

SHAPE ABCD Individual Medical Insurance Plans

Medical Schedule of Benefits Comparison

Colina Insurance Limited



This document has been prepared to aid customers in comparing the medical benefits provided by Colina's various Individual Medical products and supersedes all previous comparison schedules. In the event of any conflict between this document and the Schedule of Benefits contained in the Policy, that in the Policy shall prevail.

MEDICAL BENEFIT	SHAPE A		SHAPE B		SHAPE C		SHAPE D	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Lifetime Maximum All ages	\$2 million		\$1 million		\$500,000		\$500,000	
Annual Maximum Ages 65 & Over (Per Calendar Year)	\$250,000		\$250,000		\$250,000		\$250,000	
Pre-existing Condition Limitation	Applicable to all treatments		Applicable to all treatments		Applicable to all treatments		Applicable to all treatments	
Local Treatment	Co-payments, co-insurance and deductibles as listed below are the responsibility of the insured and charged on a per visit/per treatment basis. These amounts are payable at the time of service and are VAT exclusive.							
Primary Care Visits	\$35 Co-pay	Colina pays 50% Subject to Fee Schedule	\$35 Co-pay	Colina pays 50% Subject to Fee Schedule	\$35 Co-pay	Colina pays 50% Subject to Fee Schedule	\$50 Co-pay	Colina pays 50% Subject to Fee Schedule
Clinics – Doctors Visits Only	\$25 Co-pay		\$25 Co-pay		\$25 Co-pay		\$50 Co-pay	
Specialist Visits	\$50 Co-pay		\$50 Co-pay		\$50 Co-pay		\$100 Co-pay	
Prescription Drugs/Medical Supplies	\$20 Co-pay or 20% when cost is over \$100		\$20 Co-pay or 20% when cost is over \$100		\$20 Co-pay or 20% when cost is over \$100		Covered person pays \$250 deductible plus 20%; then Colina pays 80%	
Ground Ambulance	Unlimited trips (No Co-pay applies)		Unlimited trips (No Co-pay applies)		Unlimited trips (No Co-pay applies)		2 trips per calendar year, Maximum \$100 per trip	
Lab/X-Ray/Ultra Sound	\$20 Co-pay or 20% when cost is over \$100		\$20 Co-pay or 20% when cost is over \$100		\$20 Co-pay or 20% when cost is over \$100		\$20 Co-pay or 20% when cost is over \$100	
CAT Scan	\$100 Co-pay		\$100 Co-pay		\$100 Co-pay		\$100 Co-pay	
MRI Scan	\$200 Co-pay		\$200 Co-pay		\$200 Co-pay		\$200 Co-pay	
PET Scan	\$1,000 Co-pay		\$1,000 Co-pay		\$1,000 Co-pay		\$1,000 Co-pay	
Other Diagnostic Imaging Services	\$20 Co-pay or 20% when cost is over \$100		\$20 Co-pay or 20% when cost is over \$100		\$20 Co-pay or 20% when cost is over \$100		\$20 Co-pay or 20% when cost is over \$100	
Emergency Room Services Doctors Hospital								
Life Threatening	Colina pays 100%	–	Colina pays 100%	–	Colina pays 100%	–	Covered person pays 40%, Colina pays 60%	–
Urgent Care	Covered person pays 20%; Colina pays 80%	–	Covered person pays 20%; Colina pays 80%	–	Covered person pays 20%; Colina pays 80%	–	Covered person pays 40%, Colina pays 60%	–
Non-Urgent	Covered person pays 50%; Colina pays 50%	–	Covered person pays 50%; Colina pays 50%	–	Covered person pays 50%; Colina pays 50%	–	Covered person pays 40%; Colina pays 60%	–
PMH	Covered person pays 20%; Colina pays 80%	–	Covered person pays 20%; Colina pays 80%	–	Covered person pays 20%; Colina pays 80%	–	Covered person pays 20%; Colina pays 80%	–
Hospitalization Co-pay Per Admission								
Doctors Hospital	\$300	–	\$750	–	\$1,000	–	\$1,500	–
Princess Margaret Hospital	\$100	–	\$100	–	\$100	–	\$100	–
The Rand Memorial Hospital	\$100	–	\$100	–	\$100	–	\$100	–
Sunrise Medical Centre	\$200	–	\$300	–	\$300	–	\$300	–

