



# Health Insurance Department: Premium and Plans Brochure



GOVERNMENT OF BERMUDA

Ministry of Health  
Health Insurance Department

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## Eligibility and Premiums

Plans are available to all individuals residing in Bermuda.

Plans	Eligibility	Monthly Premiums	
		Persons under 65 or eligible for subsidized premiums*	Persons 65 and over, not eligible for subsidized premiums*
Health Insurance Plan	For those 18 years and over.	\$459.24	\$1,239.60
	For persons between 0–18 years old OR up to 21 years old if registered full time in a local educational facility. **	\$220	N/A
FutureCare Plan	For 65 years and older.	\$530.14	\$1,528.48

\* Please see Certificate of Entitlement page/guide for more information on subsidized premium requirements and Aged Subsidy coverage.

\*\* Enrolment for Youth HIP Policy must be done when the parent enrolls with HID. If newborn, HID Policyholders have 30 days from newborn's birthdate to enrol their child.

## Plan and Benefit Comparison

Our plans provide basic coverage.

	<u>HIP</u>	<u>FutureCare Plans</u>
<b>Local In-Patient</b> (King Edward Memorial Hospital (KEMH) / Mid-Atlantic Wellness Institute (MAWI))		
<b>1. Hospitalizations</b> <ul style="list-style-type: none"> <li>As per Bermuda Hospitals Board (BHB) (Hospital Fees) Regulations</li> </ul>	All costs associated with overnight stay. E.g. room and board, nursing <ul style="list-style-type: none"> <li>KEMH - Covered at 100%</li> <li>MAWI – Covered at 100% up to 40 days in-patient stay</li> <li>New born delivery – covered at 100%</li> </ul>	All costs associated with overnight stay. E.g. room and board, nursing <ul style="list-style-type: none"> <li>KEMH - Covered at 100%</li> <li>MAWI – Covered at 100% up to 40 days in-patient stay</li> </ul>
<b>2. Profession Physicians Fees</b> <ul style="list-style-type: none"> <li>HIP fees based on Bermuda Hospitals Board (Medical and Dental Charges) Order 2018</li> </ul>	During hospitalization (Maximums per admission) <ul style="list-style-type: none"> <li>Surgery - \$2,167</li> <li>Anesthetist - \$1,200</li> <li>Internal Medicine - \$1,684</li> <li>Hospital Visit Specialist - \$1,029</li> </ul>	During hospitalization (Maximums per admission) <ul style="list-style-type: none"> <li>75% reimbursement per admission</li> </ul>

<u>HIP</u>		<u>FutureCare Plans</u>
<ul style="list-style-type: none"> <li>Health Insurance (FutureCare Plan) (Additional Benefits) Order 2009 &amp; Health Insurance (Health Insurance Plan) (Additional Benefits) Order1988</li> </ul>	<ul style="list-style-type: none"> <li>Hospital Visit GP - \$812</li> <li>Obstetricians - \$3,528</li> <li>Caesarean Delivery - \$6,990</li> <li>SVD (Vaginal) Care/Delivery - \$6,303</li> <li>Caesarean delivery fee for on-call delivery - \$2788</li> <li>SVD fee for on-call delivery - \$2,467</li> <li>Suction D&amp;C (TOP) - \$838</li> </ul>	
<b>Local Out-Patient Services (KEMH and Standard Health Benefit (SHB) Approved Providers*)</b>		
<b>3. Emergency Room Visits</b>	Covered at 100%	Covered at 100%
<b>4. Diagnostic Imaging</b> <ul style="list-style-type: none"> <li>At SHB BHeC approved facility and fee schedule</li> </ul>	Covered at 100% <ul style="list-style-type: none"> <li>Diagnostic imaging includes MRI, CT Scan, Ultrasound, X-Rays</li> </ul>	Covered at 100% <ul style="list-style-type: none"> <li>Diagnostic imaging includes MRI, CT Scan, Ultrasound, X-Rays</li> </ul>
<b>5. Supplemental Diagnostic Imaging and Cardiac Diagnostics</b> <ul style="list-style-type: none"> <li>Health Insurance (FutureCare Plan) (Additional Benefits) Order 2009</li> </ul>	Not Covered	Covered at 80% at KEMH and BHeC approved providers.
<b>6. Laboratory Services</b> <ul style="list-style-type: none"> <li>At SHB BHeC approved facility and at the approved SHB fee schedule</li> </ul>	<ul style="list-style-type: none"> <li>Labs performed at KEMH – covered at 100%</li> <li>Supplemental – approved facilities, covered labs and fees</li> </ul>	<ul style="list-style-type: none"> <li>Labs performed at KEMH – covered at 100%</li> <li>Supplemental - approved facilities, covered labs and fees</li> </ul>
<b>7. SHB Wellness Benefit</b> <ul style="list-style-type: none"> <li>Via BHB D.R.E.A.M. Centre and Bermuda Diabetes Association</li> <li>At SHB approved fee schedule</li> </ul>	Covered at 100% <ul style="list-style-type: none"> <li>E.g. Fall Prevention, Diabetes Counselling, Hypertension, Smoking Cessation, Asthma/COPD Education and Nutrition Consulting.</li> </ul>	Covered at 100% <ul style="list-style-type: none"> <li>E.g. Fall Prevention, Diabetes Counselling, Hypertension, Smoking Cessation, Asthma/COPD Education and Nutrition Consulting.</li> </ul>
<b>8. BHB Employed Specialists</b> <ul style="list-style-type: none"> <li>As per Bermuda Hospitals Board (BHB) (Hospital Fees) Regulations</li> </ul>	Covered at 100% <ul style="list-style-type: none"> <li>Benefit excludes Urology (see Specialist Visits in Supplemental Benefits)</li> </ul>	Covered at 100% <ul style="list-style-type: none"> <li>Benefit excludes Urology (see Specialist Visits in Supplemental Benefits)</li> </ul>
<b>9. Artificial Limbs and Appliances</b> <ul style="list-style-type: none"> <li>Policyholder must have 12 months continuous active policy to be eligible for this benefit</li> <li>At SHB BHeC approved facility</li> </ul>	\$100,000 lifetime max	\$100,000 lifetime max

