

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% annually in local network
Primary Care Physician.....	\$30 copayment
Specialist Visit.....	\$60 copayment
Pharmacy.....	30%
In Office Surgery.....	
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/Anesthesiologist*.....	70%/30% (After deductible)
Maternity-Physician Charges*.....	70%/30% (After deductible)
Newborn Care.....	Covered at birth if enrolled within 31 days from birth
Mental Health.....	\$300,000 Lifetime Maximum
In-Network Individual Sessions.....	\$60 copayment
In-Network Group Sessions.....	\$30 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 covered insured's death
EEG, EMG, Echocardiography, Stress Test, MRI, Virtual Screening (Each Encounter)*.....	\$100 copayment

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 20 visits maximum per calendar year
Physical, Occupational and/or Speech Therapy	
In Network.....	70%/30% after deductible
Out of Network.....	50% after deductible 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 maximum per calendar year
Rehabilitation Facility*.....	70%/30% (After Deductible)
Skilled Nursing Facility*.....	70%/30% (No Deductible)
Skilled Home Health Care*.....	\$40 Copay per visit; 50 visits max per calendar year. (One nursing visit is equal to an 8-hour shift) Out-of-pocket 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*.....	100%
Air Transportation*.....	Maximum \$250 within & outside The Bahamas per trip; four trips maximum per calendar year per minor child or incapacitated adult, as well as an accompanying adult
Transportation & Lodging*.....	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	
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 maximum does not apply
Out of Network, Non Pre-certified.....	50% after deductible Annual Out-of-pocket maximum does not apply
Repatriation*.....	\$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



Physicians Alliance (Medical Affiliate)
New Providence, The Bahamas

For hospitalization and hospital care:

- Anesthesia Associates
- Physician's Alliance
- PMH Private Theater

For pharmacy & lab services:

- Hilltop Medical Pharmacy
- Bahamas Medical Labs



Hospital Internacional De Colombia
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: ICI, Center of Excellence in Life Support

For a free subscription to our BHWWellness 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.

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



*A Full Service Private Hospital
24-Hour Emergency Service*

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

Services Include:

- 24 Hour Service
- Medical Lab
- Heart Care
- Physiotherapy
- Scans & Imaging
- Maternity



Genesis Care
United States
www.genescareus.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

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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 BH Wellness newsletter, write to us at
healthinsurance@familyguardian.com

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Agent:

Phone:

Product:

Date:

MM

DD

YY

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



Essential 300

A Comprehensive Major Medical Plan for
Individuals & Groups



A DIVISION OF FAMILY GUARDIAN INSURANCE