Frequently Asked Questions – Your Health Insurance

Who do I contact if I have questions?

General queries:
Contact our Customer Care Team at +1 441 298 0358 or email customercare@bfm.bm.

Health & Dental coverage or benefit questions:
Contact the Claims Department via email at healthclaims@bfm.bm or via phone at +1 441 295 5566 ext. 4002.

Plan Sponsors, Compensation and Benefits Managers queries:
Contact your Client Relationship Manager by calling +1 441 295 5566. If you are unsure who your Client Relationship Manager is, contact our Customer Care Team.

What is the Standard Premium Rate (SPR) and what does it in include?

All health insurance premiums in Bermuda include a Standard Premium Rate (SPR), set by law. The SPR is comprised of:

- **Standard Health Benefit (SHB)** premium, which is retained by insurers to pay eligible SHB claims
- **Mutual Reinsurance Fund (MRF)** fee, which is collected on behalf of Government's Health Insurance Department

Effective November 1st, 2021, the SPR is being increased by 12.7%, due to an increase to the MRF component. This means that more than 94% of the SPR flows to the Government.

	SHB	MRF	Total SPR
2018-2019	$253.34	$101.97	$355.31
2019-2020	$23.34	$331.97	$355.31
2020-2021	$23.34	$331.97	$355.31
2021-2022	$23.34	$376.97	$400.31

What is the Standard Health Benefit (SHB) and what does it cover?

The SHB is the base package of mandated health benefits in Bermuda. Every employee, non-working spouse and child under the age of 18 is entitled to the care under the SHB by law. The determination of what benefits are eligible as SHB are set by Government.

The services covered under the SHB have changed dramatically over the years. Currently, SHB premiums only cover eligible SHB services offered locally in the community by approved providers, and are not portable to other jurisdictions.

For a full list of Standard Health Benefits, approved providers, and reimbursement rate levels, please visit www.bhec.bm/standard-health-benefit.

What is the Mutual Reinsurance Fund (MRF) and what does it cover?

MRF is a fee that is legislated annually by Government, and payable by every employee and non-working spouse with active health insurance coverage. The Government's Health Insurance Department administers the funds, which are collected by Insurers on Government's behalf.

Currently, more than 69% of the MRF fee is allocated towards funding the Government's $330 million block grant to the Bermuda Hospitals Board (BHB). The remaining funds are used to support Government administered plans (HIP and Futurecare), for high dollar claims services provided by the BHB, such as those associated with kidney dialysis and transplants, as well as for funding operational costs of the Bermuda Health Council.

Frequently Asked Questions

What are Supplemental benefits?

Supplemental benefits are added on to the Standard Health Benefit (set by Government) in order to provide Comprehensive Health Coverage. Supplemental benefits are those that cover expenses for local and overseas services, rehabilitative care, nursing care, medical equipment, and supplies which are not defined as Standard Health Benefits. In addition, vision exams and hardware are included as standard supplemental benefits in most BF&M plans.

Dental is offered with either basic or comprehensive coverage as a voluntary supplemental benefit in BF&M's Global Series.

Refer to the Schedule of Benefits for more details on supplemental benefits.

Does BF&M administer and pay local hospital claims?

The majority of local hospital services are funded via the Government block grant to the BHB, provided through the MRF fee. BF&M does not administer or pay claims for these services, and does not receive any information on BHB claims which fall under the Standard Health Benefit.

There are some BHB services which are not considered Standard Health Benefits – BF&M administers and pays these claims as part of your supplemental benefits.

Does BF&M provide student Gap Year coverage?

Dependent children who are engaged in full-time education and choose to take a planned absence period from school remain eligible for health insurance coverage at BF&M for a maximum of 12 continuous months.

Do I need a referral to see a specialist?

Most specialists require a referral that is initiated by a local General Practitioner (GP). Inquire with your GP about your treatment plan and if specialist care is required.

What does basic dental cover?

