BAF has partnered with these facilities to provide ease of access to medical services for our "insureds" under The School Accident Plan.

Please note:

All Specialist Visits must be referred.

THE WALK IN CLINIC

Cable Beach	328-5843
Carmichael Road	341-11 <i>77</i>
Collins Avenue	328-0783

THE MEDI-CENTER

Collins Avenue	325-1649
Prince Charles	394-6334

POINCIANA MEDICAL CENTRE

Poinciana Drive	322-8205
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DOCTORS HOSPITAL

Collins Avenue 302-4600

PRINCESS MARGARET HOSPITAL

Shirley Street 322-2861



BAF Financial & Insurance (Bahamas) Limited Independence Drive, P.O. Box N-4815
Nassau, The Bahamas
Tel: 461-1010, Fax: 322-1574



The exact cover and the specific details of the two plan levels - A & B are outlined in the Master Plan document that is available at the school's Administration Office.

This brochure provides an overview of the key benefits that are available in this plan.

FACTS ABOUT THIS PLAN

WHO CAN BE COVERED?

All students, faculty and staff members are eligible.

WHAT PERIOD IS COVERED?

Both options cover a period that is 24 hours a day, 365 days a year.

WHERE IS COVERAGE AVAILABLE?

The Coverage under both Options extends to anywhere in the World. In the case of an accident outside of The Bahamas, an official receipt in English must be submitted for reimbursement of the equivalent in Bahamian dollars.

WHERE CAN TREATMENT BE SECURED?

Treatment is available at approved health care providers licensed and recognized by the Government of The Bahamas. Family members are not authorized to give treatment except in cases of emergency. All claims from providers not approved will have to be submitted for reimbursement. An official receipt must be supplied with each claim within 26 weeks of the date of an accident.

PLANS & BENEFITS

Co-Payments Per Visit		PLAN A	PLAN B
Clinics/Pharmacies/Diag	<mark>jnostic</mark>	\$40	\$40
Specialist Visit	0 0 0	\$55	\$55
Doctors Hospital Emerge	ncy Room	\$250	\$250
Annual Benefit Maximum	าร	PLAN A	PLAN B
Accidental Medical Exp	enses	\$7,500	\$3,750
Dental Expenses		\$750	\$375
Lifetime Maximums		PLAN A	PLAN B
Accidental Death Benef	it	\$5,000	\$2,500
Loss of both hands or bo	th feet	\$15,000	\$7,500
Loss of either one hand o	or foot	\$7,500	\$3,750
Loss of sight of both eyes	i	\$15,000	\$7,500
Loss of sight in one eye		\$7,500	\$3,750
Loss of thumb or index fir	nger	\$3,750	\$1,875
Loss of hearing or speecl	า	\$7,500	\$3,750
Permanent Partial Disabi	lity Benefit	\$15,000	\$7,500
PREMIUMS	Annual Premiu	ım/Student Annı	ual Premium/Faculty
PLAN A	_\$25	\$30	
PLANB	\$15	\$20	



PLAN BENEFIT SPECIFICATIONS

CLAIMS SUBMISSION

After an accident, the reasonable & eligible expenses incurred will be reimbursed up to the outlined policy maximum once submitted within **26 weeks** after the date of the accident. These must be for treatment by a **licensed** physician or surgeon.

Included expenses are:

hospital confinement, dental treatment to natural teeth, ambulance, services of a RN that is not related by family. All services must be properly invoiced and all are subject to the maximum Amount Payable.

Reimbursement limits are payable up to the following maximum for each benefit.

All claims submitted MUST be accompanied by the Accident Report.

ACCIDENTAL DEATH & DISMEMBERMENT

In order for the Accidental Death Benefit to be payable, loss of life from a specific accident must occur within 180 days of that accident. Accidental dismemberment means actual severance and must be fully irreversible. If injury does not result in loss of life within 180 days, the Company will pay the appropriate and relevant dismemberment benefits shown.

Under specified special circumstances, the Company will pay the designated benefit to any insured person who qualifies according to the definition in the policy as being disabled.

