



COVER THAT CARES.



PROVIDENT PLAN SCHEDULE OF BENEFITS

On and Off Island Benefits

EFFECTIVE 1ST JANUARY 2025



THE HEALTH PLAN

Coralisle Medical Insurance Company Ltd. will pay the benefits set forth in this Schedule at the percentage payable of the Standard Health Insurance Fees of the Cayman Islands, the contracted rate or the Reasonable and Customary (R&C) rate. Once the Out of Pocket (OOP) maximums have been met, benefits are payable at 100% of the allowable charge for the remainder of the calendar year unless otherwise stated.

Please note this Schedule of Benefits is a guide only. Please refer to the policy contract with your Employer for full Terms and Conditions. All funds stated are in US Dollars.

Lifetime Maximum Per Insured - Actively at work Employee and Eligible Insured Dependents:	\$2,000,000
Calendar Year Maximum (CYM) Per Insured - Actively at work Employee and Eligible Insured Dependents:	\$500,000
Lifetime Maximum Per Insured - Retirees and Eligible Insured Dependents:	\$2,000,000
Calendar Year Maximum (CYM) Per Insured - Retirees and Eligible Insured Dependents:	\$500,000
Calendar Year Out-of-Pocket (OOP) Maximum:	Individual: \$1,200 Family: \$3,600

Your plan utilizes a Preferred Provider Organization (PPO) Network outside the Cayman Islands for care that is medically necessary, not available within the Cayman Islands and is Pre-Certified. Please consult with BritCay Customer Service for details on the available network facilities prior to making appointments for treatment.

Please Note: No benefits are available for services rendered off-island by an out-of-network provider.

Medical Health Care Benefits OOP Maximum applies unless otherwise stated.	On Island % Payable of SHIC Fees	Off Island/PPO Network % Payable of Contracted Rate
Hospital Inpatient Room and Board: Hospital's average semi private charge per day of confinement and Intensive Care Unit; Inpatient Ancillary Services.	80%	80%
Hospital Emergency Room For medical A&E treatment sought within 48 hours of occurrence causing threat to life or limb. In the event of a Medical Emergency, the Member should seek treatment at the nearest facility, which can be Worldwide, and In or Out of Network. The Member or family member must contact BritCay within 48 hours of the Emergency. Please see Medical ID card for phone numbers.	100%	100%
Outpatient Surgery & Services	80%	80%
Office-Based Medical Benefits	80%	80%
Ground Ambulance	80%	80%
Licensed Medical Physician Office Visits & Specialist* Fees *Must be referred	Primary care - 80% Specialist care - 80%	Primary care - Not covered Specialist care - 80%
Preventive Care 3 Month waiting Period. CYM: \$600. Adult Preventive Care Benefit includes routine physical examination, breast examination/mammogram, laboratory testing, pelvic exam, papanicolaou screening test, pap smear, prostate examination and tuberculosis skin tests. Child Preventive Care Benefit includes routine physical examination, health history, development assessments, anticipatory guidance, laboratory testing and tuberculosis skin tests.	100%	100%
Child Immunisations Available to children age 0-16 yrs. Covered immunisations are based on the standard medical/age appropriate criteria.	80%	80%
Maternity Expense Treated as any other condition for employee and eligible spouses only. This benefit is not extended to dependent children or retirees. Cover includes: Hospital Inpatient; Hospital Outpatient; Physician's Fees; Diagnostic Fees. CYM: \$125,000	80%	80%
Antenatal Care Per pregnancy max: \$2,500	80%	Not Covered

