BERMUDA

GOVERNMENT EMPLOYEES (HEALTH INSURANCE) (BENEFITS) ORDER 1997

BR 32 / 1997

[made under section 12 of the Government Employees (Health Insurance) Act 1986 and brought into operation on 6 June 1997]

[NB references to "standard hospital benefit" substituted by "standard health benefit" by 2015 : 26 s. 10 effective 29 June 2015. These amendments are not individually noted.]

Citation and commencement

1 This Order may be cited as the Government Employees (Health Insurance) (Benefits) Order 1997 and shall come into operation on 6 June 1997.

Interpretation

2 (1) In this Order, except where the context otherwise requires—

"Bermuda Hospitals Board (Medical and Dental Charges) Order 1997" means the Order which—

(a) is prepared in accordance with section 13A of the Bermuda Hospitals Board Act 1970 [*title 11 item 26*]; and

(b) prescribes the dollar values for items in the scale of fees.

"relevant date" has the meaning given to it in paragraph 5(3) of Part I of the Schedule to this Order;

"scale of fees" means the scale of fees which—

(a) is prepared in accordance with section 13A of the Bermuda Hospitals Board Act 1970 [*title 11 item 26*]; and

(b) is used for assessing doctors' fees in respect of services other than services attracting standard health benefit;

"standard health benefit" has the same meaning as it has in section 1(1) of the Hospital Insurance Act 1970.

Benefits

3 The benefits to be enjoyed by each insured person in respect of any one disability shall be as specified in the Schedule to this Order.

Revocation of BR 33/1986

4 The Government Employees (Health Insurance) (Benefits) Order 1986 [*title 9 item 16(b)*] is revoked.

SCHEDULE

(paragraph 3)

BENEFITS IN RESPECT OF ANY ONE DISABILITY

PART I

STANDARD HEALTH BENEFIT

IN-PATIENT SERVICES

1 (1) (a) Accommodation and meals at the standard or public ward rate;

(b) full nursing services;

(c) laboratory, radiological and diagnostic procedures, including biopsies (except that surgeon's fees are not included), together with the necessary reports, for the purpose of maintaining health, preventing disease and assisting in the diagnosis and treatment of any injury, illness or disability;

(d) drugs, biological and related preparations which are prescribed by an attending physician in accordance with the hospital formulary and administered in the hospital;

(e) use of operating room, anaesthetic facilities and other facilities required in operating procedure, including necessary equipment and supplies;

(f) standard surgical supplies;

(g) use of radiotherapy facilities;

(h) use of physiotherapy facilities;

(i) any service rendered by a person who is remunerated by the hospital for that service;

(j) use of haemodialysis facilities;

(k) treatment for alcoholism (other than alcoholism causing acute mental illness);

(l) use of ultrasound facilities;

(m) use of orthopaedic braces and artificial appliances;

(n) diabetic education and counselling but limited to one education and one counselling programme; and

(o) hospice care in an establishment which the Committee has approved.

(2) Special conditions applicable to maternity benefit, artificial limbs and appliances and mental illness, alcohol and drug abuse are set out below in paragraphs 4, 5 and 6 respectively.

LIMITATIONS OF IN-PATIENT BENEFIT

2 Subject to the Hospital Insurance (Portability) Regulations 1971 [*title 18 item 9(e)*], benefit in respect of in-patient treatment shall apply without limit as to the duration of the period of confinement in the hospital.

Out-patient SERVICES

3 (a) Pathological studies, X-ray and other diagnostic procedures not obtainable or generally provided in a doctor's office as prescribed by a physician, including biopsies (except that the surgeon's fees are not included), together with the necessary reports, for the purpose of assisting in the diagnosis and treatment of an out-patient;

(b) the use of radiotherapy, occupational therapy and physiotherapy facilities in the hospital when prescribed by a physician;

(c) the hospital component of out-patient services necessary for the initial treatment of accidental injuries suffered within 48 hours preceding the time of treatment or of acute illness and the hospital component necessary to support operative or diagnostic procedures performed by a registered medical practitioner or under his direction; and

(d) local ambulance services in essential cases.

Maternity Benefit

4 Maternity benefit will be payable for confinement as a result of childbirth, pregnancy or miscarriage in accordance with the standard health benefit provided that the insured person has been a government employee for a period of 10 consecutive months immediately preceding such confinement.

