



BERMUDA

HEALTH INSURANCE (STANDARD HEALTH BENEFIT) REGULATIONS 1971

SR&O 13 / 1971

[made under section 40 of the Health Insurance Act 1970 and brought into operation on 1 April 1971]

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[NB Formerly the Hospital Insurance (Standard Hospital Benefit) Regulations 1971 and the Health Insurance (Standard Hospital Benefit) Regulations 1971. 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; title amended and references to "standard hospital benefit" or "standard hospital benefits" substituted by "standard health benefit" by 2015 : 26 s. 5 effective 29 June 2015. These amendments are not individually noted.]

Interpretation

A1 In these Regulations—

“Act” means the Health Insurance Act 1970;

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“compulsorily insurable” in relation to any person, means a person in respect of whom an employer is required to effect a contract of health insurance in pursuance of section 20 of the Health Insurance Act 1970.

[Regulation A1 inserted by BR 21 / 2010 reg. 2 effective 1 April 2010]

Standard health benefit

1 Subject to these Regulations, standard health benefit shall consist of the in-patient services specified in regulation 2 and the out-patient services specified in regulation 3.

In-patient services

2 Standard health benefit shall include the following in-patient services provided by the Board—

- (i) accommodation and meals at the standard or public ward rate;
- (ii) full nursing services;
- (iii) laboratory, radiological and other 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;
- (iv) drugs, biological and related preparations which are prescribed by an attending physician in accordance with the hospital formulary and administered in the hospital;
- (v) use of operating room, anaesthetic facilities and other facilities required in operating procedure, including necessary equipment and supplies;
- (vi) standard surgical supplies;
- (vii) use of radiotherapy facilities;
- (viii) use of physiotherapy facilities;
- (ix) services rendered by persons who receive remuneration for that service from the hospital;
- (x) *[revoked]*
- (xi) treatment for alcoholism (other than alcoholism causing acute mental illness);
- (xii) use of ultrasound facilities;
- (xiii) diabetic education and counselling but limited only to one education and counselling programme;
- (xiv) hospice care in an establishment under the charge and management of the Board;
- (xv) speech therapy (in-patient);

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- (xvi) the use of orthopaedic appliances;
- (xvii) hyperbaric and wound care treatment;
- (xviii) bone densitometry;
- (xix) cardiac care programme;
- (xx) magnetic resonance imaging;
- (xxi) wound management centre;
- (xxii) stereotactic breast biopsy;
- (xxiii) interventional radiology;
- (xxiv) assessment and treatment in the rehabilitation unit;
- (xxv) neonatal hearing screening for newborns;
- (xxvi) modified barium swallow;
- (xxvii) vacuum assisted closure therapy;
- (xxviii) any in-patient hospital treatment provided by the Board in respect of standard health benefit for which hospital fees are prescribed by regulations made under section 13 of the Bermuda Hospitals Board Act 1970.

[Regulation 2 amended by BR 14/1991 effective 1 April 1991; by BR 14/1993 effective 1 April 1993, by BR 17/1995 effective 1 April 1995; by BR 24/1998 effective 27 March 1998; by BR 7/2001 effective 1 April 2001; by BR 18/2002 effective 1 April 2002; by BR 22/2004 effective 1 April 2004; by 2004:22 effective 1 January 2006; by BR 10/2005 effective 1 April 2005; paragraph (x) revoked by 2017 : 25 s. 15 effective 1 June 2017; Regulation 2 amended by 2019 : 18 s.12 effective 1 June 2019]

Out-patient services

- 3 (1) Standard health benefit shall include the following outpatient services—
- (i) 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 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;
 - (ii) the use of radiotherapy, occupational therapy and physiotherapy facilities in the hospital when prescribed by a physician;
 - (iii) the hospital component of out-patient services, and the hospital component necessary to support operative or diagnostic procedures performed by a registered medical practitioner or under his direction, including the use of an operating room and anaesthetic facilities, surgical supplies, nursing and the supply of drugs and biological and related preparations which are prescribed by a physician on the medical staff of the hospital in accordance with the hospital formulary and administered in the hospital;

