

**Solus Health**  
SCHEDULE OF BENEFITS



Great insurance has never felt better

# Solus Health

## SCHEDULE OF BENEFITS



NATURE OF COVER	LEVEL OF COVERAGE
<b>A. MEDICAL HEALTH CARE</b>	<b>COVERED</b>
Covered Persons:	Member and Eligible Dependents
Overall Lifetime Maximum Per Covered Person through age 64: Overall Lifetime Maximum age 65 and over: Calendar Year Maximum (CYM):	B\$1,000,000 B\$1,000,000 B\$250,000
Annual Deductibles (applies to all covered services unless otherwise stated) (Choice of two options as noted)	Individual: B\$500 or B\$2,000 Family: B\$1,500 or B\$6,000
Annual Out-Of-Pocket (OOP) Maximum (excludes Deductible) (Choice of two options as noted)	Individual: B\$2,000 or B\$5,000 Family: B\$6,000 or B\$15,000

After satisfaction of the Annual Deductible, CG Atlantic Medical will pay the benefits set forth in this section at the percentage payable of the Allowable Charge (Contracted Rate or Reasonable and Customary (R&C) Charge). Once the OOP Maximum requirement has been met, benefits are payable at 100% of the Allowable Charge for the remainder of the Calendar Year unless otherwise stated.

Medical Benefits Deductible applies unless otherwise stated.	In The Bahamas	Overseas	
		Participating Provider Organization (PPO)	Non-Participating Provider Organization (Non-PPO)
	OOP Max applies % payable of R&C Charges	OOP Max applies % payable of Contracted Rate	No OOP Max applies % payable of R&C Charges
<b>Chiropractic Services</b> Calendar Year Max: \$1,000 Referral letter required from Licensed Medical Physician	80%	80%	60%
<b>Convalescent Facility</b> Per day maximum per person: \$200 Confinement period maximum: 120 days Nonconfinement period maximum: 180 days	100%	100%	100%
<b>Dental Care</b> Limited to accidental Injury of sound, natural teeth sustained while covered under the Policy.	80%	80%	60%
<b>Diagnostic and Therapeutic Services (Outpatient)</b> Physical Therapy: Per visit limit \$75 Calendar Year Max: 30 visits Occupational Therapy: Per visit limit \$75 Calendar Year Max: 30 visits	80%	80%	60%
<b>Durable Medical Equipment</b> Lifetime Max: \$15,000	80%	80%	60%
<b>Emergency Room</b>	80%	80%	60%
<b>HIV/AIDS Treatment</b> Lifetime Max: \$25,000	80%	80%	60%
<b>Home Health Care</b> Lifetime Max: \$7,500	80%	80%	60%
<b>Hospice Care Services</b> Lifetime Max: \$10,000	80%	80%	60%
<b>Hospital Inpatient &amp; Surgery</b> Room and Board: Hospital's average semi private charge per day of Confinement. Intensive Care Unit Inpatient Ancillary Services: Blood transfusions, plasma Calendar Year Max: \$5,000	80%	80%	60%

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<b>Medical Benefits</b> Deductible applies unless otherwise stated.	<b>In The Bahamas</b>  OOP Max applies % payable of R&C Charges	<b>Overseas</b>	
		<b>Participating Provider Organization (PPO)</b>  OOP Max applies % payable of Contracted Rate	<b>Non-Participating Provider Organization (Non-PPO)</b> No OOP Max applies % payable of R&C Charges
<b>Licensed Medical Physician Office Visits &amp; Specialist Fees</b>	80%	80%	60%
<b>Maternity Expense</b> Treated the same as any other condition for Member and Dependent Spouse (not applicable to Dependent children). 12 month waiting period. <b>In The Bahamas:</b> Calendar Year Max: \$12,000 (includes Licensed Medical Physician and Hospital Fees) <b>Overseas:</b> Normal Pregnancy Limit: \$5,000 per pregnancy (Hospital & Licensed Medical Physician) Caesarean Section and Complications of Pregnancy Limit \$10,000 per pregnancy (includes Licensed Medical Physician and Hospital Fees)	80%	80%	60%
<b>Medical Evacuation &amp; Assistance</b> Lifetime Max: \$150,000	80%	80%	60%
<b>Mental Health Benefits</b> Lifetime Max: \$25,000 Mental Illness, Alcohol and Drug Abuse* (Out-of-Hospital): Calendar Year Maximum \$2,500 *Alcohol and Drug abuse treatments are limited to 50% of Covered Expenses and subject to the Plan Lifetime Maximum number of days or visits, where applicable and the overall Plan Lifetime Maximum. Note: The Mental Health and Alcohol & Drug Abuse benefits do not count towards Annual Out-Of-Pocket Maximum, where applicable.	50%	50%	50%
<b>Newborn Cover, Premature Births, Congenital Conditions and Birth Anomalies</b> Lifetime Max: \$50,000	80%	80%	60%
<b>Other Medical Expenses</b>	80%	80%	60%
<b>Outpatient Surgery</b>	80%	80%	60%
<b>Prescription Drugs</b> OOP maximum does not apply. <b>Exclusions:</b> Expenses for oral contraceptives, contraceptive devices, prenatal vitamins, smoking cessation products and over the counter (OTC) medications are excluded.	80%	60% brand name 80% generic 80% brand name if no generic alt <b>No Deductible applies</b>	60%
<b>Preventative Care</b> Subject to Calendar Year Maximums. Six month waiting period for both adults and children except for newborns enrolled within 30 days of birth. <b>No Deductible applies.</b>			
<b>Child Preventive Care Services</b> Includes: health history, physical examinations, immunizations (birth to age 18) - diphtheria, hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, haemophilus influenza B, hepatitis A - development assessments, anticipatory guidance, lab tests. Subject to the following Calendar Year Maximums: Birth through 12 months - \$350 13 months through 17 years - \$100 18 to 23 years (only if full-time student) - \$200	100%	100%	100%