	<u>HIP</u>	<u>FutureCare Plans</u>
<b>10. Home Medical Services Benefit</b> <ul style="list-style-type: none"> <li>Physician assessment and referral required</li> <li>SHB BHeC approved providers and fee schedule.</li> </ul>	Services at a high-level: <ul style="list-style-type: none"> <li>Registered Nurse Visits               <ul style="list-style-type: none"> <li>Wound care</li> <li>IV Therapy and associated drugs</li> </ul> </li> <li>Palliative Care</li> <li>Nutritionist Counselling</li> </ul>	Services at a high-level: <ul style="list-style-type: none"> <li>Registered Nurse Visits               <ul style="list-style-type: none"> <li>Wound care</li> <li>IV Therapy and associated drugs</li> </ul> </li> <li>Palliative Care</li> <li>Nutritionist Counselling</li> </ul>
<b>11. Kidney Transplant</b>	\$200,000 benefit for kidney transplant	\$200,000 benefit for kidney transplant
<b>12. Dialysis</b> <ul style="list-style-type: none"> <li>At SHB BHeC approved facilities (effect 1 June 2019)</li> </ul>	<ul style="list-style-type: none"> <li>Haemodialysis covered up to a monthly maximum of \$11,284</li> <li>Peritoneal dialysis covered up to \$9,368 per month or if less than a month, \$308 per diem</li> </ul>	<ul style="list-style-type: none"> <li>Haemodialysis covered up to a monthly maximum of \$11,284</li> <li>Peritoneal dialysis covered up to \$9,368 per month or if less than a month, \$308 per diem</li> </ul>
<b>13. Anti-rejection Drugs</b>	Covered at 100%	Covered at 100%
<b>HID Supplemental Benefits</b>		
<b>14. GP Office Visits</b>	\$42 per visit - max 4 visits per year	\$46 per visit
<b>15. Specialist Physician Visits</b>	<ul style="list-style-type: none"> <li>\$170 for two initial consults max/year</li> <li>\$75 for three follow up visits max/year               <ul style="list-style-type: none"> <li>Includes oncology physician services at Bermuda Cancer and Health</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>\$170 for two initial consults max/year</li> <li>\$75 for three follow up visits max/year               <ul style="list-style-type: none"> <li>Includes oncology physician services at Bermuda Cancer and Health</li> </ul> </li> </ul>
<b>16. Wellness Benefit</b>	6 visits per year covered at \$35 / visit  E.g. Asthma, nutrition, diabetes counselling, fall prevention and counseling for smoking cessation	6 visits per year covered at \$35 / visit  E.g. Asthma, nutrition, diabetes counselling, fall prevention and counseling for smoking cessation
<b>17. Prescription Drugs</b>	\$1,000 per policy year maximum <ul style="list-style-type: none"> <li>100% paid</li> </ul>	\$3,000 per policy year maximum <ul style="list-style-type: none"> <li>100% paid</li> </ul>
<b>18. Personal Home Care services:</b> <ul style="list-style-type: none"> <li><u>Requires Prior Approval</u> for both H IP and FC</li> <li>New policies or re-enrolments on or after 29 July 2019, PHC Benefit applicants will be required to undergo means testing.               <ul style="list-style-type: none"> <li>Fully implemented by August 2020</li> </ul> </li> </ul>	\$60,000 max per year which includes the following services and rates: <ul style="list-style-type: none"> <li>Personal Caregiver - \$15 per hour to monthly maximum of \$2,610 (prorated)</li> <li>Skilled Caregiver - \$25 per hour to monthly maximum of \$1,525 (prorated)</li> <li>Adult Day Care - \$200 per week to monthly maximum of \$867 (prorated)</li> </ul>	\$60,000 max per year which includes the following services and rates: <ul style="list-style-type: none"> <li>Personal Caregiver - \$15 per hour to monthly maximum of \$2,610 (prorated)</li> <li>Skilled Caregiver - \$25 per hour to monthly maximum of \$1,525 (prorated)</li> <li>Adult Day Care - \$200 per week to monthly maximum of \$867 (prorated)</li> </ul>