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- (iv) local ambulance service in essential cases;
- (v) x-ray of the breast performed—
 - (a) at the general hospital; or
 - (b) at such other facility, and at such rates, as may be approved by the Council;
- (vi) hospital services rendered to an out-patient by hospital staff outside the hospital for specific purposes as approved by the Council;
- (vii) speech therapy rendered to an out-patient provided that the patient had previously been an in-patient and that the treatment does not exceed three month duration;
- (viii) *[revoked]*
- (ix) the use of orthopaedic appliances;
- (x) asthma education;
- (xi) hyperbaric and wound care treatment;
- (xii) bone densitometry performed—
 - (aa) at the general hospital; or
 - (bb) at such other facility, and at such rates, as may be approved by the Council;
- (xiii) cardiac care programme;
- (xiv) diagnostic imaging services provided by a diagnostic facility—
 - (aa) which is registered under section 163 of the Public Health Act 1949;
 - (bb) which is approved by the Council; and
 - (cc) in respect of which the reimbursement rates have been approved by that Council;
- (xv) health care services or products provided in the home of a patient, or services in support of home-based care, where the services, the products, the person responsible for the provision of such services, and the reimbursement rates, have been approved by the Council;
- (xvi) magnetic resonance imaging;
- (xvii) wound management centre;
- (xviii) stereotactic breast biopsy;
- (xix) interventional radiology;
- (xx) modified barium swallow;
- (xxi) vacuum assisted closure therapy;

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- (xxii) fetal fibronectin test;
- (xxiii) intravenous therapy in an outpatient infusion clinic;
- (xxiv) continuous glucose monitoring;
- (xxv) D-dimer Test;
- (xxvi) C.T. Angiography Examinations;
- (xxvii) Gastro Esophageal Reflux Studies;
- (xxviii) Stereotactic Breast Biopsies;
- (xxix) the following laboratory services provided by the Bermuda Hospitals Board (Chemistry Department)—
 - (aa) Complement 3 (kidney);
 - (bb) Compliment 4;
 - (cc) Microalbumin (kidney);
 - (dd) Cancer Antigen 15-3 (cancer);
 - (ee) Cancer Antigen 19-9 (cancer);
 - (ff) NT-Pro BNP (heart);
 - (gg) C-Reactive Protein (CRP);
 - (hh) High Sensitivity C-Reactive Protein;
 - (ii) Iodized Calcium (kidney);
 - (jj) Immunoglobulin A;
 - (kk) Osmolality/Osmolarity (kidney);
- (xxx) the following laboratory services provided by the Bermuda Hospitals Board (Haematology Department)—
 - (aa) Protein C;
 - (bb) Protein S;
 - (cc) Activated Protein C Resistance;
 - (dd) Lupus Anticoagulant Screening;
 - (ee) Antithrombin III;
 - (ff) Thrombin Time;
 - (gg) Anti-XA Assay;
- (xxxi) VITEK services provided by the Bermuda Hospitals Board (Pathology Department);

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- (xxxii) Ankle Brachial Index Test provided by the Bermuda Hospitals Board (Hyperbaric and Wound Care Department);
- (xxxiii) Transcutaneous Oxygen Monitoring provided by the Bermuda Hospitals Board (Hyperbaric and Wound Care Department);
- (xxxiv) Glucose Monitoring provided by the Bermuda Hospitals Board (Hyperbaric and Wound Care Department);
- (xxxv) Wound Care Assessment provided by the Bermuda Hospitals Board (Hyperbaric and Wound Care Department);
- (xxxvi) 24-hour blood pressure monitoring service provided by the Bermuda Hospitals Board;
- (xxxvii) Diabetes counselling provided by the Bermuda Hospitals Board;
- (xxxviii) diabetes counselling and wound care products where the facility, the services, the products and the reimbursement rates have been approved by the Council;
- (xxxix) extended period ambulatory cardiac rhythm monitoring device provided by the Bermuda Hospitals Board;
 - (xl) expanded duplex ultrasound screening for peripheral artery disease provided by the Bermuda Hospitals Board;
 - (xli) therapeutic plasma exchange for immune mediated diseases provided by the Bermuda Hospitals Board;
 - (xlii) high risk foot podiatry services where the facility, the services, and the reimbursement rates have been approved by the Council;
 - (xliii) oral chemotherapies where the facility, the services, and the reimbursement rates have been approved by the Council;
 - (xliv) palliative care where the facility, the services, and the reimbursement rates have been approved by the Council;
 - (xlv) any outpatient hospital treatment provided by the Board in respect of standard health benefit for which hospital fees are prescribed by regulations made under section 13 of the Bermuda Hospitals Board Act 1970.

