

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 Care Advocate 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.

Survivor’s Benefit.

12 months continued coverage for eligible dependents in the event of the employee’s death, provided premiums are paid.

Conversion

- Applicable to employees and dependents after 24

- months of continuous coverage
- Application must be made within 31 days of termination
 - Automatic conversion to Value 500 plan
 - 2 months credit earned for every consecutive 12 months of coverage for conversion without evidence of insurability at the same level as previous group insurance plan
 - The individual will be solely responsible for premiums

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.

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 Care Advocate, call **+242-396-1303-6**

CHOICE PLUS 200

Lifetime Maximum:	
Under age 70.....	\$1,000,000/\$2,000,000
Age 70+.....	\$1,000,000/\$2,000,000
	\$250,000 max. p/annum
Deductible (Individual/Family).....	\$200/\$400
Coinsurance.....	80%/20%
Out-of-pocket (Individual/Family).....	\$2,000/\$4,000
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.....	\$200 copayment
In-patient Hosp. & Intensive Care.....	\$250 copayment
	100% at PMH and Rand (FPO)
Attending Physician, Surgeon and Anesthesiologist.....	\$200 copayment
Maternity:	
Physician Charges.....	\$200 copayment
Admission.....	\$250 copayment
	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
Chiropractic Treatment.....	\$40 copayment
Physical & Occupational Therapy.....	\$40 copayment
Speech Therapy.....	\$40 copayment
Rehabilitation Facility.....	\$200 copayment
Skilled Nursing Facility.....	\$250 copayment
Home Health Care.....	\$40 copayment p/visit
Ground Ambulance.....	\$50 copayment
Air Ambulance.....	100% no deductible
Air Transportation.....	\$150 (Bahamas) & \$200 (Overseas) max. p/trip.
	4 trips p/year
Overseas Care (Pre-certified).....	Same as Local Network
	Annual out-of-pocket maximum applies
Non pre-certified (In network).....	20% after deductible
Non pre-certified (Out of network).....	40% after deductible
	Annual max. does not apply

SELECT 200 & 500

Lifetime Maximum:	
Under age 70.....	\$1,000,000/\$2,000,000
Age 70+.....	\$1,000,000/\$2,000,000
	\$250,000 max. p/annum
Deductible (Individual/Family).....	\$200/\$400 / \$500/\$1,000
Coinsurance	
In-network.....	80%/20%
Out of network.....	60%/40%
Out-of-pocket (Individual/Family).....	\$2,000/\$4,000 / \$5,000/\$10,000
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)
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
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% no deductible
Air Transportation.....	\$150 (Bahamas) & \$200 (Overseas) max. p/trip.
	4 trips p/year
Overseas Care (Pre-certified).....	Same as Local Network
	Annual out-of-pocket maximum applies
Non pre-certified.....	40% after deductible
	Annual max. does not apply



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 500

Lifetime Maximum:	
Under age 70.....	\$1,000,000/\$2,000,000
Age 70+.....	\$1,000,000/\$2,000,000
	\$250,000 max. p/annum
Deductible (Individual/Family).....	\$500/\$1,000
Coinsurance	
In-network.....	80%/20%
Out of network.....	No benefit
Out-of-pocket (Individual/Family).....	\$5,000/\$10,000
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)
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
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.....	\$150 (Bahamas) & \$200 (Overseas) max. p/trip.
	4 trips p/year
Overseas Care (Pre-certified).....	Same as Local Network
	Annual out-of-pocket maximum applies
Non pre-certified.....	No benefit

HOSPITAL PLUS

Lifetime Maximum:	
Under age 70.....	\$1,000,000/\$2,000,000
Age 70+.....	\$1,000,000/\$2,000,000
	\$250,000 max. p/annum
Deductible (Individual/Family).....	\$200/\$400
Coinsurance.....	80%/20%
Out-of-pocket (Individual/Family).....	\$2,000/\$4,000
Qualifying Conditions.....	
	Hospitalization, Gen. Anesthesia, Cancer, Renal Failure, Maternity
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
Physical, Occupational & Speech Therapy.....	\$40 copayment
Rehabilitation.....	20% after deductible
Home Health Care.....	\$40 copayment p/visit
Physician's Office Visit:	
Primary Care.....	\$30 copayment
Specialist.....	\$40 copayment
Ground Ambulance.....	\$50 copayment
Air Ambulance.....	100%
Air Transportation.....	\$150 (Bahamas) & \$200 (Overseas) max. p/trip.
	4 trips p/year
Overseas Care (Precertified).....	Same as Local Network
	Annual out-of-pocket maximum applies
Non pre-certified.....	No benefit

DENTAL, VISION & LIFE

DENTAL BENEFITS

Annual Maximum.....	\$1,500
Lifetime Max. for Orthodontia.....	\$1,500
Deductible (Individual/Family).....	\$50/\$150
Waiting Period.....	Three (3) months
	Excluding Preventive Care
	Twelve (12) months for Orthodontia Services
<ul style="list-style-type: none"> 100% of covered dental expenses for Preventive Services 80% of covered dental expenses for Basic Restorative Services 50% of covered dental expenses for Major Restorative Services and Prosthetics 50% of dental expenses incurred for Orthodontia 	
Termination.....	When coverage ceases

VISION BENEFITS

Annual Maximum.....	\$400
Waiting Period.....	Three (3) months
Benefit provides coverage for:	Eye Examinations
	Eyeglasses
	Lenses (pair)
	Frames
Termination.....	When coverage ceases

EMPLOYEE LIFE

Active employees under age 65.....	\$10,000 minimum or multiple of salary
Coverage reduces by 25% at age 65 and a further 25% at age 70	
Termination.....	When coverage ceases

EMPLOYEE ACCIDENTAL DEATH & DISMEMBERMENT

100% of basic life insurance amount.
Coverage terminates at age 65 or retirement, whichever comes first.

DEPENDENT LIFE

Spouse.....	\$5,000
Child (each one)	
15 days to 6 months.....	\$500
6 months to 19 years	
(to age 25 if full-time student).....	\$2,500

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.

Thank you for consulting with a Family Guardian sales representative.

Agent:			
Phone:			
Plan:			
Date:	MM	DD	YY



GROUP

Comprehensive Major Medical Coverage

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

Are You Covered?



Call us today at **242-396-1300**

Visit us on the web at www.bahamahealth.com

For a free subscription newsletter, write to us at info@bahamahealth.com



FAMILY GUARDIAN
INSURANCE COMPANY

A member of the FamGuard Group of Companies