	<u>HIP</u>	<u>FutureCare Plans</u>
<ul style="list-style-type: none"> <li>Policyholder must have continuous active policy for 12 months prior and meet clinical criteria to being eligible for this benefit</li> </ul>	<ul style="list-style-type: none"> <li>Registered Nurse Visit - \$75 per visit to a max 12 visits per policy year</li> </ul>	<ul style="list-style-type: none"> <li>Registered Nurse Visit - \$75 per visit to a max 12 visits per policy year</li> </ul>
<b>19. Radiation Treatments for Cancer Care</b>	<ul style="list-style-type: none"> <li>Local - Covered at 100%</li> <li>Overseas <ul style="list-style-type: none"> <li>Tier I: Approved Hospital – covered at 60%</li> <li>Tier II: Approved Out of Network Hospital – covered at 40%</li> <li>Tier III: Not Approved Out of Network Hospital – Not Covered</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Local – Covered at 100%</li> <li>Overseas <ul style="list-style-type: none"> <li>Tier I: Approved Hospital – covered at 75%</li> <li>Tier II: Approved Out of Network Hospital – covered at 55%</li> <li>Tier III: Not Approved Out of Network Hospital – Not Covered</li> </ul> </li> </ul>
<b>20. Vision Benefit</b>	<ul style="list-style-type: none"> <li>Eye examination and prescribed eyewear – not covered.</li> </ul>	<ul style="list-style-type: none"> <li>Eye examination - \$50 per policy year</li> <li>Prescribed Eyewear - \$200 max per policy year</li> </ul>
<ul style="list-style-type: none"> <li>Applicable either in Bermuda or Overseas <ul style="list-style-type: none"> <li>Referral not required for overseas Vision benefit</li> </ul> </li> </ul>		
<b>21. Group Psychotherapy Sessions</b>	Not Covered	\$46 per visit <ul style="list-style-type: none"> <li>max 24 visits/year</li> </ul>
<b>22. Clinical Psychologist Visit</b>	See Specialist Physician Visit Benefit	\$78 per visit <ul style="list-style-type: none"> <li>12 visits per policy year</li> </ul>
<b>23. Psychiatrist Visit</b>	See Specialist Physician Visit Benefit	\$131 for initial <ul style="list-style-type: none"> <li>\$81 for follow-up visits</li> </ul>
<b>24. Physiotherapy or Occupational Therapy Visit</b>	Not Covered	\$35 per visit <ul style="list-style-type: none"> <li>max 12 visits per policy year</li> </ul>
<b>25. Speech Therapy Session</b> Referral required from GP	Not Covered	\$42 per visit <ul style="list-style-type: none"> <li>max of 12 one-hour sessions per policy year</li> </ul>
<b>26. Chiropracist Visit</b>	Not Covered	\$41 per visit <ul style="list-style-type: none"> <li>max 6 visits per policy year</li> </ul>
<b>27. Allergy Services</b>	See Specialist Physician Visit Benefit for Allergist Physician visits	\$500 lifetime maximum <ul style="list-style-type: none"> <li>Includes test and treatment</li> </ul>
<b>28. Registered Nurse Home Visits</b>	See Personal Home Care and Home Medical Services benefits above	12 visits per year - ordered by a physician See Personal Home Care and Home Medical Services benefits above
<b>29. Physician Home visits</b>	\$82 per visit	\$82 per visit
<b>30. Surgery</b>	Not Covered in a Doctor’s Office except Ophthalmic surgery at Bermuda International Eye Institute and Bermuda Eye Centre	Not Covered in a Doctor’s Office except Ophthalmic surgery at Bermuda International Eye Institute and Bermuda Eye Centre
<b>31. Overseas Treatment</b>		

