



**BERMUDA**

**HEALTH INSURANCE (FUTURECARE PLAN) (ADDITIONAL BENEFITS)  
ORDER 2009**

**BR 26 / 2009**

The Minister responsible for health, in exercise of the powers conferred by section 13B of the Health Insurance Act 1970, makes the following Order:

**Citation**

1 This Order may be cited as the Health Insurance (FutureCare Plan) (Additional Benefits) Order 2009.

**Interpretation**

2 In this Order—

“Committee” means the Health Insurance Committee established under section 11A of the Health Insurance Act 1970;

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

*[Section 2 amended by 2009:49 s. 15 (3) effective 15 December 2009]*

**Additional benefits**

3 The additional benefits (including the items of treatment) covered by the FutureCare plan are specified in the Schedule.

**Commencement**

4 This Order shall come into operation on 1 April 2009.

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**SCHEDULE**

(paragraph 3)

**SPECIFIED  
ADDITIONAL BENEFITS COVERED BY FUTURECARE PLAN**

1. The following professional services for any treatment or procedure determined by the Committee to be medically necessary, at rates that have been approved by the Committee—
  - (a) Office visits to a general practitioner physician;
  - (b) 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);
  - (c) Group psychotherapy sessions, to a maximum of 24 visits per policy year;
  - (d) Visits to a clinical psychologist, to a maximum of 12 visits per policy year;
  - (e) Visits to a psychiatrist;
  - (f) Physiotherapy or occupational therapy, to a maximum of 12 visits per policy year;
  - (g) Speech therapy sessions to a maximum of 12 one-hour sessions per policy year;
  - (h) Visits to a chiroprapist, to a maximum of 6 visits per policy year; and
  - (i) Physician-ordered home visits by a nurse, to a maximum of 12 visits per policy year.
- 1A. One Annual Health Exam (Physical), up to \$250 for non-complex cases and up to \$350 for complex cases, plus ancillary laboratory and diagnostic imaging services.
2. Prescription drugs approved by the Committee: 100% of the drugs' (whether brand name or generic) cost to the beneficiary, to an amount not exceeding \$5,000 per policy year.
3. Laboratory tests that are approved by the Committee, at clinical laboratory facilities and at rates that have been approved by the Committee.
4. Cardiac diagnostic services at facilities that are approved by the Committee: 80% of the rate that has been approved by the Committee.

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5. Diagnostic imaging services that are approved by the Committee, at facilities that are approved by the Committee: 80% of the rate that has been approved by the Committee.
- 5A. Radiation therapy services that are approved by the Committee, at facilities and at rates that have been approved by the Committee.
6. Contribution towards the cost of a kidney transplant to an amount not exceeding \$50,000.
7. The following benefits, at rates that have been approved by the Committee—
  - (a) Basic dental care, including endodontia, at the approved rate;
  - (b) Periodontia, at 50% of the approved rate to an amount not exceeding \$2,000 per policy year;
  - (c) Restorations (prosthodontia), at 80% of the approved rate to an amount not exceeding \$3,000 per policy year; and
  - (d) fluoride, polishing and root planing at the approved rate.
8. The following benefits, at rates that have been approved by the Committee—
  - (a) An eye examination by an ophthalmologist, optometrist or optician, in Bermuda or outside Bermuda, to a maximum of \$50 per policy year; and
  - (b) The cost of eyewear prescribed by an ophthalmologist, optometrist or optician, in Bermuda or outside Bermuda, to a maximum of \$200 per policy year.
9. Allergy services, including testing and treatment, to an amount not exceeding \$500 per lifetime, at establishments or by providers that are approved by the Committee.
- 9A. The following professional services for any treatment or procedure, performed in Bermuda inside the general hospital by non-staff, determined by the Committee to be medically necessary, at 75% as approved by the Committee—
  - (a) professional services of general practitioners;
  - (b) professional services of surgeons;
  - (c) professional services of anaesthetists;
  - (d) professional services of gynaecologists;
  - (e) professional services of internal medicine specialists; and
  - (f) professional services of other specialist.

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- 9B. (1) The following personal home care services, as approved by the Committee, to a total amount not exceeding \$60,000 per policy year—
- (a) personal caregiving services in an amount of \$17.13 per hour, but to an amount not exceeding \$2,610 per month on a prorated basis;
  - (b) nursing aide services in an amount of \$25 per hour, but to an amount not exceeding \$1,525 per month on a prorated basis;
  - (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 \$867 per month on a prorated basis.
- (2) *[Revoked by BR 112 / 2025 para. 3]*  
(3) *[Revoked by BR 112 / 2025 para. 3]*  
(3A) *[Revoked by BR 112 / 2025 para. 3]*  
(4) *[Revoked by 2018 : 30 s. 3]*
- 9C. (1) A wellness promotion benefit covering a maximum of 6 counselling sessions per policy year 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.
10. Subject to the 40 day limit specified in regulation 2(a) of the Health Insurance (Mental Illness, Alcohol and Drug Abuse) Regulations 1973, the benefits prescribed under regulation 1 of those Regulations shall apply to a person insured under the FutureCare plan regardless of whether or not the contributions (under the Contributory Pensions Act 1970) specified in regulation 2(b) of those Regulations have been paid by, or in respect of, or credited to, the person.

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11. (1) Subject to subparagraph (1A), medically necessary treatment received outside Bermuda is covered, but only if—
- (a) the treatment is not available in Bermuda and is not an elective treatment; or
  - (b) the treatment consists of radiation therapy services which, although available in Bermuda, are for the time being approved by the Committee to be provided at a facility outside Bermuda.
- (1A) Treatment received outside Bermuda is not covered if—
- (a) it is provided outside the approved network of hospitals; and
  - (b) the hospital or other facility does not meet the requisite criteria, in respect of treatment or billing, determined by the Committee.
- (2) The reimbursement amount for cover under subparagraph (1) is—
- (a) in respect of treatment provided by an approved hospital, 75% of the usual and customary charges of an approved hospital; or
  - (b) in respect of treatment provided outside the approved network of hospitals, subject to subparagraph (1A), 55% of the usual and customary charges.
12. The amount recoverable under paragraph 11—
- (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.

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13. In this Schedule—

“approved hospital” means a hospital outside Bermuda which is—

(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.

14. Any benefit specified in this Schedule that, instead of an office visit, is delivered through telehealth by a provider who is in Bermuda, at the same reimbursement rate as for the office visit.

*[Schedule amended by 2009 : 49 s. 15(3) effective 15 December 2009; amended by BR 47 / 2014 effective 1 June 2014; paragraphs 1(b) and 11 amended and paragraphs 9B and 9C inserted by BR 61 / 2015 para. 2 effective 1 September 2015; paragraphs 6 and 8 amended by 2017 : 25 s. 6 effective 1 June 2017; amended by BR 94 / 2017 para. 2 effective 27 September 2017; Schedule amended by 2018 : 30 s. 3 effective 1 July 2018; Schedule amended by 2019 : 24 s. 5 effective 29 July 2019; Schedule amended by 2021 : 3 s. 4 effective 1 February 2020; Schedule amended by 2021 : 39 s. 7 effective 1 November 2021; Schedule amended by BR 112 / 2025 para. 3 effective 8 December 2025]*

Made this 30<sup>th</sup> day of March, 2009

Minister of Health

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*[Amended by:*

2009 : 49

BR 47 / 2014

BR 61 / 2015

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2017 : 25  
BR 94 / 2017  
2018 : 30  
2019 : 24  
2021 : 3  
2021 : 39  
BR 112 / 2025]