

**GOVERNMENT EMPLOYEES (HEALTH INSURANCE)  
(BENEFITS) AMENDMENT ORDER 1996**

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AG7/25B:LW-sd

04/08/05

**BR 17/1996**

**GOVERNMENT EMPLOYEES (HEALTH INSURANCE) ACT 1986**

**1986 : 5**

**GOVERNMENT EMPLOYEES (HEALTH INSURANCE)  
(BENEFITS) AMENDMENT ORDER 1996**

The Minister of Finance, in exercise of the power conferred upon him by section 12 of the Government Employee (Health Insurance) Act 1986, makes the following Order:—

**Citation and commencement**

1 This Order, which amends the Government Employees (Health Insurance) (Benefits) Order 1986 (hereinafter referred to as "the Order"), may be cited as the Government Employees (Health Insurance) (Benefits) Amendment Order 1996 and shall come into operation on 1 April 1996.

**Amends paragraph 1 of the Schedule to the Order**

2 Paragraph 1 of the Schedule to the Order is amended—

(a) in sub-paragraph A—

- (i) by deleting "and" from sub-paragraph (xii);
- (ii) by replacing the full stop at the end of sub-paragraph (xiii) with a semi-colon and adding the following—

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

(xv) hospice care in an establishment which the Committee has approved.";

(b) by deleting sub-paragraph E and substituting the following—

**"E ARTIFICIAL LIMBS, ORTHOPAEDIC BRACES  
AND ARTIFICIAL APPLIANCES**

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, so however that the amount payable shall be calculated from the relevant date and shall not exceed \$10,000.

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.".

**Amends paragraph 2 of the Schedule to the Order**

3 Paragraph 2 of the Schedule to the Order is amended—

(a) by deleting sub-paragraph 1 and substituting the following—

**"1 HOSPITAL EXPENSES**

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.";

(b) in sub-paragraph 4 by deleting from sub-paragraph (iv) "all expenses incurred; and" and substituting "expenses incurred which the Committee shall approve as being reasonable and customary; and";

(c) by deleting sub-paragraph 5 and substituting—

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**"5 DENTAL TREATMENT**

In case of injury to a sound natural tooth: expenses incurred for immediate treatment in the dentist's clinic which the Committee shall approve as being reasonable and customary.

In case of further treatment prescribed by a dentist, including the provision of dentures: expenses incurred to a maximum determined by the Committee.

In case of the excision of impacted teeth, a tumour or a cyst: expenses incurred which the Committee shall approve in advance as being reasonable and customary.";

- (d) in sub-paragraph 7 by inserting next after "in respect of" the words "medical attendance for";
- (e) by deleting sub-paragraph 8 and substituting the following—

**"8 BENEFITS FOR TREATMENT OVERSEAS**

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

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

- (a) Essential treatment, consultation or technical investigation

Treatment, consultation or technical investigation is essential if there is no alternative in Bermuda, and a medical or surgical specialist practising in Bermuda has certified the treatment 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;

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- (ii) travel expenses limited to a maximum determined by the Committee;
- (iii) expenses for essential ambulance plane services limited to 80% of the cost thereof.

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

- (b) Optional treatment, consultation or technical investigation

Treatment, consultation or technical investigation is optional if it is not immediately necessary for the condition of the insured person and alternative treatment therefor may or may not be available in Bermuda but 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 the rate for similar services provided in Bermuda so however that—

where the cost of the charges incurred overseas is less than the cost of similar services provided in Bermuda, the insured person may claim the cost of the expenses actually incurred;

where the cost of the charges incurred overseas is greater than the cost of similar services provided in Bermuda, the insured person may claim reimbursement at the rate for similar services provided in Bermuda plus 50% of the difference between the charges incurred overseas and the charges for similar services in Bermuda;

where the services were not available in Bermuda the insured person may claim for medical expenses which the

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Committee has approved as being reasonable and customary; and

where 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.

- (c) Standard treatment, consultation or technical investigation

Treatment, consultation or technical investigation with or without medical advice is standard if it 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 provided in Bermuda;
- (ii) no claim may be made for travel or other expenses.";

- (f) by deleting sub-paragraph 9 and substituting the following—

**"9      PRESCRIPTION DRUGS**

Subject to an annual deduction of \$25 in respect of each insured person, the cost of drugs prescribed by a doctor 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 to a maximum of 80% thereof.

Claims for reimbursement must be submitted to the Committee on or before 30 April in the relevant year.";

- (g) by inserting next after sub-paragraph 10 the following new paragraphs—

**"(11)    SPEECH THERAPY**

The cost of speech therapy which the Committee has approved in advance as being reasonable and customary

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will be paid up to a maximum of 3 months for each prescription, if the therapy is prescribed by a doctor.

**(12) ASTHMA AND DIABETES COUNSELLING**

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

**(13) EYE TREATMENT**

The insured person may claim \$25 on an annual basis for an eye examination or \$150 on an annual basis for an eye examination which results in the fitting of lenses and frames.

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

- (i) frames;
- (ii) bifocal and trifocal lenses, including tints and prescription glasses;
- (iii) non-disposable contact lenses when initially required due to a change in prescription where improved visual sharpness is not possible through the use of regular eye glasses to a maximum of 3 pairs of non-disposable contact lenses;
- (iv) disposable contact lenses up to the maximum annual benefit.

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

- (i) duplicate and spare eye glasses;
- (ii) duplicate and spare non-disposable contact lenses;
- (iii) sunglasses, prescribed or otherwise;
- (iv) safety glasses;
- (v) services for visual training or remedial exercises."

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Made this                      day of    1996

Minister of Finance