(2) For greater clarity, the outpatient services listed in the following subparagraphs of paragraph (1)—

- (i) subparagraphs (i) to (iv);
- (ii) subparagraph (vii);
- (iii) subparagraphs (ix) to (xi);
- (iv) subparagraph (xiii); and
- (v) subparagraphs (xvi) to (xxviii),

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are included in standard health benefit where those outpatient services are provided by the Board.

[Regulation 3 amended by BR 10/1994 effective 1 April 1994, by BR 17/1995 effective 1 April 1995; by BR 48/1998 effective 1 July 1998; para (v) substituted and (x) inserted by BR 32/2000 effective 1 April 2000; amended by BR 7/2001 effective 1 April 2001; by BR 18/2002 effective 1 April 2002; by 2004:22 effective 1 January 2006; by BR 10/2005 effective 1 April 2005; by BR 26/2006 effective 1 April 2006; by BR29/2007 effective 1 April 2007; by BR 14/2008 effective 1 April 2008; subparagraph (aa) of paragraph (xxxviii) amended by BR 21 / 2010 reg. 3 effective 1 April 2010; paragraph (viii) amended by 2014 : 6 s. 3 effective 1 April 2014; paragraphs (iii), (vi) and (xiv) amended by 2015 : 26 s. 5 effective 29 June 2015; paragraphs (xxxix) - (xlii) inserted by 2016 : 10 s. 5 effective 1 April 2016; paragraph (viii) revoked and paragraphs (xliii) and (xliv) inserted by 2017 : 25 s. 15 effective 1 June 2017; Regulation 3 amended by 2019 : 18 s.12 effective 1 June 2019]

Limitation of benefit

4 Benefit in respect of in-patient treatment prescribed in regulation 2 shall, subject to regulation 8, apply without limit as to the duration of the period of confinement in hospital.

[Regulation 4 deleted and substituted by 2014 : 6 s. 3 effective 1 April 2014]

Exclusions

5 Standard benefit shall not include the following—

- (i) treatment of mental disorder, nervous disorders (other than those with a defined pathological cause), chronic alcoholism or drug addiction except treatment prescribed in the Health Insurance (Mental Illness, Alcohol and Drug Abuse) Regulations 1973 [title 18 item 9(t)];
- (ii) rest cures, sanatoria and custodial care including in-patient treatment in the geriatric ward of the general hospital;
- (iii) cosmetic or plastic surgery unless necessary to correct traumatic injury;
- (iv) 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 of a tumour or cyst or treatment of sound natural teeth damaged as a result of an injury;
- (v) treatment involving examination of the eye or ear for the purpose of fitting eye glasses or hearing aid except where such a treatment is necessitated by damage to the natural eye or ear as a result of an injury;
- (vi) the provision of medications for the patient to take out of the hospital;
- (vii) diagnostic services performed to satisfy the requirements of third parties;
- (viii) visits solely for the administration of drugs, vaccines, sera or biological products;
- (ix) transportation or travel other than local ambulance services;

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- (x) treatment or advice given in the out-patients' or emergency departments which would normally be provided in a doctor's office (such treatment, however, will be provided if it can be shown that the patient'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. For the purposes of this paragraph "emergency" means the sudden occurrence of a physical illness requiring professional assessment and care);
- (xa) treatment that is excluded from standard health benefit by regulations made under section 13 of the Bermuda Hospitals Board Act 1970;
- (xi) 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.

