



Global Series

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 and nutrition 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 programmes Includes private cardiac care (CORE), Allshores registered weight management programmes (Ocean Rock, BWOC, North Shore Medical, E-Fit), registered diabetes management programmes (Premier Health, North Shore Medical, Fountain Health), cardiopulmonary rehab, OMNI medical	\$142 per visit	26 visits 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.

Primary benefit	Coverage	Maximum
Allergies		
Allergy testing	\$650 every 5 years	
Allergy injections	80%	\$625 per policy year
Annual eye exam		
For these services, the provider must be approved by the Bermuda Health Council		
Annual eye exam	\$135	1 per policy year
Routine diagnostic testing in conjunction with annual eye exam	Allshores Fee Schedule	
Annual gynaecologist / specialist exam		
Annual gynaecologist / specialist exam	\$335	1 per policy year
	100% of billed charges at Island Health Services and Family Practice Group	
Routine diagnostic testing in conjunction with annual exams	\$625 per policy year	
	Bermuda Fee Schedule	
Annual health exam		
General practitioner	\$335	1 per policy year
	100% of billed charges at Island Health Services and Family Practice Group	
Paediatric (1-17 years)	\$200	1 per policy year
	100% of billed charges at Island Health Services and Family Practice Group	
Routine diagnostic testing in conjunction with annual exams	\$625 per policy year	
	Bermuda Fee Schedule	

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
Asthmatic, audiologic, allergy & chronic obstructive pulmonary disease (COPD) counselling		
Initial consultation	\$159	
Subsequent visits	\$70	6 per policy year
Diabetes		
For these benefits, the programme & provider must be pre-approved by Allshores		
Initial consultation	\$149	
Subsequent visits	\$45	6 per policy year
Diabetes rewind programme (through Island Health Services)	100%	1 per lifetime
Immunisations and injections		
Immunisations and injections	80%	
Paediatric		
Well-baby routine health examination (under 12 months)	\$110 per visit	8 per policy year
Private testing		
Laboratory & diagnostic services in private testing facilities	100%	
- includes genetic testing (maximum \$4,040 per lifetime, local and overseas combined)	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.

Primary benefit	Coverage	Maximum
Chiropody / podiatry		
Office visit	\$80 per visit	20 per policy year
General practitioner		
Office visit	\$125 per visit	
	100% of billed charges at Island Health Services and Family Practice Group	
Home visit	\$200 per visit	
Lymphedema treatment		
Individual visit	\$161 per visit	28 per policy year
Mental health services		
Psychiatrist visit	\$250 per visit	6 per policy year
Psychologist, licensed counselors and therapists		
- Individual visit	\$190 per visit	35 per policy year
- Group session	\$50 per session	25 per policy year
Counselling services includes smoking cessation, addiction, art, play & equestrian therapies		
Pervasive Developmental Disorders, ADD, ADHD		
Individual and family applied behavioural therapies	100%	\$10,000 per policy year
	Services must be pre-approved 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.

Primary benefit	Coverage	Maximum
Physical medicine and supplementary therapies		\$2,885 per policy year
Manipulations, chiropractic, osteopathy, massage (inclusive of reflexology), acupuncture Provider must be approved by Allshores	\$85	
Speech therapy	\$110	
Physical & Occupational therapy / TENS		
- Individual visit	\$110	
- Group session	\$40	
Specialist		
Initial consultation*	\$310 per visit	
*for the same diagnosis: covered once every six months if treated by the same physician	100% of billed charges at Island Health Services and Family Practice Group	
Office visit	\$125 per visit	
	100% of billed charges at Island Health Services and Family Practice Group	
Home visit	\$200 per visit	
Surgical		
In-office medical/surgical treatment	100%	
	Bermuda Fee Schedule	
Telemedicine		
Same as in-person reimbursement, services & providers must be pre-approved; 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	Lifetime maximum
Maximum benefit for active employees, dependents and eligible retirees	\$5,000,000
Members age 70 and over are additionally limited to \$1,000,000 per policy year	

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
Emergency treatment	

100% if Allshores notified within 48 hours*; otherwise 80%

* unless exceptional circumstances apply

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

100% upon pre-certification and in the Allshores specialty network; otherwise:

