



**Classic Plan**

# **2026 Schedule of Benefits**

June 1, 2026 – May 31, 2027

## HI - HEALTH INSURANCE ACT BENEFITS

Bermuda Health Insurance Act Benefits ensure that residents have access to necessary healthcare services while in Bermuda, including in- and out-patient services at the hospital, and approved support services in the community.

As specified under the Health Insurance Act 1970 and its regulations, orders and rules

## SH - SUPPLEMENTARY IN- AND OUT-PATIENT BENEFITS

Local benefits to help cover medical costs incurred during hospitalisation or from services outside of the hospital setting.

Primary benefit	Coverage	Maximum
Ancillary hospital services	100%	
		Bermuda Hospitals Board Fee Schedule
Surgical, ambulatory, obstetrical, anaesthetic, medical care and in-patient mental health treatment*	100%	
<i>* services outside of the hospital must be pre-certified and in-network</i>		Allshores / Bermuda Fee Schedule
Ground ambulance to home	If medically necessary	
Chronic disease management programme	80%	\$2,880 per policy year
		Bermuda Fee Schedule
Medical alarm device	80%	\$200 per policy year

**PD - PREVENTIVE AND DIAGNOSTIC BENEFITS**

Local treatment and services available in Bermuda aimed at maintaining health, detecting health problems early and preventing complications.

<b>Primary benefit</b>	<b>Coverage</b>	<b>Maximum</b>
<b>Allergies</b>		
Allergy testing	\$900 every 5 years	
Allergy injections	\$20 - per injection and serum combined	
<b>Annual eye exam</b>		
For these services, the provider must be approved by the Bermuda Health Council		
Annual eye exam	\$115	1 per policy year
Routine diagnostic testing in conjunction with annual eye exam		\$200 per policy year
<b>Annual foot exam</b>		
For persons with type I or II diabetes or diabetic neuropathy	\$150	1 per policy year
<b>Annual gynaecologist / specialist exam</b>		
Annual gynaecologist / specialist exam	\$225	1 per policy year
	100% of billed charges at Island Health Services and Family Practice Group	
Routine diagnostic testing in conjunction with annual exams	100%	
	Bermuda Fee Schedule	
<b>Annual health exam</b>		
General practitioner	\$225	1 per policy year
	100% of billed charges at Island Health Services and Family Practice Group	
Paediatric (2-18 years)	\$195	1 per policy year
	100% of billed charges at Island Health Services and Family Practice Group	

## PD - PREVENTIVE AND DIAGNOSTIC BENEFITS

Local treatment and services available in Bermuda aimed at maintaining health, detecting health problems early and preventing complications.

Primary benefit	Coverage	Maximum
<b>Diabetes</b>		
For these benefits, the programme & provider must be pre-approved by Allshores		
Diabetes prevention programme group session	\$30 per session	12 per policy year
Diabetes rewind programme	100%	1 per lifetime
<b>Immunisations and injections</b>		
Immunisations and injections	\$50 per injection	\$1,000 per policy year for Dependent Children under age 19
Treatment and services not available in Bermuda	<i>See Physical medicine and supplementary therapies under Major Medical</i>	
<b>Nutrition - medical therapy</b>		<b>\$745 per policy year</b>
For these services, the provider must be a registered dietitian approved by Allshores		
Initial consultation	\$160	1 per policy year
Subsequent - individual visit	\$65	
Subsequent - group session	\$35	
<b>Paediatric</b>		
Well-baby routine health examination (under 2 years)	\$150 per examination	6 per policy year
Treatment and services not available in Bermuda	<i>See Physical medicine and supplementary therapies under Major Medical</i>	
<b>Private testing</b>		
Laboratory & diagnostic services in private testing facilities	100%	
- includes genetic testing and sleep studies	Bermuda Fee Schedule	
	Services must be pre-certified by Allshores	

**HO - HOME AND OFFICE MEDICAL BENEFITS**

Local treatment and services available in Bermuda by medical doctors, mental health professionals and allied health therapists.

<b>Primary benefit</b>	<b>Coverage</b>	<b>Maximum</b>
<b>Behavioural therapies for autism spectrum &amp; attention deficit disorders</b>		
Individual and family applied behavioural therapies	100%	\$10,000 per policy year
	Services must be pre-approved by Allshores	
Treatment and services not available in Bermuda	<i>See Behavioral therapies under Major Medical</i>	
<b>Chiropractic</b>		
Office visit	\$85 per visit	6 per policy year
<b>Chiropody / podiatry</b>		
Office visit	\$85 per visit	6 per policy year
<b>General practitioner &amp; specialist - office visit</b>		<b>9 per policy year</b>
General practitioner	\$130 per visit	
	100% of billed charges at Island Health Services and Family Practice Group	
Specialist	\$150 per visit	
<b>General practitioner - home visit</b>		
Home visit	\$170 per visit	3 per policy year
<b>Lymphedema treatment</b>		
Individual visit	\$110 per visit	28 per policy year
<b>Mental health services</b>		
Psychiatrist visit	\$250 per visit	6 per policy year
Psychologist, licensed counselors and therapists	6 visits/sessions per policy year	
- Individual visit	\$190 per visit	
- Group session	\$50 per session	

Counselling services includes addiction, art, play & equestrian therapies

## HO - HOME AND OFFICE MEDICAL BENEFITS

Local treatment and services available in Bermuda by medical doctors, mental health professionals and allied health therapists.