[Regulation 5 para (ii) amended by BR 22/2004 effective 1 April 2004; para (xa) inserted by 2012 :13 s. 3(a) effective 1 April 2012]

Treatment provided in the general hospital

6 In relation to treatment provided in the general hospital, standard health benefit shall include, subject to any exclusions specified pursuant to section 13(1) of the Bermuda Hospitals Board Act 1970, services and supplies which are provided by the Board or its officers and servants, but shall not include fees for professional services provided in a private capacity or provided by any physician, surgeon, dental practitioner or other practitioner of a profession associated with medicine who is not an officer or servant of the Board.

[Regulation 6 amended by 2012 : 13 s. 3(b) effective 1 April 2012]

Treatment included in standard health benefit

7 Standard health benefit shall include—

- (a) treatment prescribed in the Health Insurance (Mental Illness, Alcohol and Drug Abuse) Regulations 1973;
- (b) maternity treatment in accordance with the Health Insurance (Maternity Benefit) Regulations 1971; and
- (c) the supply, maintenance repair and renewal of artificial limbs or artificial appliances in accordance with the Health Insurance (Artificial Limbs and Appliances) Regulations 1971.

Standard health benefit not to extend to a hospital outside Bermuda

8 For the avoidance of doubt, standard health benefit shall not extend to cover treatment in a hospital outside Bermuda.

[Regulation 8 deleted and substituted by 2014 : 6 s. 3 effective 1 April 2014]

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Standard premium

9 Subject to regulation 10, the standard premium payable in respect of the standard health benefit shall be \$355.31 a month (or \$81.99 a week where paid weekly) of which \$331.97 a month (or \$76.61 a week) shall be paid into the Mutual Re-Insurance Fund.

[Regulation 9 inserted by BR 21 / 2010 reg. 4 effective 1 April 2010; revoked and substituted by BR 12 / 2011 reg. 2 effective 1 April 2011; amended by BR 24 / 2012 reg. 2 effective 1 April 2012; amended by BR 15 / 2013 reg. 2 effective 1 April 2013; amended by 2014 : 6 s. 3 effective 1 April 2014; amended by 2015 : 26 s. 5 effective 29 June 2015; amended by 2016 : 10 s. 5 effective 1 April 2016; amended by 2017 : 25 s. 15 effective 1 June 2017; Regulation 9 amended by 2018 : 30 s. 6 effective 1 July 2018; amended by 2019 : 18 s.12 effective 1 June 2019]

Standard premium for persons over 65

10 The standard premium payable in respect of the standard health benefit for persons over the age of sixty-five years who do not qualify for subsidised hospital treatment under section 2(1)(b) and (bb) of the Act shall be \$1,227.53 a month (or \$283.28 a week) of which \$1,025.96 a month (or \$236.76 a week) shall be paid into the Mutual Re-Insurance Fund.

[Regulation 10 inserted by BR 21 / 2010 reg. 4 effective 1 April 2010; revoked and substituted by BR 12 / 2011 reg. 2 effective 1 April 2011; amended by BR 24 / 2012 reg. 3 effective 1 April 2012; amended by BR 15 / 2013 reg. 3 effective 1 April 2013; amended by 2014 : 6 s. 3 effective 1 April 2014; amended by 2015 : 26 s. 5 effective 29 June 2015; amended by 2016 : 10 s. 5 effective 1 April 2016; amended by 2017 : 25 s. 15 effective 1 June 2017; Regulation 10 amended by 2018 : 30 s. 6 effective 1 July 2018; amended by 2019 : 18 s.12 effective 1 June 2019]

Employer entitled to deduct half of standard premium

11 (1) Where an employer has effected a contract of health insurance in respect of an employee in pursuance of section 20 of the Act, the employer is entitled to make the following deductions (being one half of the amount of the standard premium payable in respect of the period) from the salary, wages or other remuneration payable to that employee—

- (a) in the case of an employee, other than an employee who is over the age of 65 years and who does not qualify for subsidised hospital treatment under section 2(1)(b) or (bb) of the Act—
 - (i) where the employee is paid monthly, at a rate not exceeding \$177.66 per month; or
 - (ii) where the employee is paid weekly, at a rate not exceeding \$41.00 per week; or
- (b) in the case of an employee who is over the age of 65 years and who does not qualify for subsidised hospital treatment under section 2(1)(b) or (bb) of the Act—
 - (i) where the employee is paid monthly, at a rate not exceeding \$613.77 per month; or
 - (ii) where the employee is paid weekly, at a rate not exceeding \$141.64 per week.

