# **Essential 300**Schedule of Benefits

Lifetime Maximum	\$2,000,000
Under age 70 Annual Maximum	\$300,000 per calendar year
Age 70+Annual Maximum	\$100,000 per calendar year
Deductible (Individual)	\$300
Deductible (Family)	\$900
Coinsurance	
In-network	70%/30%
Out of network	50%
Out of Pocket Maximum	
In Network (Individual)	\$3,000
In Network (Family)	\$9,000
Out of Network	Not Applicable
Preventive Care	100% annualy in local network
Primary Care Physician	\$30 copayment
Specialist Visit	\$60 copayment
Pharmacy	30%
In Office Surgery	30/3
Under \$1,000	\$60 copayment
Over\$1,000	\$200 copayment
Emergency Room (ER)	100% after \$100 copayment
Out-patient Hospital Services*	70%/30% (No deductible)
In-patient Hospitalization/ICU	70%/30% (No deductible)
Attending Physician/Surgeon/	7 0707 5 070 (140 deductione)
Anesthesiologist.*	70%/30% (After deductible)
Maternity-Physician Charges*	70%/30% (After deductible)
Newborn Care	Covered at birth if enrolled
I VEW BOTTI Care	within 31 days from birth
Mental Health	\$300,000 Lifetime Maximum
In-Network Individual Sessions	
In-Network Group Sessions	\$30 copayment
in receive it Group dessions	450 copayment
Out-of-Network	50% after deductible
	\$25,000 Lifetime Maximum;
	20 Outpatient Individual
	Sessions per calendar year;
	40 Outpatient Group Sessions
	per calendar year; 20 Inpatient
	Days per calendar year
Mental Health Also Includes	
(A) Family Counseling	\$500 Lifetime Maximum
(B) Bereavement Counseling	\$100 per covered member
	within six (6) months of a
FEC ENC E I	covered insured's death
EEG, EMG, Echocardiography,	
Stress Test, MRI, Virtual Screening	

CAT Scan	\$50 copayment
Dialysis, Radiation Treatment &	
Chemotherapy	70%/30% (No Deductible)
X-ray (each), ECG, Densitometry	
(Including Digital Mammogram) or Ultrasound	70%/30% (No Deductible)
Laboratory & Allergy Testing	70%/30% (No Deductible)
Prescription Drugs	70%/30% (No Deductible)
Chiropractic Treatment*	(
In Network	70%/30% after deductible
Out of Network	50% after deductible
	\$40 max per visit; 20 visits
	maximum per calendar year
Physical, Occupational and/or Speech Therapy	70%/30% after deductible
эреесн тнегару	20 visits maximum each type
	or 60 visits total per calendar
	year; covered only as part of
	rehabilitative therapy.
Durable Medical Equipment*	70%/30% (No Deductible)
Medical Supplies	70%/30% (No Deductible)
Organ Transplants	Treated same as any other illness; however, when donor is
	covered by BahamaHealth and
	recipient is not, the maximum
	benefit is \$20,000
Dental Care & Oral Surgery*	Treated as any other illness
	Includes the removal of impacted wisdom teeth &
	treatment for accidental injury
	to sound, natural teeth
Temporomandibular Joint Syndrome	
In Network	Treated as any other illness
Out of Network	50% after deductible; \$1000
D. I. Lide, etc. E. dec.	maximum per calendar year
Rehabilitation Facility* Skilled Nursing Facility*	70%/30% (After Deductible) 70%/30% (No Deductible)
Skilled Home Health Care*	\$40 Copay per visit; 50 visits
Skilled Florife Floater Care	max per calendar year. (One
	nursing visit is equal to an
	8-hour shift) Out-of-pocket
Harrier Court	maximum does not apply
Hospice Care*	70%/30% (No Deductible); 180 days maximum
Alternative Medicine*	100% (\$500 max per calendar
	year)

Local Public Ground Ambulance	100%	
Other Ground Ambulance	\$50 copay	
Air Ambulance*		
Air Transportation*	The Bahamas per trip; four trips maximum per calendar year per minor child or incapacitated adult,	
Transportation & Lodging*	as well as an accompanying adult In-Patient: Transportation and Lodging Benefit \$250 per day up to seven (7) days per hospitalization for referred care when the member is hospitalized overseas and requires family accompaniment.	
	Outpatient: Transportation and Lodging Benefit \$250 per day up to seven (7) days per cycle for referred care when the member is having chemotherapy /radiation services overseas on an outpatient basis. Benefit will only be paid for the day when the actual radiation or chemotherapy treatment is administered	
Overseas Care	administered	
In Network, Pre-certified	Same As Local Network; Annual Out-of-pocket Maximum applies	
Out of Network, Pre-certified	50% after deductible Annual Out-of-pocket maxi- mum does not apply	
Out of Naturally Name		
Out of Network, Non Pre-certified	50% after deductible Annual Out-of-pocket maximum does not apply \$10,000	
Survivor's Benefit	12 months continued coverage for eligible dependants in the event of the employees death,	

provided premiums are paid

## **Essential 300**Provider Network



### **Doctors Hospital Urgent Care The Bahamas**

### **Facility Listing**

Doctor's Hospital Clinic Carmichael Road Doctor's Hospital Pharmacy at the Pointe Doctor's Hospital West (Blake Road) Doctor's Hospital Albany Doctor's Hospital Bahamar Centerville Medical Center Freeport Medical Center Doctor's Hospital Exuma Medical Center

