



**INTERNATIONAL**

*A division of Morgan White Group*

# THE FUSION PLAN

## DENTAL + VISION

*Engineered to provide great  
dental and vision coverage in one simple plan.*



***Insured by***

New Providence Life Insurance Company Limited

# THE FUSION PLAN

***A flexible plan which provides dental and vision benefits.***

The needs of your family are constantly changing. Sometimes you need more dental care. Other times, you may need more vision care. Under this plan, it doesn't matter whether you need dental, vision, or both. The Fusion Dental Plan is designed to be there, whatever the circumstance!

## ***Plan Highlights:***

### **Go to any licensed dentist or eye care professional. Anywhere!**

Dental and/or vision benefit levels are the same worldwide. The plan pays by reimbursing you for the usual and customary charges wherever treatment is received.

### **Flexible maximums.**

The Policy Year Maximum can be used for both dental and vision. Use the plan in whatever way works for you! You can choose a maximum of either \$1,000 or \$1,500 per insured per policy year.

### **Low deductibles.**

The plan deductible is only \$100 per insured per policy year.

### **The same benefits for your whole family!**

All the benefits apply to the whole family (spouse and dependents)

### **No waiting period.**

Can be issued immediately

# Benefit Summary

## Percentage of Covered Expenses Payable by the Company

<b>Dental Care Benefits:</b> <i>Subject to Annual Policy Maximum</i>	<b>Coverage:</b> <i>(Deductible Applies)</i>
Diagnostic & Preventative Expenses	60% first policy year; 70% second policy year; 80% third policy year and thereafter. Includes oral exams, cleanings (no more than one (1) every six months, x-rays, fluorides (no more than one (1) every twelve months).
Basic Restorative Expenses	60% first policy year; 70% second policy year; 80% third policy year and thereafter. Fillings, simple extractions (except for orthodontia), initial provision, and installation of space maintainers.
Major Restorative Expenses	20% first policy year; 50% second policy year; 60% third policy year and thereafter. Fixed bridgework, dentures, root canals, inlays, crowns (not covered for the first 6 months following the policy effective date).
Biennial Periodontal Surgery	20% first policy year; 50% second policy year; 60% third policy year and thereafter. Once every two (2) years (not covered in the first 6 months following the policy effective date).
Outpatient Dental Surgery	N/A first policy year; 50% second policy year; 60% third policy year and thereafter. Prescribed as medically necessary (not covered in the first 12 months following the policy effective date).

## Percentage of Covered Expenses Payable by the Company

<b>Vision Benefits:</b> <i>Subject to Annual Policy Maximum</i>	<b>Coverage:</b> <i>(Deductible Applies)</i>
Eye Examination or Eye Refraction	60% first policy year; 70% second policy year; 80% third policy year and thereafter. One per policy year.
Lenses (All types)	60% first policy year; 70% second policy year; 80% third policy year and thereafter. One pair per policy year (not covered in the first 6 months following the policy effective date).
Frames	60% first policy year; 70% second policy year; 80% third policy year and thereafter. One pair per policy year (not covered in the first 6 months following the policy effective date).
Contact Lenses	60% first policy year; 70% second policy year; 80% third policy year and thereafter. Contact lenses (not covered in the first 6 months following the policy effective date).

## *Who is the Administrator?*

**MWG International**, located in Miami, Florida, a division of Morgan White Group, is the group's third-party Administrator for all international products in Latin America, Asia and the Caribbean. MWG International is recognized nationally and internationally as one of the most efficient and trusted third-party claims administrators in the international life, dental, vision,



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disability, medical, savings, and investment product arena. Through internet marketing systems and first-class policy administration, our insurance company clients and their insureds receive quality benefits, competitive prices, stable reinsurance, and unparalleled service. MWG International is a wholly owned

subsidiary of Morgan White Group, Jackson, Mississippi USA.

## *Who is the Insurer?*

**New Providence Life Insurance Company Limited (NPL)**, a Bahamas based insurer, provides cutting-edge health and life insurance products for the needs of every individual. When it comes to assembling life, health, dental & vision, disability and critical disease products for the Bahamian community, the NPL team breaks the mold. NPL

combines fresh ideas with unparalleled customer service to provide individuals, families and seniors the coverage they deserve for a fraction of what it would cost elsewhere. New Providence Life Insurance Company Limited is a subsidiary of AmFirst Insurance Company domiciled in Oklahoma City, Oklahoma USA.



**NEW PROVIDENCE**  
LIFE INSURANCE COMPANY LIMITED

# FUSION PLAN RATES

Includes Dental and Vision

\$1,000 Policy Year Maximum		
Individual Monthly Premium		
Age	Annual	Monthly
18-39	\$356.90	\$32.83
40-54	\$385.45	\$35.46
55-64	\$414	\$38.09
65-75	\$442.55	\$40.71
76-85	\$509.22	\$46.85

\$1,500 Policy Year Maximum		
Individual Monthly Premium		
Age	Annual	Monthly
18-39	\$471.10	\$43.34
40-54	\$499.65	\$45.97
55-64	\$542.48	\$49.91
65-75	\$585.31	\$53.85
76-85	\$673.39	\$61.95

Individual Plus Spouse Monthly Premium*		
Age	Annual	Monthly
18-39	\$670.96	\$61.73
40-54	\$732.35	\$67.38
55-64	\$786.60	\$72.37
65-75	\$840.84	\$77.36
76-85	\$967.47	\$89.01

Individual Plus Spouse Monthly Premium*		
Age	Annual	Monthly
18-39	\$895.09	\$82.35
40-54	\$949.34	\$87.34
55-64	\$1,030.71	\$94.83
65-75	\$1,112.08	\$102.31
76-85	\$1,279.40	\$117.70

Family Monthly Premium*		
Age	Annual	Monthly
18-39	\$1,142.06	\$105.07
40-54	\$1,199.17	\$110.32
55-64	\$1,256.27	\$115.58
65-75	\$1,313.37	\$120.83
76-85	\$1,510.81	\$138.99

Family Monthly Premium*		
Age	Annual	Monthly
18-39	\$1,507.24	\$138.67
40-54	\$1,564.34	\$143.92
55-64	\$1,650	\$151.80
65-75	\$1,735.65	\$159.68
76-85	\$1,996.19	\$183.65

Family Rate includes up to three children*		
Rates per child after three		
Age	Annual	Monthly
3-17	\$267.67	\$24.63

Family Rate includes up to three children*		
Rates per child after three		
Age	Annual	Monthly
3-17	\$353.33	\$32.51

\*Applicable rates are based on age of main insured.  
All amounts shown are BSD



**NEW PROVIDENCE**  
LIFE INSURANCE COMPANY LIMITED

RoyalStar House, John F. Kennedy Drive  
P. O. Box EE-15606, Nassau, Bahamas  
Tel (242) 326-6779; (242) 667-6945; (242) 667-6946  
Email: [administrator@newprovidencelife.com](mailto:administrator@newprovidencelife.com)  
[www.newprovidencelife.com](http://www.newprovidencelife.com)