



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

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



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	OOP Maximum applies Deductible applies % payable of R&C Charges	Participating Provider Organization (PPO) OOP Maximum applies Deductible applies % payable of Contracted Rate	Non Participating Provider Organization (Non PPO) No OOP Maximum applies Deductible applies % payable of R&C Charges
Maternity Expense Treated the same as any other condition for Member and Dependent Spouse (not applicable to Dependent children). 12 month waiting period. In The Bahamas: Calendar Year Maximum \$12,000 (includes Licensed Medical Physician and Hospital Fees) Overseas: 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%
Medical Evacuation & Assistance Lifetime Maximum \$150,000	80%	80%	60%
Mental Health Benefits Lifetime Maximum \$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%
Newborn Cover, Premature Births, Congenital Conditions and Birth Anomalies Lifetime Maximum \$50,000	80%	80%	60%
Other Medical Expenses	80%	80%	60%
Outpatient Surgery	80%	80%	60%
Prescription Drugs OOP maximum does not apply. Exclusions: Expenses for oral contraceptives, contraceptive devices, prenatal vitamins, smoking cessation products and over the counter (OTC) medications are excluded.	80%	60% brand name drug 80% generic drug 80% brand name with no generic drug alternative No Deductible applies	60%
Preventative Care Subject to Calendar Year Maximums. Six month waiting period for both adults and children except for newborns enrolled within 30 days of birth. No Deductible applies.			

	In The Bahamas	Overseas	
	OOP Maximum applies Deductible applies % payable of R&C Charges	Participating Provider Organization (PPO) OOP Maximum applies Deductible applies % payable of Contracted Rate	Non Participating Provider Organization (Non PPO) No OOP Maximum applies Deductible applies % payable of R&C Charges
Child Preventive Care Services Services include: health history, physical examinations, immunizations against diphtheria, hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, haemophilus influenza B, and hepatitis A, development assessments, anticipatory guidance, and 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 Immunizations available from birth up to age 18.	100%	100%	100%
Adult Routine Physical Exams For charges made for, or in connection with, the overall health and well being for Members and Spouses age 18 years and over. Includes services noted below. Calendar Year Maximum \$300 Papanicolaou Screening Test (females only) Up to one test per Calendar year Mammograms (females only) 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 & over: one exam annually. Any Age: Whenever prescribed by a Licensed Medical Physician. Prostate Cancer Screening (males only) Ages 40+: One test per Calendar year	80%	80%	80%
Private Duty Nursing Lifetime Maximum \$7,500 Calendar Year Maximum 240 hours	60%	80%	60%
Routine Nursery 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%
Skilled Nursing Facility Lifetime Maximum \$7,500	80%	80%	60%
Temporomandibular Joint Syndrome (TMJ) Treatment Lifetime Maximum \$1,000	80%	80%	60%
Transplant Procedures Only available through the Managed Transplant Programme. Transplant must be Pre-Certified and approved by Atlantic Medical. Failure to comply will result in treatment not being covered. Lifetime Maximum \$250,000	Not Covered	80%	Not Covered

PRE-CERTIFICATION REQUIREMENTS

Pre-Certification is required from Atlantic Medical 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.

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

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



ATLANTIC MEDICAL

ATLANTIC MEDICAL INSURANCE LTD.
 Health Insurance & Employee Benefits

Atlantic House, 2nd Terrace & Collins Avenue PO Box SS-5915, Nassau, The Bahamas tel. (242) 326 8191
 Suite 5 Jasmine Corporate Center, East Sunrise Highway PO Box F-42655, Freeport, Grand Bahama tel. (242) 351 3960
www.cgigroup.com

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Atlantic Medical Insurance Ltd. is
 rated A-(Excellent) by AM Best.