### Services Include:

- Hospital Care
- Laboratory
- Diagnostic
- Pharmacy



### Princess Margaret Hospital New Providence, The Bahamas

Private Facility Listing
Princess Margaret Oncology
Princess Margaret Hospital Pharmacy



### Hospital International De Columbia Santander Bucaramanga Colombia

#### Services Include:

- Preventative care
- Neurology
- Orthopedics
- Pediatric Care
- Women's Health
- Cardiovascular care
- Traumatology and Rheumatology
- Heart and Kidney Transplant
- Stroke Care

Accreditation: JCI, Center of Excellence in Life Support

\$100 copayment

(Each Encounter)\*.

## **Essential 300**Provider Network



Health City Cayman Islands
High Rock, 1283 Sea View Road,
East End, Grand Cayman KY1-1005
www.healthcitycaymanislands.com

Services Include:

- Anaesthesiology
- Cardiology and Electrophysiology Services
- Critical Care
- Emergency Medicine
- Geriatric Medicine
- Internal Medicine
- Interventional Neurology Services
- Ear, Nose & Throat (ENT)
- Bariatric Gastrointestinal & Hepatobiliary Surgery Services
- Cardiothoracic and Vascular Surgery
- Gynaecologic Oncology Services
- Gynaecology
- Orthopaedics and Sports Medicine
- Plastic Surgery



The Surgi-Med Clinic Co. Ltd. Penitence St, San Fernando Trinidad & Tobago www.surgimedtt.com

#### Services Include:

- 24 Hour Service
- Medical Lab
- Heart Care
- PhysiotherapyScans & Imaging
- Maternity



Genesis Care United States www.genesiscareus.com/en

#### **Treatment Types**

- Radiation Oncology
- Urology
- Breast Surgery
- General Surgery
- Head & Neck Surgery
- Ear, Nose & Throat
- Medical Oncology & Hematology
- Surgical Oncology
- Gynecologic Oncology

### **Essential 300**

### Health insurance is essential.

At any moment, sickness or accident can create financial distress. With BahamaHealth's major medical coverage, you can feel good about your health plan and focus on recovery.



### About Us

### **Lifetime Membership**

BahamaHealth permits each member to remain covered for a lifetime once enrolled and premiums are paid.

### 24-7 HealthCare Coordination Service

With our Online Verification system, BHRAS and the assistance of our Health Care Coordinators, verification is available 24 hours a day, 7 days a week.

### Coverage

BahamaHealth has designed a special network of physicians to help you navigate the care you need within the parameters of your policy benefits.

#### **Pre-Certification**

Pre-certification is the process by which various services are reviewed and pre-approved by the Medical Director and Utilization team of Nurses for medical necessity and appropriateness of care before procedure is performed. These services include surgical procedures, hospital admission, therapies (physiotherapy, occupational & speech) and imaging.

### **BH Wellness:** Your Pathway to Health

Unlock your wellness journey with BH Wellness! Access healthy recipes, expert tips, and engaging health events. Enjoy challenges and member discounts to elevate your lifestyle.

### BH Pulse: Your 24/7 Self-Service Portal

Use BH Pulse to add dependents, update info, and submit claims anytime. Access your E-Card and EOBs securely.

### FG PayGuard: Your Secure Payment Portal

Make payments effortlessly with FG PayGuard. Enjoy secure transactions, quick registration, and recurring payment options.

### **BahamaHealth**

Family Guardian Financial Centre East Bay and Church Streets P. O. Box SS-19079 Nassau, Bahamas

+242-396-1311

**Healthcare Coordinators** +242-396-1303-6

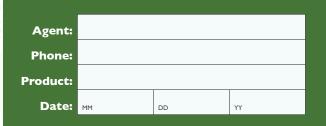
Family Islands (Toll Free) +242-300-2458

For more information visit our website: www.bahamahealth.com

### For a free subscription to our BHWellness newsletter, write to us at

healthinsurance@familyguardian.com

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.



Bahama Health is the health insurance arm of Family Guardian Insurance, a member of the FamGuard Group of Companies.



## **Essential300**

A Comprehensive Major Medical Plan for Individuals & Groups



A DIVISION OF FAMILY GUARDIAN INSURANCE