MEDICAL BENEFIT	SHAPE A		SHAPE B		SHAPE C		SHAPE D	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Hospital Room & Board	Colina pays 100% of Average semi-private room rate		Colina pays \$375/day maximum		Colina pays \$300/day maximum		Colina pays \$300/day maximum	
Intensive Care Room & Board	Colina pays 100%		Colina pays 100%		Colina pays 100%		Colina pays 100% Maximum \$900 per day	
Miscellaneous Hospital Expenses (Inclusive of Intensive Care and In-patient consultations)								
Doctors Hospital	Colina pays 100%	–	Covered person pays 20%; Colina pays 80%	–	Covered person pays 40%; Colina pays 60%	–	Covered person pays 40%, Colina pays 60%	–
Princess Margaret Hospital	Colina pays 100%	–	Colina pays 100%	–	Colina pays 100%	–	Colina pays 100%	–
The Rand Memorial	Colina pays 100%	–	Colina pays 100%	–	Colina pays 100%	–	Colina pays 100%	–
Sunrise Medical Centre	Colina pays 100%	–	Colina pays 100%	–	Colina pays 100%	–	Colina pays 100%	–
Private Duty Nursing – Out of Hospital	Colina pays 100%		Colina pays 100%		Colina pays 100%		Covered person pays 20%; Colina pays 80%	
365 Day Lifetime Maximum (Subject to approval)			Maximum 50 visits per Calendar Year		Maximum 25 visits per Calendar Year		Maximum 25 visits per Calendar Year	
Anesthesia	Colina pays 100% Subject to Unit Charge	Colina pays 50% Subject to Unit Charge	Covered person pays 20%; Colina pays 80% Subject to Unit Charge	Colina pays 50% Subject to Unit Charge	Covered person pays 40%; Colina pays 60% Subject to Unit Charge	Colina pays 50% Subject to Unit Charge	Covered person pays 40%; Colina pays 60% Subject to Unit Charge	Colina pays 50% Subject to Unit Charge
Surgical Expenses								
In-patient and Out-patient Hospital Facility	Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays 20%; Colina pays 80%	Colina pays 50% Subject to Fee Schedule	Covered person pays 40%; Colina pays 60%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$500 Co-pay plus 40%; Colina pays 60%	Covered person pays \$500 Co-pay plus 50% Subject to Fee Schedule
In-office Surgery	Covered person pays \$200 Co-pay per visit, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$200 Co-pay per visit, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$200 Co-pay per visit, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$500 Co-pay plus 40%; Colina pays 60%	Covered person pays \$500 Co-pay plus 50% Subject to Fee Schedule
Air Ambulance (Based on medical necessity)	Colina pays 100% Up to \$5,000 Maximum per trip		Colina pays 100% Up to \$5,000 Maximum per trip, 2 trips per calendar year		Not applicable		Not applicable	
Commercial Air Travel (Reimbursable benefit, referral required)	Colina pays 100% up to \$175 per trip, 4 round trips per Calendar Year		Colina pays 100% up to \$175 per trip, 2 round trips per Calendar Year		Not applicable		Not applicable	
Home Health Care (No Co-pay applies)	Colina pays 100%	Colina pays 50%	Colina pays 100%	Colina pays 50%	Colina pays 100%	Colina pays 50%	Covered person pays 20%, Colina pays 80%	Colina pays 50%
	Maximum 50 visits per Calendar Year Subject to Fee Schedule		Maximum 25 visits per Calendar Year Subject to Fee Schedule		Maximum 25 visits per Calendar Year Subject to Fee Schedule		Maximum 25 Visits per Calendar Year Subject to Fee Schedule	