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Premature Birth and Congenital Abnormalities Not available to retirees or their spouses. Includes all complications and related treatment. Maternity must be covered and the newborn enrolled within 31 days of birth. All treatments must be medically necessary and pre-certified. CYM: \$250,000	80%	80%
Routine Nursery As any other treatment including room and board, physician charges and circumcision for males prior to discharge for the first 30 days.	80%	80%
Sterilizations Covered same as any other illness, both male and female. Will not include the reversals, or any complications of such procedures. Lifetime max: \$1,000	80%	80%
Infertility Covers testing to determine the diagnosis of infertility. Treatment, prescription drugs, and/or other methods to bypass are not covered. Pregnancy as a result of infertility treatment is covered to SHIC only. Not available to retirees.	80%	80%
Dental Care Limited to accidental Injury of sound, natural teeth sustained while covered under the Policy. CYM: \$2,000	80%	80%
Oral Surgery Limited to the removal of impacted wisdom teeth. Lifetime max: \$3,000	80%	80%
Mental Health Benefits Inpatient Lifetime max: \$30,500. Out-patient CYM: \$2,500	80%	80%
Pervasive Developmental Disorders, ADD, ADHD CYM: \$5,000	80%	80%
Physiotherapy, Occupational and Speech Therapy CYM: 20 visits per service; Limit per visit: \$80 CYM: \$5,000 (combined for all services of PT, OT and ST) Referral letter required from Licensed Medical Physician.	80%	80%
Chiropractor CYM: 25 visits. Limit per visit: \$80	80%	80%
Acupuncture CYM: 12 visits. Limit per visit: \$80 Referral letter required from Licensed Medical Physician.	80%	80%
Prescription Drugs CYM: \$60,000. OOP maximum does not apply. Exclusions: prenatal vitamins, weight loss drugs, smoking cessation drugs and over the counter medications.	60% for brand name 80% for generic	60% for brand name 80% for generic
Rehabilitation (Physical services only) Inpatient Facility: CYM: 30 days Outpatient Facility: CYM: 20 visits CYM: \$30,000 for combined benefits	80% 80%	80% 80%
Diagnostic and Other Services Includes MRI, Stress Test, Virtual Screening, CAT Scan, X-Ray or Densitometry, Allergy Tests, Lab, Ultrasound. Must be medically necessary and pre-certified	80%	80%
Chemotherapy and Radiation Therapy Including all scans and supplemental treatment Cancer Center of Excellence = Cancer COE	80% up to SHIC max. Once SHIC benefits are exhausted 70% up to lifetime max. OOP will not apply	100% at a Cancer COE Only available through a Cancer COE.
Haemodialysis CYM: \$125,000	100%	100%
Osteopath & Podiatrists CYM: 25 visits. Limit per visit: \$80	80%	80%
Diabetes Education Lifetime max: \$500	80%	80%

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Allergy Shots and Testing When prescribed by a physician. Initial test (SET, RAST or PRIST) - One per lifetime; Lifetime max: \$500 Allergy Shots - Per shot limit: \$25. CYM: 25 shots	100%	100%
Durable Medical Equipment & Medical Supplies Hearing aids Lifetime max: \$3,000; Orthopaedic Shoes Ltd. to 1 pair per calendar year; Wigs Ltd. to \$60 per calendar year; Overall Lifetime max: \$5,000	80%	80%
Extended Care Facility Lifetime max: \$10,000. Service must be pre-certified.	80%	80%
Temporomandibular Joint Syndrome (TMJ) Treatment Outpatient CYM: \$1,000. Must be pre-certified.	80%	80%
HIV/AIDS Treatment Lifetime max \$125,000. Includes outpatient and pharmacy services.	80%	80%
Hospice Care Services Lifetime max: \$10,000. Service must be pre-certified.	80%	80%
Skilled Nursing Facility CYM: 30 visits; CYM: \$10,000 Up to the lower of: Facility's regular daily charge for a semi-private room OR 50% of the regular daily charge for a semi-private room in the hospital from which the patient was transferred.	80%	80%
Skilled Home Health Care CYM: 30 visits; CYM: \$10,000 Each visit up to 4 hours by a representative* of a Home Health Care Agency shall be considered as one visit. Must be referred or prescribed by a physician. *Licensed registered nurse (R.N.), licensed practical nurse (L.P.N.), physical therapist, occupational therapist, speech pathologist or audiologist, social worker, dietician or a home health aide who provides non-skilled personal care under the supervision of an R.N. or other licensed member.	80%	Not Applicable
Human Organ Transplants CYM: \$250,000. Only available through the Managed Transplant Network (Institute of Excellence) Facilities. No Cover for Out of Network. Transplant/related procedures must be pre-approved by a Pre-Certification Manager. Transportation/Lodging for accompanying family member Lifetime max: \$5,000 Organ Acquisition & Procurement Lifetime max: \$10,000 Allogenic Bone Marrow Donor Cost Lifetime max: \$20,000	Not Covered	100%
Medical Evacuation and Assistance Air Ambulance: Requires a letter of medical necessity from doctor ordering patient to be airlifted, indicating condition is life threatening and that treatment is not available in Cayman. CYM: \$25,000	100%	100%
Medical Travel Benefit Covers pre-approved economy air fare, hotel, taxi, rental cars providing patient is going to a medical provider for medically necessary treatment not available in Cayman (follow up visits are not eligible for this benefit); economy fare home to Cayman following a covered air ambulance evacuation. CYM: \$1,000	Not Applicable	100%
When Accessing Care at Cancer Centers of Excellence Covers pre-approved round trip economy air fare for member and companion (when medically required) traveling for approved cancer treatment within the COE Network. Includes hotel, taxi, rental cars. Excludes follow up examinations. Includes Economy air fare back to Cayman following a covered air ambulance evacuation. CYM: \$5,000	Not Applicable	100%

