



BERMUDA

HEALTH INSURANCE (HEALTH INSURANCE PLAN) (ADDITIONAL BENEFITS)  
ORDER 1988

BR 58 / 1988

*[made under section 13 (2) of the Health Insurance Act 1970 and brought into operation on 1 September 1988]*

*[NB Formerly the Hospital Insurance (Health Insurance Plan) (Additional Benefits) Order 1988. Title amended, and references to "hospital insurance", "Hospital Insurance Fund" and "Commission" substituted by "health insurance", "Health Insurance Fund" and "Council" by 2004:22 s.19 & Sch para 2 effective 1 January 2006; "Council" substituted by "Committee" by 2009:49 s. 15(1) effective 15 December 2009. These amendments are not individually noted]*

Citation and commencement

1 This Order may be cited as the Health Insurance (Health Insurance Plan) (Additional Benefits) Order 1988 and shall come into operation on 1st September 1988.

*[Regulation 1 amended by 2004:22 effective 1 January 2006]*

Interpretation

1A In this Order—

“policy year” means a period beginning on 1 April in any year and ending on 31 March in the following year.

*[Paragraph 1A inserted by BR 63 / 2015 para. 2 effective 1 September 2015]*

Additional benefits

2 The additional benefits (including the items of treatment) covered by the health insurance plan are specified in the Schedule.

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Revocation of BR 36/1987

3      *[omitted]*

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SCHEDULE

(paragraph 2)

SPECIFIED

ADDITIONAL BENEFITS COVERED BY HEALTH  
INSURANCE PLAN

1. Medical pre-admission office visit:  
to a maximum of 4 units.
2. Medical Care: )  
to a maximum of 30 units. )
3. Surgery: ) In  
to a maximum of 100 units. ) hospital
4. Anaesthetist: )  
to a maximum of 40 units. )
5. Medical Home visits:  
to a maximum of 4 visits per month.
6. Treatment in a doctor's office, as approved  
by the Health Insurance Committee,  
to a maximum of 90 units.
7. *[Revoked]*
8. Office visits to a maximum of 4 visits.
9. Laboratory tests—
  - (a) at clinical laboratory facilities which are approved by the Health Insurance Committee, and
  - (b) in respect of which the reimbursement rates have been approved by that Committee.
10. Cardiac diagnostic services—
  - (a) at facilities which are approved by the Health Insurance Committee, and
  - (b) in respect of which the reimbursement rates have been approved by that Committee.
11. Contribution towards the cost of a kidney transplant to an amount not exceeding \$70,000.
12. Basic dental care.
13. Office visits to a specialist physician when referred by a general practitioner physician to an amount not exceeding \$565 per policy year, consisting of no more than 2 initial consultation visits (to an amount not exceeding \$170 per visit), and 3 follow-up visits (to an amount not exceeding \$75 per visit).
- 13A.(1) Subject to subparagraph (2), the following personal home care services, as approved by the Committee, to a total amount not exceeding \$60,000 per policy year—
  - (a) personal caretaking, companion or homemaking services to an amount not exceeding \$15 per hour for a maximum of 40 hours per week;

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- (b) nursing aide services to an amount not exceeding \$25 per hour for a maximum of 14 hours per week;
- (c) nurse visits to an amount not exceeding \$75 per hour for a maximum of 12 visits per policy year; and
- (d) adult day care services to an amount not exceeding \$200 per week.

(2) Subject to subparagraph (3), only a person who is enrolled in the health insurance plan at the date of the coming into operation of the Health Insurance (Health Insurance Plan) (Additional Benefits) Amendment Order 2015 is eligible for the benefit under subparagraph (1).

(3) A person who becomes enrolled in the health insurance plan after the date of the coming into operation of the Health Insurance (Health Insurance Plan) (Additional Benefits) Amendment Order 2015 shall become eligible for the benefit under subparagraph (1) one year after such enrolment (whether or not he has been enrolled in the health insurance plan before).

(4) In this paragraph, "per week" means per seven-day period.

- 13B. (1) A wellness promotion benefit covering a maximum of 6 counselling sessions per policy year at a rate of 80% of the cost of each session, to an amount not exceeding \$35 per session.  
(2) In subparagraph (1), "wellness promotion benefit" means a programme of counselling sessions, approved by the Committee for persons with chronic diseases, to promote the self-management of health and reduce the risks associated with chronic disease.
- 14. The benefits specified in this Schedule shall extend to cover medically necessary treatment outside Bermuda at 60% of usual and customary charges in an approved hospital, unless the treatment is available in Bermuda or it is an elective treatment. The benefit is to be limited to in-patient and out-patient hospital treatment within the approved network of hospitals. Should treatment occur in a hospital outside of the approved network of hospitals, the reimbursement amount shall be 50% of the usual and customary charges.
- 15. The amount recoverable under paragraph 14—
  - (a) shall, in respect of in-patient treatment of a particular disability, be limited to expenses incurred over a period of not more than 45 days during a twelve month period;
  - (b) shall not include the cost of transportation to or from the approved hospital;
  - (c) shall not include the cost of any hospice care;
  - (d) shall not include the cost of any treatment for alcoholism or drug addiction.
- 16. In this Schedule—

"approved hospital" means a hospital outside Bermuda which is—

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(a) licensed or approved as a hospital by the government hospitals authority in whose jurisdiction the hospital is located; and

(b) part of the approved network of hospitals;

“approved network of hospitals” means a network of hospitals approved by the Committee;

“Committee” has the same meaning as in section 11A of the Health Insurance Act 1970;

“the general hospital” has the same meaning as in section 1(1) of the Bermuda Hospitals Board Act 1970.

For the purposes of items 1 to 6 above the expression “unit” used for the assessing insurance liability to members of the medical profession outside the hospital is the appropriate unit for the practitioners concerned and the services rendered according to the fee schedule agreed between the Bermuda Medical Doctors Association and the health insurers for comparable services in the hospital.

*[Schedule amended by BR 57/1995 effective 25 November 1995; by BR 4/1996 effective 1 April 1996; substituted by BR 2/1997 effective 1 April 1997; rescinded and substituted by BR 15/1998 effective 1 April 1998; amended by BR 85/2001 effective 1 January 2002; by BR 13/2002 effective 1 April 2002; by BR 25/2003 effective 1 April 2003; by BR 42/2003 effective 20 June 2003; paras 9 and 10 inserted by BR 14/2004 effective 1 April 2004; amended by 2004:22 effective 1 January 2006; para 7 amended by BR31/2006 effective 31 March 2006; paras 7 and 8 substituted by BR15/2007 effective 1 April 2007; paras 11 through 13 inserted by BR 36/2008 effective 1 August 2008; para 7 revoked by 2009:10 s.24 effective 1 April 2009; paras 14-16 inserted by BR 48 / 2014 effective 1 June 2014; para 13 revoked and substituted, paras 13A and 13B inserted and para 14 amended by BR 63 / 2015 para. 3 effective 1 September 2015; amended by 2016 : 3 s. 24 effective 1 April 2016]*

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*[Amended by:*

BR 57 / 1995  
BR 4 / 1996  
BR 2 / 1997  
BR 15 / 1998  
BR 85 / 2001  
BR 13 / 2002  
BR 25 / 2003  
BR 42 / 2003  
BR 14 / 2004  
2004 : 22  
BR 31 / 2006  
BR 15 / 2007  
BR 36 / 2008  
2009 : 10

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2009 : 49  
BR 48 / 2014  
BR 63 / 2015  
2016 : 3]