



BERMUDA

HEALTH INSURANCE (PLANS) REGULATIONS 1987

BR 41 / 1987

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*made under the authority of section 37(1) of the Health Insurance Act 1970 and brought into operation on 1 September 1987*

*[NB Formerly the Hospital Insurance (Health Insurance Plan) Regulations 1987. 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; "Bermuda Health Council" substituted by "Health Insurance Committee", "Council" substituted by "Committee", and "Director" substituted by "Committee" by 2009:49 s.15(2) effective 15 December 2009. These amendments are not individually noted.]*

*[NB Formerly the Health Insurance (Health Insurance Plan) Regulations 1987. Title amended by 2009:10 s.22 effective 1 April 2009]*

*[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.]*

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### Citation

1 These regulations may be cited as the Health Insurance (Plans) Regulations 1987.

*[Regulation 1 amended by 2004:22 effective 1 January 2006; amended by 2009:10 s.22 effective 1 April 2009]*

### Interpretation

1A In these regulations “plans” means the health insurance plan or the FutureCare plan, as the case may be.

*[Regulation 1A inserted by 2009:10 s.22 effective 1 April 2009]*

### Individual voluntary contract

2 The plans issued by the Committee shall, in respect of each plan issued to any person in pursuance of the voluntary scheme under Part IV of the Health Insurance Act 1970 be in the form set out in Schedule 1.

*[Regulation 2 amended by 2004:22 effective 1 January 2006; amended by 2009:10 s.22 effective 1 April 2009]*

### Group compulsory contract

3 The plans issued by the Committee shall in respect of each group plan issued to any employer in pursuance of the compulsory scheme under Part III of the Health Insurance Act 1970 *[title 18 item 9]* be in the form set out in Schedule 2.

*[Regulation 3 amended by 2004:22 effective 1 January 2006; amended by 2009:10 s.22 effective 1 April 2009]*

### Revocation

4 *[omitted]*

### Commencement

5 *[omitted]*

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SCHEDULE 1

THE HEALTH INSURANCE COMMITTEE

The plans issued under sections 13 or 13B, as the case may be, of the Health Insurance Act 1970 [*title 18 item 9*].

INDIVIDUAL CONTRACT OF VOLUNTARY INSURANCE

Particulars of insured

- 1 Name of Insured  
Address  
Policy Number  
Effective Date  
First Premium  
Renewal Premium  
Due date of first Renewal Premium  
Premium payable monthly/quarterly/biannually/annually.

Benefit

- 2 Benefit provided under the plans is the standard health benefit prescribed in the Health Insurance (Standard Health Benefit) Regulations 1971 and in addition thereto the benefit specified in an order made under sections 13 or 13B, as the case may be, of the Health Insurance Act 1970.

Portability of benefit

- 3 Benefit shall be payable under the plans in respect of treatment outside Bermuda in accordance with the provisions of the Health Insurance (Portability) Regulations 1971.

Payment of premium

- 4 Premiums shall for all purposes become due on the first day of the month for which they are payable. Premiums shall be payable at the offices of the Health Insurance Committee or in such other manner as the Committee may direct.

Revision of the plans

- 5 The benefits and premiums payable under the plans may from time to time be revised in accordance with any revision of the Health Insurance Act 1970 or any regulations or order made thereunder.

Termination

- 6 The plans shall terminate—
  - (a) in the event of non-payment of any premium due under the plan, on the expiration of three months from the date on which such premium becomes due;

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- (b) on the expiration of a period of six months from the date on which the insured ceases to be ordinarily resident in Bermuda.

### Reinstatement

7 Plans which have terminated may be reinstated without medical evidence of insurability only during an enrolment period.

### Claims

8 In relation to treatment received by a person insured under the plans in the general hospital or in the office of a registered medical practitioner, claims for benefit under the plan shall be made on behalf of the insured by the Bermuda Hospitals Board or the medical practitioner, as the case may be, and payment shall be made by the Committee directly to the Board or the medical practitioner or by re-imburement to the patient if payment for the treatment is proven to have been made.

### Disputes

9 Any dispute or question arising in connection with the plans shall be resolved in accordance with the provisions of section 14 of the Health Insurance Act 1970.

### Construction of plans

10 In the event of any dispute or question arising in connection therewith, the plans shall be construed subject to and in accordance with the relevant provisions of the Health Insurance Act 1970 and any regulations made thereunder.

Issued on behalf of the Health Insurance Committee by [blank]

Date [blank]

Committee

*[Schedule 1 amended by BR33/2000 effective 31 March 2000, by 2002:26 s.3(5) effective 1 August 2005; amended by 2004:22 effective 1 January 2006; "health insurance plan" and "health insurance plans" deleted and substituted by "plans" by 2009:10 s.22 effective 1 April 2009; "Health Insurance Council" deleted and substituted by "Bermuda Health Council" by 2009:10 s.22 effective 1 April 2009; "section 11" deleted and substituted by "section 13 or 13B, as the case may be" by 2009:10 s.22 effective 1 April 2009; "section 12" deleted in regulation 9 and substituted by "section 14" by 2009:10 s.22 effective 1 April 2009]*

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SCHEDULE 2

THE HEALTH INSURANCE COMMITTEE

Plans issued under sections 13 or 13B, as the case may be, of the Health Insurance Act 1970.