Artificial limbs, orthopaedic braces and artificial appliances

5 (1) The supply, maintenance, repair and renewal of artificial limbs or any artificial appliance as defined in the Hospital Insurance (Artificial Limbs and Appliances) Regulations 1971 [*title 18 item 9(o*)] will be paid.

(2) The amount payable shall be calculated from the relevant date and shall not exceed $10,000.

(3) In this paragraph, the "relevant date" means in relation to an accident or injury giving rise to the need for an artificial limb or artificial appliance, the date on which the accident or injury occurs, and in relation to an illness, the date on which the surgical treatment for the removal of the natural limb or implantation of the artificial appliance occurs.

Mental illness, alcohol & drug abuse

6 (1) (a) In-patient treatment (including the cost of accommodation, meals, nursing and ancillary services) of acute cases of mental illness, including those caused by alcohol and drug abuse;

(b) out-patient treatment in respect of desensitisation injections for cases of alcohol and drug abuse and other psychotic conditions, electroconvulsive therapy and electroencephalograms.

(2) In-patient treatment for any period in excess of 30 days in any calendar year will not be paid.

Portability

7 Expenses incurred in a hospital outside Bermuda which has been approved by the Committee for such purposes may be recovered, subject to the terms of the Hospital Insurance (Portability) Regulations 1971 [*title 18 item 9(e)*], so however that—

(a) in-patient treatment of any particular disability shall be limited to expenses incurred over a period of not more than 45 days during a twelve month period;

(b) the cover shall not include the cost of transportation to or from a hospital approved under this sub-paragraph; and

(c) the amount payable shall not exceed the amount which would have been payable at the applicable public ward per diem rate if the treatment had been received in the general hospital in Bermuda.

SERVICES NOT INCLUDED IN STANDARD HEALTH BENEFIT

8 (a) Treatment of mental disorder, nervous disorders (other than those with a defined pathological cause), chronic alcoholism or drug addiction, except treatment prescribed under paragraph 6 above;

(b) rest cures, sanitaria and custodial care including in-patient treatment in the geriatric and rehabilitation ward in the general hospital;

(c) cosmetic or plastic surgery unless such surgery is necessary to correct traumatic injury;

(d) general health examination, dental work or treatment, dental X-rays, extractions, fillings and general dental care except dental surgery for the excision of impacted teeth or a tumor or cyst or treatment of sound natural teeth damaged as a result of an injury;

(e) treatment involving examination of the eye or ear for the purpose of fitting eye glasses or hearing aids except where such a treatment is necessitated by damage to the natural eye or ear as a result of an injury;

(f) the provision of medication for the patient to take out of the hospital;

(g) diagnostic services performed to satisfy the requirements of third parties;

(h) visits solely for the administration of drugs, vaccines, sera or biological products;

(i) transportation or travel other than local ambulance services;

(j) treatment or advice given in the out-patient or emergency department which would normally be provided in a doctor's office; and

(k) treatment given or hospital facilities used which have not been prescribed by a registered medical practitioner, unless such treatment or use is certified as urgent and necessary by a medical officer employed by the Board.

PART II

ADDITIONAL BENEFITS

Hospital Expenses

1 For treatment in the emergency ward as an out-patient which would normally be provided in a doctor's office, if it can be shown that the insured person's doctor was not available or the condition which is considered to be an emergency arose at a time when the doctor's office is normally closed: expenses which the Committee shall approve as being reasonable and customary.

Surgical Expenses

2 (1) For surgical operations in the hospital or in a doctor's clinic: in accordance with the scale of fees and Bermuda Hospitals Board (Medical and Dental Charges) Order 1997 [*title 11 item 26(c)*].

(2) Fees over and above those in the scale of fees shall be the responsibility of the insured person.

Anaesthetist's expenses

3 (1) For anaesthetist's fees: in accordance with the scale of fees and Bermuda Hospitals Board (Medical and Dental Charges) Order 1997 [*title 11 item 26(c)*].

(2) Fees over and above those in the scale of fees shall be the responsibility of the insured person.

Annual Physical Examination

3A In respect of each insured person, subject to the maximum amount determined by the Committee, the cost of one general physical examination per calendar year.

[Paragraph 3A inserted by BR 37/2006 effective 1 May 2006]

Medical attendance

4 (1) For attendance by a doctor in a doctor's clinic in respect of emergency treatment immediately after an accident: expenses incurred which the Committee shall approve as being reasonable and customary.