MEDICAL BENEFIT	SHAPE A		SHAPE B		SHAPE C		SHAPE D	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Maternity (Inclusive of pre-natal, post-natal, delivery charges, hospital care, labs, diagnostics and medications)	Treated as any other illness and is subject to any benefit maximums. Covered person pays applicable co-payments and co-insurance.	Colina pays 50%. Subject to Fee Schedule	Normal Delivery: Colina pays up to \$1,500 Miscarriage: Colina pays up to \$750 Colina reimburses up to the above maximum benefit after delivery or miscarriage. C-Section and Complications of Pregnancy treated as any other illness and is subject to any co-pays, coinsurance and benefit maximums.	Normal Delivery: Colina pays up to \$1,500 Miscarriage: Colina pays up to \$750 Colina reimburses up to the above maximum benefit after delivery or miscarriage. C-Section and Complications of Pregnancy treated as any other illness. Colina pays 50%. Subject to Fee Schedule.	Normal Delivery: Colina pays up to \$1,000 Miscarriage: Colina pays up to \$500 Colina reimburses up to the above maximum benefit after delivery or miscarriage. C-Section and Complications of Pregnancy treated as any other illness and is subject to any co-pays, coinsurance and benefit maximums.	Normal Delivery: Colina pays up to \$1,000 Miscarriage: Colina pays up to \$500 Colina reimburses up to the above maximum benefit after delivery or miscarriage. C-Section and Complications of Pregnancy treated as any other illness. Colina pays 50%. Subject to Fee Schedule.	Normal Delivery: Colina pays up to \$1,000 Miscarriage: Colina pays up to \$500 Colina reimburses up to the above maximum benefit after delivery or miscarriage. C-Section and Complications of Pregnancy treated as any other illness and is subject to any co-pays, deductible, coinsurance and benefit maximums.	Normal Delivery: Colina pays up to \$1,000 Miscarriage: Colina pays up to \$500 Colina reimburses up to the above maximum benefit after delivery or miscarriage. C-Section and Complications of Pregnancy treated as any other illness. Colina pays 50%. Subject to Fee Schedule.
Newborn Dependent's Wellness Check-up (Physician's charges only) Newborn must be enrolled within 31 days of birth and premium paid	Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Colina pays 100%	Colina pays 50% Subject to Fee Schedule
Physiotherapy/Physical Therapy (Referral from physician required)	Covered person pays \$50 Co-pay, then Colina pays 100%	Colina pays 50%	Covered person pays \$50 Co-pay, then Colina pays 100%	Colina pays 50%	Covered person pays \$50 Co-pay, then Colina pays 100%	Colina pays 50%	Covered person pays \$50 Co-pay plus 20%, then Colina pays 80%	Colina pays 50%
	Maximum 25 visits per Calendar Year Subject to Fee Schedule		Maximum 10 visits per Calendar Year Subject to Fee Schedule		Maximum 10 visits per Calendar Year Subject to Fee Schedule		Maximum 10 visits per Calendar Year Subject to Fee Schedule	
Chiropractic Care (Referral from physician required)	Covered person pays \$50 Co-pay, then Colina pays 100%	Colina pays 50%	Covered person pays \$50 Co-pay, then Colina pays 100%	Colina pays 50%	Covered person pays \$50 Co-pay, then Colina pays 100%	Colina pays 50%	Covered person pays \$50 Co-pay plus 20%, then Colina pays 80%	Colina pays 50%
	Maximum 10 visits per Calendar Year Subject to Fee Schedule		Maximum 5 visits per Calendar Year Subject to Fee Schedule		Maximum 5 visits per Calendar Year Subject to Fee Schedule		Maximum 5 visits per Calendar Year Subject to Fee Schedule	
Podiatry	Covered person pays \$50 Co-pay, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$50 Co-pay, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$50 Co-pay, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$50 Co-pay plus 20%, then Colina pays 80%	Colina pays 50% Subject to Fee Schedule
Lifetime Maximum	\$10,000		\$10,000		\$10,000		\$5,000	
Annual Maximum	\$1,800		\$1,800		\$1,800		\$1,000	