<b>HIP</b>		<b>FutureCare Plans</b>
<ul style="list-style-type: none"> <li>Referrals will be required with the exception if travelling aboard and a medical emergency arises</li> <li>Treatment must be medically necessary and not available in Bermuda.</li> <li>Care coordinated through GMMI</li> </ul>	<ul style="list-style-type: none"> <li>Tier 1: Approved Hospital – covered at 60%</li> <li>Tier 2: Approved Out of Network Hospital – covered at 40%</li> <li>Tier 3: Not Approved Out of Network Hospital – Not Covered</li> </ul> See Overseas Coverage Brochure for additional details	<ul style="list-style-type: none"> <li>Tier 1: Approved Hospital – covered at 75%</li> <li>Tier 2: Approved Out of Network Hospital – covered at 55%</li> <li>Tier 3: Not Approved Out of Network Hospital – Not Covered</li> </ul> See Overseas Coverage Brochure for additional details

**Dental Benefits: Paid in Accordance with the Bermuda Dental Fee Schedule**

**Basic Dental Services:**

<b>31. Preventative and Diagnostic</b>	<ul style="list-style-type: none"> <li>75% of Fee Schedule</li> <li>Policy Year: Unlimited</li> <li>Lifetime: Unlimited</li> </ul>	<ul style="list-style-type: none"> <li>100% of Fee Schedule</li> <li>Policy Year: Unlimited</li> <li>Lifetime: Unlimited</li> </ul>
<b>32. Exams, Consultations, Polishing, Scaling or Root Planing, Fluoride</b>	<ul style="list-style-type: none"> <li>75% of Fee Schedule</li> <li>Policy Year: Unlimited</li> <li>Lifetime: Unlimited</li> </ul>	<ul style="list-style-type: none"> <li>100% of Fee Schedule</li> <li>Policy Year: \$1,200.00</li> <li>Lifetime: Unlimited</li> </ul>
<b>33. Surgical and Minor Restorative</b>	<ul style="list-style-type: none"> <li>75% of Fee Schedule</li> <li>Policy Year: Unlimited</li> <li>Lifetime: Unlimited</li> </ul>	<ul style="list-style-type: none"> <li>100% of Fee Schedule</li> <li>Policy Year: Unlimited</li> <li>Lifetime: Unlimited</li> </ul>
<b>34. Endodontics</b>	Not Applicable	Root Canal Services <ul style="list-style-type: none"> <li>100% of Fee Schedule</li> <li>Policy Year: Unlimited</li> <li>Lifetime: Unlimited</li> </ul>
<b>35. Periodontic</b>	Not Applicable	Treatment of Gum Disease <ul style="list-style-type: none"> <li>50% of Fee Schedule</li> <li>Policy Year: \$2,000.00</li> <li>Lifetime: Unlimited</li> </ul>
<b>36. Major Restorative</b>	Not Applicable	Crowns, Inlays, Onlays, Dentures or Bridgework, Braces, Dental Implants and Related Procedures <ul style="list-style-type: none"> <li>80% of Fee Schedule</li> <li>Policy Year: \$3,000.00</li> <li>Lifetime: Unlimited</li> </ul>

**Additional Benefit Information**

**Standard Health Benefits:**

All HID policies include basic Standard Health Benefits (SHB). The Standard Health Benefit is a list of basic benefits that are included in all Bermuda Health Insurance plans. These are generally in-patient or out-patient services provided at the King Edward Memorial Hospital or other facilities approved by the Bermuda Health Council (BHeC). For a list of providers and facilities approve by BHeC, please see the Reimbursement Schedule on the BHeC website,

[www.bhec.bm/reimbursement-rates/](http://www.bhec.bm/reimbursement-rates/) . For a list of Standard Health benefits and fees, please consult the Health Insurance (Standard Health Benefit) Regulations 1971 and the Bermuda Hospitals Board (Hospital Fees) Regulation on the Bermuda Laws Online website.

#### **HID Benefits Limits and Exclusions:**

1. Overseas treatment is limited to 45 days in-patient stay during a twelve (12) month period for the same diagnosis.
2. Overseas treatment is limited to in-patient and out-patient hospital treatment within the approved network of treatment hospitals:
  - a. Care provided at Hospitals outside of the approved hospital network that are **not** approved by the Health Insurance Committee (HIC) will not be covered.
3. Long-term care, skilled care facility, custodial, or hospice care overseas is not covered.
4. Rehabilitation for drug or alcohol addiction overseas is not covered.
5. Airfare, air ambulance, hotel and transportation costs to and from the hospital are not covered for overseas treatment.
6. Cosmetic or plastic surgery are not covered unless necessary to correct traumatic injury.
7. Elective treatments, second opinions and experimental treatments are not covered.
8. Diagnostic services performed to satisfy the requirements for third parties is not covered.
9. Claims from medical providers or individuals must be submitted within 12 months of the treatment date, otherwise the claim is expired and will be rejected.