(2) For attendance by a doctor while confined in the hospital: in accordance with the scale of fees and Bermuda Hospitals Board (Medical and Dental Charges) Order 1997 [*title 11 item 26(c)*].

(3) For attendance by a doctor otherwise than as described in sub-paragraphs (1) and (2) above, the scale of fees will be used as follows—

(a) while at home: to a maximum of 4 units per visit;

(b) in a doctor's clinic: to a maximum of 1.6 units per visit;

(c) in a doctor's clinic: to a maximum of 4 units in respect of a first visit to a consultant if the insured person has been referred to the consultant by a doctor;

(d) for psychiatric treatment: to a maximum of 3 units for a half-hour and a maximum number of 25 visits per calendar year:

Provided that, the insured person shall be responsible for 20% of the charges incurred.

(4) Fees over and above those approved by the Committee or in the scale of fees shall be the responsibility of the insured person.

Diagnostic Procedures

5 For pathological studies, X-rays and other diagnostic procedures which are obtainable in a doctor's clinic or in a private laboratory for the purpose of assisting in diagnosis and treatment: expenses incurred which the Committee shall approve as being reasonable and customary.

Pregnancy (NON-HOSPITAL BENEFIT)

6 (1) In respect of medical attendance for any one pregnancy: in accordance with the scale of fees and Bermuda Hospitals Board (Medical and Dental Charges) Order 1997 [*title 11 item 26(c)*].

(2) Fees over and above those in the scale of fees shall be the responsibility of the insured person.

Dental treatment

7 In respect of each insured person expenses for the cost of dental treatment, as specified in the contract of insurance dated the 25th day of January 2001 made between the Government of Bermuda and Somers Isles Insurance Company Limited, will be paid.

[Paragraph 7 revoked and replaced by BR19/2001 effective 6 April 2001]

Benefit for treatment overseas

8 (1) The Committee may approve institutions for the purposes of overseas medical treatment, consultation or technical investigation and may adjust the admissible benefit payable under this paragraph where such treatment, consultation or investigation is obtained at an institution which it has not approved for such purposes.

(2) For health insurance cover for treatment, consultation or technical investigation overseas, three categories of benefit shall apply, that is to say—

Essential treatment, consultation or technical investigation

(a) Essential treatment, consultation or technical investigation, for which there is no alternative in Bermuda, which a medical or surgical specialist practising in Bermuda has certified as essential and urgent and immediately necessary for the health or survival of the insured person or essential in the long-term. The admissible benefits payable for this category are as follows—

(i) medical, surgical and hospital expenses incurred which the Committee has approved in advance as being reasonable and customary;

(ii) travel expenses limited to a maximum determined by the Committee;

(iii) expenses for essential ambulance plane services.

Funds will be made immediately available for essential treatment, consultation or technical investigation in any necessary case.

Optional treatment, consultation or technical investigation

(b) Optional treatment, consultation or technical investigation which is not immediately necessary for the condition of the insured person for which alternative treatment may or may not be available in Bermuda but for which it would be reasonable on medical advice for the insured person to elect treatment, consultation or technical investigation overseas. The admissible benefits payable for this category are as follows—

(i) the insured person will be responsible for all charges incurred overseas and may claim reimbursement for such charges at rates for similar services provided in Bermuda plus 50% of the difference between the charges incurred overseas and the charges for similar services provided in Bermuda:

Provided that, if the services were not available in Bermuda the insured person may claim for medical expenses which the Committee has approved as being reasonable and customary; and

Provided that, if the services were provided as the result of an emergency, the insured person may claim for medical expenses which the Committee approves as being reasonable and customary;

(ii) no claim may be made for travel or other expenses.

Standard treatment, consultation or technical investigation

(c) Standard treatment, consultation or technical investigation with or without medical advice which is available in Bermuda and does not merit consideration under category (a) or (b) above. The admissible benefits payable for this category are as follows—

(i) the insured person may claim reimbursement for charges incurred overseas at the rates for similar services in Bermuda:

(ii) no claim may be made for travel or other expenses.

[Paragraph 8(2)(a)(iii) amended by BR 33/2007 effective 1 May 2007]

Prescription Drugs

9 (1) In respect of each insured person 80% of the expenses for the cost of drugs prescribed for the treatment of an illness or pathological condition and of accessory equipment prescribed by a doctor which is necessary to determine the amount of the drugs required to be administered or to administer the drugs will be paid.