Primary benefit	Coverage	Maximum
<b>Mental health services - smoking cessation</b>		<b>\$370 per policy year</b>
Smoking cessation - individual visit	\$190 per visit	
Smoking cessation - group session	\$50 per session	
<b>Neuropsychological testing</b>		<b>\$5,000 per lifetime</b>
Individual visit	100% Bermuda Fee Schedule	1 test every 2 policy years
	Services must be pre-approved by Allshores	
<b>Physical medicine and supplementary therapies</b>		<b>\$900 per policy year</b>
Physical & Occupational therapy / TENS		
- Individual visit	\$110	
- Group session	\$40	
Treatment and services not available in Bermuda	<i>See Physical medicine and supplementary therapies under Major Medical</i>	
<b>Specialist</b>		
Initial consultation	\$315 per visit	2 per policy year
	100% of billed charges at Island Health Services and Family Practice Group	
<b>Surgical</b>		
In-office medical/surgical treatment	100%	
	Bermuda Fee Schedule	
<b>Telemedicine</b>		
Same as in-person reimbursement, services & providers must be pre-approved by Allshores; refer to FAQ's		
Virtual office visit with a local provider only	Subject to benefit maximums, if applicable	
Virtual office visit with local & overseas providers jointly	Not subject to benefit maximums	

## MM - MAJOR MEDICAL BENEFITS

Access to treatment and services outside of Bermuda, including hospitals, clinics and specialists through our overseas network partners.

Coverage eligibility	Policy year maximum	Lifetime maximum
All insured persons	\$500,000	\$1,500,000

Eligible expenses are payable at a percentage of the lesser of usual and customary charges, claim amounts reduced by the Allshores claims editing process or discounted rates. Benefits denoted as unlimited are subject to the lifetime maximum / annual maximum as applicable.

Primary benefit	Maximum
<b>Emergency treatment</b>	

100% if Allshores notified within 48 hours\*; otherwise no benefits

\* unless exceptional circumstances apply

### Allshores specialty networks *(Insured must contact Allshores in advance)*

100% upon pre-certification and in the Allshores specialty network; otherwise no benefits

Specialty networks include, but are not limited to:

- Neonatal treatment, birth defects & high-risk pregnancy	
- Spinal treatment (subject to a mandatory second opinion review)	
- Paediatric assessment of autism spectrum & attention deficit disorders	
- Specialty prescription drugs	
- Psychiatric disorders & substance abuse disorders	
- Cardiology	
- Oncology	
- Orthopedic	
- Non-solid organ transplants (bone marrow, stem cell and CAR-T)	\$700,000 per lifetime

### All other treatment *(Insured must contact Allshores in advance)*

If available in Bermuda: no benefits

If not available in Bermuda: 100% upon pre-certification and in the Allshores preferred provider network; otherwise no benefits

## MM - MAJOR MEDICAL BENEFITS

Access to treatment and services outside of Bermuda, including hospitals, clinics and specialists through our overseas network partners.

Primary benefit	Coverage	Maximum
The following services are payable at a percentage of the lesser of usual & customary charges, claim amounts reduced by the Allshores claims editing process or discounted rates, and must be pre-certified by Allshores in order to receive maximum reimbursement:		
<b>Home</b>		
Home health care	Unlimited	Unlimited
<b>Hospitalization</b>		
Inpatient care	Semi-private accommodation	
Intensive care, outpatient and emergency care	Unlimited	Unlimited
<b>Doctors visits</b>		
Home or office visit	Unlimited	Unlimited
<b>Psychiatric &amp; substance abuse disorders</b>		
Inpatient care		Up to 90 days per policy year
Psychiatric professional services		\$5,500 per policy year
<b>Surgical, obstetrical, anaesthetic, diagnostic and medical care</b>		
Per covered service	Unlimited	Unlimited
<b>Transplant</b>		
Transplant services	Unlimited	Unlimited
<b>Rehabilitation</b>		
Rehabilitation / skilled nursing facility	Semi-private accommodation	Up to 60 days per policy year

**MM - MAJOR MEDICAL BENEFITS**

Access to treatment and services outside of Bermuda, including hospitals, clinics and specialists through our overseas network partners.