MEDICAL BENEFIT	SHAPE A		SHAPE B		SHAPE C		SHAPE D	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Mental & Nervous Chemical Dependency (In & Out-Patient)	Covered person pays \$50 Co-pay, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$50 Co-pay, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$50 Co-pay, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$50 Co-pay plus 20%, then Colina pays 80%	Colina pays 50% Subject to Fee Schedule
	Maximum 50 visits per Calendar Year		Maximum 25 visits per Calendar Year		Maximum 25 visits per Calendar Year		Maximum 25 visits per Calendar Year	
Lifetime Maximum	\$25,000		\$25,000		\$25,000		\$10,000	
Annual Maximum	\$10,000		\$5,000		\$5,000		\$2,500	
Congenital Abnormalities	Covered person pays applicable co-payments and coinsurance, then Colina pays 100% up to benefit maximums	Colina pays 50% Subject to Fee Schedule	Covered person pays applicable co-payments and coinsurance, then Colina pays 100% up to benefit maximums	Colina pays 50% Subject to Fee Schedule	Covered person pays applicable co-payments and coinsurance, then Colina pays 100% up to benefit maximums	Colina pays 50% Subject to Fee Schedule	Covered person pays applicable co-payments, coinsurance and deductible, then Colina pays 100% up to benefit maximums	Colina pays 50% Subject to Fee Schedule
Lifetime Maximum	\$250,000		\$250,000		\$100,000		\$100,000	
Organ Transplants	Covered person pays applicable co-payments and coinsurance, then Colina pays 100% up to benefit maximums	Colina pays 50% Subject to Fee Schedule	Covered person pays applicable co-payments and coinsurance, then Colina pays 100% up to benefit maximums	Colina pays 50% Subject to Fee Schedule	Covered person pays applicable co-payments and coinsurance, then Colina pays 100% up to benefit maximums	Colina pays 50% Subject to Fee Schedule	Covered person pays applicable co-payments, coinsurance and deductible, then Colina pays 100% up to benefit maximums	Colina pays 50% Subject to Fee Schedule
Lifetime Maximum	\$500,000	\$250,000	\$500,000	\$250,000	\$500,000	\$250,000	\$500,000	\$250,000
AIDS & Related Conditions	Covered person pays applicable co-payments and coinsurance, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays applicable co-payments and coinsurance, then Colina pays 100% up to benefit maximums	Colina pays 50% Subject to Fee Schedule	Covered person pays applicable co-payments and coinsurance, then Colina pays 100% up to benefit maximums	Colina pays 50% Subject to Fee Schedule	Covered person pays applicable co-payments, coinsurance and deductible, then Colina pays 100% up to benefit maximums	Colina pays 50% Subject to Fee Schedule
Lifetime Maximum			\$50,000		\$25,000		\$25,000	
Chemotherapy Per Visit (Out-patient) (In-patient covered under Hospitalization Benefit)	Covered person pays \$200 Co-pay per visit, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$200 Co-pay per visit, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$200 Co-pay per visit, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$300 Co-pay per visit, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule
Dialysis Per Visit (Out-patient) (In-patient covered under Hospitalization Benefit)	Covered person pays \$200 Co-pay per visit, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$200 Co-pay per visit, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$200 Co-pay per visit, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$100 Co-pay per visit, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule
Radiation Per Visit (Out-patient) (In-patient covered under Hospitalization Benefit)	Covered person pays 20%; Colina pays 80%	Colina pays 50% Subject to Fee Schedule	Covered person pays 20%; Colina pays 80%	Colina pays 50% Subject to Fee Schedule	Covered person pays 20%; Colina pays 80%	Colina pays 50% Subject to Fee Schedule	Covered person pays \$300 Co-pay per visit, then Colina pays 100%	Colina pays 50% Subject to Fee Schedule