- Global Health	No Coverage
- Global Plus	50%
- Global Elite	85%

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

MM - MAJOR MEDICAL BENEFITS

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

Primary benefit	Maximum
All other treatment <i>(Insured must contact Allshores in advance)</i>	
100% upon pre-certification and in the Allshores network; otherwise:	
- Global Health	No Coverage
- Global Plus	50%
- Global Elite	85%

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:		
Hospitalization		
Inpatient care	Semi-private accommodation	
Intensive care, outpatient and emergency care	Unlimited	Unlimited
Doctors visits		
Home or office visit	Unlimited	Unlimited
Substance abuse disorders		
Inpatient care	\$893 per day	56 days per lifetime
Surgical, obstetrical, anaesthetic, diagnostic and medical care		
Per covered service	Unlimited	Unlimited
Transplant		
Transplant services	Unlimited	Unlimited

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
Rehabilitation		
Inpatient physical rehabilitation room and board		
- Global Health		\$45,000 per policy year
- Global Plus		\$60,000 per policy year
- Global Elite		\$90,000 per policy year
Skilled nursing facility room & board		\$25,000 per policy year

Primary benefit	Coverage	Maximum
Airfare and accommodation are only eligible for psychiatric & 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.		
Airfare		
Commercial economy airfare Global Health and Global Plus - 100% if arranged through the Allshores concierge, otherwise 50% of a standard economy class fare as determined by Allshores; Global Elite - 100%	Excludes preferred/priority seating and baggage fees	\$35,000 combined maximum per policy year
Accommodation and daily allowance		
Hotel or rental accommodation - Insured person or insured person and approved travelling companion*		
- Global Health and Global Plus - Global Elite	Up to \$400 per day Up to \$450 per day	
Daily allowance		
- Global Health and Global Plus - Global Elite	\$200 per day \$250 per day	

* benefits for one travelling companion are approved for one episode of care in the following circumstances: when the insured person is a minor dependent child, or has surgery or mental incapacity or otherwise requires a travelling companion due to medical necessity, subject to medical documentation and pre-approval by Allshores.

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:		
Ground ambulance and air ambulance (if medically necessary)		
Ground ambulance and air ambulance	Unlimited	
Air ambulance return to Bermuda	Unlimited	
Mental health		
Student mental health hotline	Unlimited	
Repatriation of remains (inclusive of cremation)		
Return of remains or ashes		\$25,000
Telemedicine		
Virtual office visit	Unlimited	
Annual health exam		
Annual health exam and related diagnostic testing		
- Global Health		\$1,000 per policy year
- Global Plus		\$2,000 per policy year
- Global Elite		\$3,000 per policy year

Airfare and accommodation do not apply to worldwide treatment and services

HC - HOME HEALTH CARE

Primary benefit	Coverage	Maximum
Home health nursing care (includes custodial and medical care, provider must be a licensed RN or CAN)	4 hours per day	\$25,000 per policy year

MISC - SUPPLEMENTARY MISCELLANEOUS BENEFITS

Supplementary miscellaneous benefits are applicable to services, devices and supplies received in Bermuda or worldwide.

Primary benefit	Coverage	Maximum
Durable medical equipment		\$15,000 per policy year
Medical alarm device hardware and other durable medical equipment	80%	
Orthotics, surgical support hose, surgical brassieres, wigs	80%	2 per policy year
Hearing aids		
Hearing aids		\$4,100 every 5 policy years
Prosthetic devices and appliances		
Prosthetic devices and appliances	80%	\$25,000 per lifetime

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	
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

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		
- Global Health		\$425 per policy year
- Global Plus		\$450 per policy year
- Global Elite		\$475 per policy year
Elective surgical treatment for vision correction		
- Global Health and Global Plus		\$3,000 per lifetime
- Global Elite		\$4,000 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.		
Basic dental services (DE01)		
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		
- Global Health and Global Plus	50%	\$2,000 per policy year
- Global Elite	100%	\$2,200 per policy year

DE - DENTAL BENEFITS

Dental treatment and services available in Bermuda or worldwide.

Primary benefit	% of Fee Schedule	Maximum
Major restorative services (DE02)		
Major restorative services		
- Global Health	50%	\$4,000 per policy year
- Global Plus	80%	\$4,000 per policy year
- Global Elite	100%	\$4,800 per policy year
Orthodontic services (DE04)		
Orthodontic services	100%	\$3,000 per lifetime
	All insured persons are covered	

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

To view your specific coverage details, log in to your Allshores Vantage account at allshores.com/vantage

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