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Medical Benefits Deductible applies unless otherwise stated.	In The Bahamas  OOP Max applies % payable of R&C Charges	Overseas	
		Participating Provider Organization (PPO)  OOP Max applies % payable of Contracted Rate	Non-Participating Provider Organization (Non-PPO)  No OOP Max applies % payable of R&C Charges
<b>Adult Routine Physical Exams</b> For charges made for, or in connection with, the overall health and well being for Members and Spouses aged 18+. Includes services noted below. CYM: \$300 <b>Papanicolaou Screening Test (females only)</b> Up to one test per Calendar year <b>Mammograms (females only)</b> Ages 35-39: one baseline exam Ages 40-49: one exam every one or two years for asymptomatic women, but no sooner than two years after a woman's baseline Age 50+: one exam annually Any Age: When prescribed by Licensed Medical Physician <b>Prostate Cancer Screening (males only)</b> Ages 40+: One test per Calendar year	80%	80%	80%
<b>Private Duty Nursing</b> Lifetime Max: \$7,500 Calendar Year Max: 240 hours	60%	80%	60%
<b>Routine Nursery</b> As any other treatment including room and board, Medical Physician charges and circumcision for males prior to discharge. Benefit only applies if baby is added to the Policy within 30 days of birth.	80%	80%	60%
<b>Skilled Nursing Facility</b> Lifetime Max: \$7,500	80%	80%	60%
<b>Temporomandibular Joint Syndrome (TMJ) Treatment</b> Lifetime Max: \$1,000	80%	80%	60%
<b>Transplant Procedures</b> Only available through the Managed Transplant Programme. Transplant must be Pre-Certified and approved by CG Atlantic Medical. Failure to comply will result in treatment not being covered. Lifetime Max: \$250,000	Not Covered	80%	Not Covered

### PRE-CERTIFICATION REQUIREMENTS

Pre-Certification is required from CG Atlantic Medical & Life Insurance Ltd. for the following medical services:

- Inpatient Hospitalizations
- Outpatient surgery
- MRIs
- CT Scans
- Medical Transportation (except local emergency medical transportation).
- Chemotherapy
- Radiation Therapy

The Covered Person may be required to use the Insurers PPO network. If the Covered Person fails to Pre-Certify as required above, the normal benefit (payment) will be reduced by 60% with no OOP maximum applied.

In all cases, regardless of location, Deductibles apply.

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### PRE-EXISTING LIMITATION (Applies to Medical coverage only)

Pre-Existing Conditions are not covered for the first 24 months of coverage.

NATURE OF COVER		LEVEL OF COVERAGE
<b>B. VISION CARE (12 month waiting period)</b>		<b>COVERED</b>
Covered Persons:		Member and Eligible Dependents
Annual Deductibles	Individual:	None
	Family:	None
Maximum Benefit Per Covered Person per 24-month Period:		B\$200
		<b>% Payable by Plan of R&amp;C</b>
Eye Exam, Frames, Lenses, Contact Lenses		80% up to the 24-month maximum

NATURE OF COVER		LEVEL OF COVERAGE
<b>C. LIFE</b>		<b>COVERED</b>
Covered Persons:		Member
Covered Amount (Choice of two options as noted):		B\$10,000 or B\$25,000



### CG Atlantic Medical & Life Insurance Ltd.

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