Primary benefit	Coverage	Maximum
<p>Airfare and accommodation are only eligible for psychiatric &amp; substance abuse services, emergency treatment and treatment which is not available in Bermuda and must be pre-certified by Allshores in order to be eligible. For maximum reimbursement, airfare arrangements must be made by the Allshores concierge. The daily reimbursement allowance is inclusive of charges for hotel or rental accommodation, transportation and other daily living expenses incurred outside Bermuda while the insured person is receiving medically necessary treatment.</p>		
<p><b>Airfare</b></p>		
<p>Commercial economy airfare - per insured person or per insured minor and parent/guardian jointly  100% if arranged through the Allshores concierge, otherwise 50% of a standard economy class fare as determined by Allshores</p>	<p>Excludes preferred/priority seating and baggage fees</p>	<p>\$15,000 combined maximum per policy year</p>
<p><b>Accommodation and daily allowance</b></p>		
<p>Hotel or rental accommodation - Insured person or insured minor and parent/guardian jointly</p>	<p>Up to \$400 per day</p>	
<p>Daily allowance</p>	<p>\$200 per day</p>	

## MM - MAJOR MEDICAL BENEFITS

Access to treatment and services outside of Bermuda, including hospitals, clinics and specialists through our overseas network partners.

Primary benefit	Coverage	Maximum
The following services must be pre-certified by Allshores in order to be eligible:		
<b>Behavioural therapies for autism spectrum &amp; attention deficit disorders</b>		
Individual and family applied behavioural therapies	100% of billed charges	\$2,500 per policy year
<b>Cardiac rehabilitation/exercise programme</b>		
Cardiac rehabilitation/exercise programme		\$2,000 per policy year
<b>Genetic testing</b>		
Genetic testing	Unlimited	
<b>Ground ambulance and air ambulance (if medically necessary)</b>		
Ground ambulance and air ambulance	Unlimited	
<b>Mental health</b>		
Student mental health hotline	Unlimited	
<b>Repatriation of remains (inclusive of cremation)</b>		
Return of remains or ashes	Unlimited	
<b>Telemedicine</b>		
Virtual office visit	Unlimited	

**Airfare and accommodation do not apply to worldwide treatment and services**

**RX - PRESCRIPTION DRUG BENEFIT**

Brand name or generic prescription drugs dispensed in Bermuda or worldwide.

Primary benefit	Coverage	Maximum
Drugs, birth control, medicines and sera available only by prescription	100% for generic drugs 80% for brand name drugs	\$7,500 per policy year
Prescriptions over \$3,000 must be pre-certified and in-network, otherwise reimbursement is 50% if out-of-network		

**RX - SPECIALTY PRESCRIPTION DRUG BENEFIT**

High-cost, biologic and biosimilar drugs and specialty drugs approved by Allshores to treat complex or chronic medical conditions.

Primary benefit	In-network	Out-of-network
These benefits must be pre-certified by Allshores		
Tier 1 drugs	100%	50%
Tier 2 drugs	50%	25%
Specified drugs*		
GLP-1 drugs - for diabetes treatment	100% for generic drugs 80% for brand name drugs, or 100% if no generic	50%
GLP-1 drugs - for weight loss	80%	50%
All other specified drugs	100%	50%

\* for a list of specified drugs see: [www.allshores.com/pharmacy](http://www.allshores.com/pharmacy)

**VC - VISION CARE BENEFITS**

Prescription glasses, contact lenses and vision correction surgery available in Bermuda or worldwide.

Primary benefit	Coverage	Maximum
Prescription eye glasses or contact lenses	100%	\$400 per policy year
Elective surgical treatment for vision correction	100%	\$2,000 per lifetime

**DE - DENTAL BENEFITS**

Dental treatment and services available in Bermuda or worldwide.

Primary benefit	% of Fee Schedule	Maximum
Benefits are payable in accordance with the Bermuda dental fee schedule. Amounts charged by a provider which exceed the scheduled amounts are your responsibility.		
Please obtain a pre-estimate of benefits from your dentist prior to undergoing extensive dental procedures.		
<b>Basic dental services (DE01)</b>		
Preventive and diagnostic	100%	Unlimited
- exams, consultations, polishing, scaling or root planing, fluoride	100%	\$1,400 per policy year
Surgical and minor restorative	100%	Unlimited
Endodontics	100%	Unlimited
Periodontics	50%	\$2,000 per policy year
<b>Major restorative services (DE02)</b>		
Major restorative services	50%	\$5,000 per policy year

This document provides a summary of your Allshores health plan benefits. For full terms and conditions, please refer to the master policy issued to you.

To view your specific coverage details, log in to your Allshores Vantage account at [allshores.com/vantage](http://allshores.com/vantage)

If you require further assistance, please contact our Member Services Team at 1-441-298-0888.