MEDICAL BENEFIT	SHAPE A		SHAPE B		SHAPE C		SHAPE D	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Preventative Care	Mammogram – one per calendar year (for insured females age 35 years and older) Pap Smear – one per calendar year (for insured females age 18 years and older) Immunization – for dependent children up to age 12 years Annual Prostate Exam – one per calendar year (for insured males age 35 years and older) PSA Test – one per calendar year (for insured males age 35 years and older) Routine Physical Exam – one per calendar year (to include a CBC, SMAC 25 & lipid test – capped at \$75)		Mammogram – one per calendar year (for insured females age 35 years and older) Pap Smear – one per calendar year (for insured females age 18 years and older) Immunization – for dependent children up to age 12 years Annual Prostate Exam – one per calendar year (for insured males age 35 years and older) PSA Test – one per calendar year (for insured males age 35 years and older) Routine Physical Exam – one per calendar year (to include a CBC, SMAC 25 & lipid test – capped at \$75)		Mammogram – one per calendar year (for insured females age 35 years and older) Pap Smear – one per calendar year (for insured females age 18 years and older) Immunization – for dependent children up to age 12 years Annual Prostate Exam – one per calendar year (for insured males age 35 years and older) PSA Test – one per calendar year (for insured males age 35 years and older) Routine Physical Exam – one per calendar year (to include a CBC, SMAC 25 & lipid test – capped at \$75)		Mammogram – one per calendar year (for insured females age 35 years and older) Pap Smear – one per calendar year (for insured females age 18 years and older) Immunization – for dependent children up to age 12 years Annual Prostate Exam – one per calendar year (for insured males age 35 years and older) PSA Test – one per calendar year (for insured males age 35 years and older) Routine Physical Exam – one per calendar year Routine Lab & Diagnostic Tests Benefits are all inclusive Calendar Year Maximum \$500	

MEDICAL BENEFITS FOR OVERSEAS TREATMENT

****Colina Insurance Limited must coordinate and approve all non-emergency overseas medical services. It is your responsibility to provide a letter of medical necessity and referral from the Specialist in The Bahamas to the Specialist overseas for a second opinion or for treatment not available locally. All overseas services require 72 hours pre-certification. Should you require emergency care while travelling, please access the nearest medical facility and/or contact Sanus Health Corporation, using the number on the back of your ID card for assistance.**

Overseas Treatment	Co-payments and co-insurance as listed below are the responsibility of the insured and charged on a per visit/per treatment basis. These amounts are payable at the time of service.	
	PARTICIPATING PROVIDER	
	SHAPE A, B & C	SHAPE D
Co-payments and Co-insurance		Co-payments and Co-insurance
Each Physician out patient service	\$50 Co-pay	\$200 Co-pay
In-Network Hospital/Facility charges (applies to in and out-patient admission for surgical/non-surgical procedures)	\$500 Co-pay	\$5,000 Co-pay
Chemotherapy and Radiation (per visit)	\$500 Co-pay	\$500 Co-pay
Dialysis (per visit)	\$500 Co-pay	\$200 Co-pay
Emergency Room	\$50 Co-pay	Covered person pays 40%
Surgery	\$500 Co-pay (In-office only)	\$500 Co-pay
Labs & Ancillary Services	Covered person pays 20%	Covered person pays 40%
*Prescription Drugs/Medical Supplies	Covered person pays 20%	Covered person pays 40%
	*(Covered person pays 100% at point of service and will be reimbursed at 80% upon submission of claim)	*(Covered person pays 100% at point of service and will be reimbursed at 60% upon submission of claim)
After Co-payments and Co-insurance have been met (where applicable), Colina will pay (for pre-certified cases using the network):		
Physician's services (Based on U.S. Reasonable & Customary charges)	100%	100%
Hospital Network/Facility charges	100%	100%
Chemotherapy and Radiation (per visit)	100%	100%
Dialysis (per visit)	100%	100%
Emergency Room	100%	60%
Surgery	100%	100%
Labs & Ancillary Services	80%	60%
Prescription Drugs/Medical Supplies	80%	60%
NON-PARTICIPATING PROVIDER (non-precertified and non-referral)		
**Co-insurance of 50% will apply to all services including physicians and hospitals.		
Pre-certification is required for the following:		
Hospitalizations		
Out-patient surgical procedures (whether provided at a hospital, ambulatory surgical centre or a physician's office)		
Magnetic Resonance Imaging Services		
Rehabilitation/Skilled Nursing Facility Confinements		
Home Health Services		
Human Organ Transplants		
In-patient Treatment		
Behavioral Health Disorders		
Air Transportation (Ambulance or Commercial Airfare)		

All overseas services noted above require 72 hours pre-certification. All payments are based upon Reasonable and Customary Charges.

****U.S. statutory rate as assigned by Medicare/Medicaid for that geographic region.**