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(2) Paragraph (1) shall apply mutatis mutandis to a contract of health insurance effected in respect of the non-employed spouse of an employee.

[Regulation 11 inserted by BR 21 / 2010 reg. 4 effective 1 April 2010; revoked and substituted by BR 12 / 2011 reg. 2 effective 1 April 2011; paragraph (1) amended by BR 24 / 2012 reg. 4 effective 1 April 2012; paragraph (1) amended by BR 15 / 2013 reg. 4 effective 1 April 2013; paragraph (1) amended by 2014 : 6 s. 3 effective 1 April 2014; paragraph (1) amended by 2015 : 26 s. 5 effective 29 June 2015; paragraph (1) amended by 2017 : 25 s. 15 effective 1 June 2017; Regulation 11 amended by 2018 : 30 s. 6 effective 1 July 2018]

Deductions on termination of employment

12 (1) Where during the course of a month, an employee ceases to be compulsorily insurable by any employer by virtue of the termination of the employee's employment, the employer is entitled to make the following deductions from the salary, wages, or other remuneration payable to that employee—

- (a) in the case of an employee, other than an employee who is over the age of 65 years and who does not qualify for subsidised hospital treatment under section 2(1)(b) or (bb) of the Act, at a rate not exceeding \$41.00 for each week or part of a week for which the employee has been employed during that month and for any period of extended cover for which the employer is liable to pay a premium in pursuance of regulation 5 of the Health Insurance (Cover) Regulations 1971; or
- (b) in the case of an employee who is over the age of 65 years and who does not qualify for subsidised hospital treatment under section 2(1)(b) or (bb) of the Act, at a rate not exceeding \$141.64 for each week or part of a week for which the employee has been employed during that month and for any period of extended cover for which the employer is liable to pay a premium in pursuance of regulation 5 of the Health Insurance (Cover) Regulations 1971.

(2) Paragraph (1) shall apply mutatis mutandis to deductions in respect of a non-employed spouse who ceases to be compulsorily insurable by his or her spouse's employer.

[Regulation 12 inserted by BR 21 / 2010 reg. 4 effective 1 April 2010; revoked and substituted by BR 12 / 2011 reg. 2 effective 1 April 2011; paragraph (1) amended by BR 24 / 2012 reg. 5 effective 1 April 2012; paragraph (1) amended by BR 15 / 2013 reg. 5 effective 1 April 2013; paragraph (1) amended by 2014 : 6 s. 3 effective 1 April 2014; paragraph (1) amended by 2015 : 26 s. 5 effective 29 June 2015; paragraph (1) amended by 2017 : 25 s. 15 effective 1 June 2017; Regulation 12 amended by 2018 : 30 s. 6 effective 1 July 2018]

[Amended by:

SR&O 37 / 1973
BR 38 / 1978
BR 20 / 1980
1981 : 37
BR 20 / 1984
BR 12 / 1987

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BR 29 / 1988
BR 23 / 1990
BR 14 / 1991
BR 14 / 1993
BR 10 / 1994
BR 17 / 1995
BR 24 / 1998
BR 48 / 1998
BR 32 / 2000
BR 7 / 2001
BR 18 / 2002
2004 : 22
BR 22 / 2004
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BR 26 / 2006
BR 29 / 2007
BR 14 / 2008
BR 21 / 2010
BR 12 / 2011
BR 24 / 2012
2012 : 13
BR 15 / 2013
2014 : 6
2015 : 26
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2019 : 18]