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Repatriation Airfare for repatriation to home country of mortal remains Lifetime max: \$10,000	Not Applicable	100%

Pre-Certification is required by calling 1-800-423-9130 for the following treatments for both on and off island services:

- Inpatient hospitalization, outpatient surgery
- Scopes, unless for general wellness exams, example routine colonoscopy
- MRI, CT Scans, PET scans, obstetrical ultrasounds greater than 2 per pregnancy
- Chemotherapy, Radiation therapy

If pre-certification is not obtained the benefits will be reduced by 50%.

Pre-Notification is required Prior to all US In-Patient Admissions. You or your provider must call 1-800-423-9130.

Pre-Existing Limitations: 10 month waiting period for all pre-existing conditions (unless portability applies).



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Health Insurance and Employee Benefits

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A member of Coralisle Group Ltd.

British Caymanian Insurance Agencies Limited acts solely as an agent on behalf of Coralisle Medical Insurance Company Ltd.; it does not act as an insurance broker on behalf of its customers.

Rev. 10-24

Premier Health - Dental & Vision

EFFECTIVE 1ST JANUARY 2025



Dental and Vision Insurance are optional extra benefits. Please check with your employer to confirm coverage.

If Dental and/or Vision benefits are covered under your Group's Plan, Coralisle Medical Insurance Company Ltd. will pay the benefits set forth in the relevant Schedule of Benefits shown here at the Reasonable and Customary (R&C) levels. All charges are subject to the R&C fee for the area in which the services are rendered.

Please note this Schedule of Benefits is a guide only. Please refer to the policy contract with your Employer for full Terms and Conditions. All funds stated are in US Dollars.

THE DENTAL PLAN

Calendar Year Maximum (CYM) Per Insured: \$1,000 or \$2,000 (whichever is applicable to your Plan)

Dental Benefits	% Payable
Level I - Preventative Oral Exam, Prophy/Cleanings, Bitewing X-rays - 2 per calendar year Full Mouth X-rays - once every 5 years Fluoride Treatments - 2 per calendar year for dependent children under the age of 16 Sealants for dependent children under the age of 14 Perio Maintenance - 4 per calendar year	100%
Level II - Minor/Restorative Fillings, complex surgical, periodontal, endodontics services	80%
Level III - Major/Restorative Crowns (1 per 5 years on same tooth), Implants, Dentures, Orthodontic for dependent children up to age 19 Adult Orthodontic Lifetime Max: \$2,000 (this is in addition to the \$2,000 CYM but this benefit is not available with the \$1,000 CYM option)	50%

Limitations & Exclusions:

- 3 month waiting period for present employees in the Group and 6 month waiting period for all new hires for Level III treatments.
- No Cover for the first 12 months for employees in the Group for missing teeth.
- Orthodontics is paid monthly.
- Cosmetic treatment, TMJ Treatment, Appliances and Guards are excluded.
- We recommend that for any services exceeding \$400, your service provider submits a pre-service plan.

THE VISION PLAN

Calendar Year Maximum (CYM) Per Insured: \$200 or \$400 (whichever is applicable to your Plan)

Vision Benefits	% Payable
Eye Examinations; Lenses (Single Vision/Bifocal/Trifocal/Lenticular); Frames; Contact Lenses	100%

Limitations & Exclusions:

- For Frames and all Lenses, members must pay the service provider at time of service and submit a claim to BritCay for reimbursement.
- 10 month waiting period for late enrollees



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