GROUP CONTRACT OF COMPULSORY INSURANCE

Particulars of employer

- 1 Name of Employer  
Nature of Business  
Business Address  
Policy Number  
Effective Date

Premium

- 2 The premium prescribed in the Health Insurance (Standard Premium) Regulations 1971 or specified in an order made under sections 13 or 13B, as the case may be, of the Health Insurance Act 1970 shall be payable in respect of each employee who is employed by the employer on the first day of any month and similarly in respect of the non-employed spouse of each such employee.

Benefit

- 3 The benefit provided under the plans in respect of each person insured thereunder is the standard health benefit prescribed in the Health Insurance (Standard Health Benefit) Regulations 1971 and in addition thereto the benefit specified in an order made under sections 13 or 13B, as the case may be, of the Health Insurance Act 1970.

Portability of benefit

- 4 Benefit shall be payable under the plans in respect of treatment outside Bermuda in accordance with the provisions of the Health Insurance (Portability) Regulations 1971.

Payment of premiums

- 5 Premiums shall for all purposes become due on the first day of the month for which they are payable. Premiums shall be payable at the offices of the Health Insurance Committee or in such other manner as the Committee may direct.

Within two weeks of the end of each month the employer shall submit to the Committee a certified list of employees and their non-employed spouses together with the appropriate premium. Failure to submit this information and the appropriate premium renders the employer liable to prosecution under section 25 of the Health Insurance Act 1970.

Cover

- 6 Where a premium is paid by the employer in respect of any employee that employee shall be covered under the plans for the month for which the premium is paid.

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Where an employee takes up employment during the course of a month and he is not compulsorily insured for that month by his previous employer, he shall be covered under the plans from the first day of employment and no premium shall be payable for such cover.

Cover ceases on the first day of the month next following the date of termination of employment except that if the employee does not become compulsorily insured with any other employer cover under the contract shall continue, without any premium being payable therefor, for a period of four weeks from the date of termination of employment.

The provisions of this paragraph apply, with the necessary changes in respect of the non-employed spouse of an employee.

### Revision of plans

7 The benefits and premiums payable under the plans may from time to time be revised in accordance with any revision of the Health Insurance Act 1970 or any regulations or order made thereunder.

### Termination

8 The plans may be terminated at the request of the employer, on payment of all premiums due thereunder and on giving one month's notice of termination to the Committee, where—

- (a) a new contract of health insurance has been effected with a licensed insurer;
- (b) an approved scheme has been established; or
- (c) the employer's business has been taken over by or amalgamated with that of another employer.

### Records

9 The employer shall establish and maintain a record with respect to each employee insured under the plans showing the employee's name, sex and date of birth, the date on which the insurance of that employee becomes effective and the date of termination of employment. Similar data shall be maintained in relation to non-employed spouses of employees.

Clerical errors in maintaining records shall not invalidate insurance cover otherwise valid or continue in operation insurance cover otherwise validly terminated.

The employer shall furnish the Committee with any information reasonably required in relation to any matter pertaining to the contract.

Any documents furnished to the employee by the employer in connection with the plans and the wages and other records of the employer relevant to the plans shall be open for inspection by the Committee at all reasonable times.

### Certificate of insurance

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10 The Committee shall issue to the employer for delivery to any employee insured under the plans an individual certificate certifying that such employee has been insured under the plans and indicating the effective date of cover.

A certificate shall similarly be issued in respect of the non-employed spouse of an employee.

### Claims

11 In relation to treatment received by a person insured under the plans in the general hospital or in the office of a registered medical practitioner, claims for benefit under the plan shall be made on behalf of the insured by the Bermuda Hospitals Board or the medical practitioner, as the case may be, and payment shall be made by the Committee directly to the Board or the medical practitioner or by re-imburement to the patient if payment for the treatment is proven to have been made.

### Disputes

12 Any dispute or question arising in connection with the plans shall be resolved in accordance with the provisions of section 14 of the Health Insurance Act 1970.

### Construction of plans

13 In the event of any dispute or question arising in connection therewith, the contract shall be construed subject to and in accordance with the relevant provisions of the Health Insurance Act 1970 and any regulations made thereunder.

Issued on behalf of the Health Insurance Committee by [blank]

Date [blank]

### Committee

*[Schedule 2 amended by 2002:26 s.3(5) effective 1 August 2005; amended by 2004:22 effective 1 January 2006; "health insurance plan" and "health insurance plans" substituted by "plans" by 2009:10 s.22 effective 1 April 2009; "Health Insurance Council" substituted by "Bermuda Health Council" by 2009:10 s.22 effective 1 April 2009; "section 11" deleted and substituted by "13 or 13B, as the case may be" by 2009:10 s.22 effective 1 April 2009; "section 12" deleted in regulation 12 and substituted by "section 14" by 2009:10 s.22 effective 1 April 2009; "section 23" deleted in regulation 5 and substituted by "section 25" by 2009:10 s.22 effective 1 April 2009]*

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*[Amended by:*

BR 33 / 2000  
2002 : 26  
2004 : 22  
2009 : 10  
2009 : 49  
2015 : 26]