Lodging.....	Inpatient: \$250 max p/day up to 7 days Outpatient: \$250 max p/day for Chemo and Radiation
Overseas Care (Precertified).....	Same as Local Network Annual out-of-pocket maximum applies
Non pre-certified.....	No benefit

LIFE BENEFITS

LIFE & DEPENDENT LIFE

Subscriber under age 65.....	\$10,000 / \$20,000
Spouse under age 65.....	\$5,000 / \$10,000
15 days to 6 months.....	\$500 / \$1,000
Child 6 months+.....	\$2,500 / \$5,000

Coverage reduces by 25% at age 65 and a further 25% at age 70

Termination..... When coverage ceases

COMBINED DENTAL & VISION BENEFIT RIDER*

*restrictions/conditions apply

Dental Benefit.....	\$1,500 annual maximum
Vision Benefit.....	\$400 annual maximum

BahamaHealth

Family Guardian Financial Centre

East Bay and Church Streets

P. O. Box SS-19079

Nassau, Bahamas

+242-396-1300

HealthCare Coordinators +242-396-1303/4

Family Islands (Toll Free) +242-300-2458

For more information visit our website:

www.bahamahealth.com

For a free subscription newsletter, write to us

at healthinsurance@bahamahealth.com

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Thank you for consulting with a Family Guardian sales representative.

Agent:			
Phone:			
Plan:			
Date:	MM	DD	YY



INDIVIDUAL

Comprehensive Major Medical Coverage

At **BahamaHealth** we understand your priorities. It's our business to help you protect them.

Are You Covered?