(2) Subject to the maximum amount determined by the Committee, the cost of prescription drugs for smoking cessation.

(3) Subject to the maximum amount determined by the Committee, the cost of prescription drugs for weight loss.

[Paragraph 9 revoked and replaced by BR19/2001 effective 6 April 2001; amended by BR 36/2009 para 2 effective 1 June 2009]

Birth Control

9A (1) Subject to a maximum of 80% of the expenses incurred, the cost of contraception, including oral contraceptives, injectable contraceptives and birth control patches.

(2) The expenses incurred for a tubal ligation or vasectomy.

[Paragraph 9A inserted by BR 37/2006 effective 1 May 2006]

Physiotherapeutic and mechanical aids to rehabilitation

10 Subject to an annual deduction of $25 in respect of each insured person to a maximum of 80% of the balance thereof, expenses for the cost of physiotherapeutic and mechanical aids to rehabilitation prescribed by a doctor will be paid.

Chiropodist Services

10A Subject to the maximum amount determined by the Committee, the cost of services provided by a chiropodist.

[Paragraph 10A inserted by BR 37/2006 effective 1 May 2006]

Chiropractic Services

10B Subject to the maximum amount determined by the Committee, the cost of services provided by a chiropractor.

[Paragraph 10B inserted by BR 33/2007 effective 1 May 2007]

Speech therapy

11 Subject to a maximum period of 3 months for each prescription, expenses which the Committee has approved in advance as being reasonable and customary will be paid if the therapy is prescribed by a doctor.

Asthma and diabetes counselling

12 Subject to a maximum of 80% of the expenses incurred, expenses which the Committee has approved in advance as being reasonable and customary will be paid if the counselling is prescribed by a doctor.

Eye treatment benefits

13 (1) The insured person may, in accordance with sub-paragraphs (2) and (3), claim a maximum of $300 for the cost of an annual eye examination.

(2) Where an eye examination results in—

(a) the initial prescription of lenses to an insured person; or

(b) a change in an existing prescription in respect of an insured person,

the insured person may, subject to the maximum amount specified in sub-paragraph (1), claim the cost of—

(c) the eye examination;

(d) the lenses; and

(e) the fitting of lenses.

(3) Where an annual eye examination does not result in the prescription of lenses, an insured person may claim a maximum of $50 for the cost of that eye examination;

Provided that, if the insured person makes such a claim in any year and a subsequent eye examination given to him during that same year has the result set out in sub-paragraph 2(a) or (b), he shall only be entitled to claim a maximum of $250 in respect of the cost of that subsequent eye examination.

(4) For the purposes of this paragraph lenses and frames include the following—

(a) frames;

(b) bifocal and trifocal lenses, including tints and prescription glasses;

(c) disposable or non-disposable contact lenses.

(5) For the purposes of this paragraph lenses and frames do not include the following—

(a) duplicate and spare eye glasses;

(b) duplicate and spare disposable contact lenses;

(c) sunglasses, prescribed or otherwise;

(d) safety glasses;

(e) services for visual training or remedial exercises.

(6) In respect of each insured person who has been referred by a local ophthalmologist, the cost of services provided for laser eye surgery (LASIK), subject to the maximum amount determined by the Committee.

[Paragraph 13 subparas (4) and (5) inserted by BR 46/1997 effective 25 July 1997; proviso to (3) amended by BR 37/2006 effective 1 May 2006; paras (1) and (3) amended by BR 33/2007 effective 1 May 2007; subparas (1) and (3) amended by BR 33/2008 effective 1 June 2008; subpara (5) inserted by BR 36/2009 para 3 effective 1 June 2009]

Repatriation

14 Where the death of an insured person occurs in a jurisdiction other than Bermuda, the cost of transporting the body of the deceased person back to Bermuda, subject to the maximum amount determined by the Committee, provided the death occurred on a day not later than three months of the date on which the insured person left Bermuda, and thereafter only with the approval of the Committee.

[Paragraph 14 inserted by BR 36/2009 para 4 effective 1 June 2009]

[Amended by:

BR 46 / 1997
BR 19 / 2001
BR 37 / 2006
BR 33 / 2007
BR 33 / 2008
BR 36 / 2009
2015 : 26]