The basic dental program covers preventative and maintenance dental services including periodontal care. Commonly utilised services include:

- Complete oral examination
- Endodontic treatment (root canal therapy)
- Extractions
- Fillings
- Fluoride treatments
- Oral surgery
- Panoramic/FMS/X-rays
- Periodontal services (prevention and treatment of gum disease)
- Preventative cleaning, scaling and recall examinations
- Rebasing and relining of dentures
- Space maintainers and retainers for missing primary teeth

What does comprehensive dental cover?

The comprehensive dental program includes all basic dental benefits, in addition to restorative and orthodontic services. Orthodontic services may be utilised by any member regardless of age. Commonly utilised services include:

- Dental restorations
  - Inlays
  - Crowns
  - Implants
  - Dentures/Denture repair
  - Bridges/Bridge repair
  - Posts and/or Cores
- Orthodontics
  - Braces
  - Invisalign and other hardware to correct irregularities of the teeth

Frequently Asked Questions

What is an out-of-pocket expense?

In Bermuda, an out-of-pocket expense refers to the difference between the insurance payment and your health care provider's fee for services.

Compare healthcare providers to help minimise your costs. In Bermuda, different providers can charge differently, and are not mandated to publicise their costs; therefore, your out-of-pocket will vary between providers.

In addition, for overseas hospital benefits, if you do not obtain authorisation prior to receiving care, or obtain care out-of-network, BF&M only pays a percentage of the claims charged. Any the balance of service owed is your out-of-pocket amount.

How do I submit a health claim for personal reimbursement for out-of-pocket expenses?

Simply complete a health claim form and submit with proof of payment to our claims team via email to healthclaims@bfm.bm or via fax to +1 441 296 0052.

To make reimbursement even easier, sign up to have your payment deposited directly into a Bermuda-based bank account by completing an electronic funds transfer form and submitting it via email to eftinfo@bfm.bm.

For more details on submitting health claims, please view our guide.

Will BF&M cover my maternity expenses?

At BF&M we understand and appreciate the joy and concern associated with pregnancy. For existing BF&M insureds there will be 100% coverage for all your maternity care even if you leave BF&M, as long as you remain on island for the delivery.

If you are joining BF&M from another insurance provider contact BF&M's Customer Care Team at +1 441 298 0358 or email customercare@bfm.bm.

How do I see my health claim details?

You can view your health claims online on BF&M's secure Health Portal.

If you have any issues signing up or logging in, please view our user guide.

How do I keep prescription costs down?

BF&M covers 100% of the cost of generic drugs, so make sure to ask the pharmacist for the generic versions of drugs whenever they are available.

Generics are copies of brand name drugs, and the FDA (U.S. Food and Drug Administration) requires that generic drugs be as safe and effective as brand-name drugs. However, they are significantly less expensive than brand name drugs because the manufacturers have not had the expenses of developing and marketing a new drug.

By utilising generic drugs, you save yourself from out-of-pocket expenses, and also help to limit the rising cost of healthcare overall.

How long does it take for my claims submission to be processed?

The BF&M Claims Department has committed to meeting turnaround times of 10 days for domestic personal reimbursements, overseas personal reimbursements, and overseas e-claims. We have also committed to a 15-day turnaround time for domestic providers who are still largely paper-based. BF&M routinely processes complete electronically submitted health and pharmacy claim types within 5 working days.

The time taken to receive your claim payment after processing varies, depending on whether you are being reimbursed via cheque, electronic funds transfer or bank transfer. To speed up the process, sign up to have your payment deposited directly into a Bermuda-based bank account. Simply complete an electronic funds transfer form and submit it via email to eftinfo@bfm.bm.

BF&M has a legislated mandate to pay valid claims within 30 days of the notice of receipt of the claim.

What Nutrition Education Services does BF&M offer?

BF&M recognizes that a healthy lifestyle is a vital part of physical wellness, and offers a variety of benefits through your insurance plan to provide nutrition education. Nutrition services offered through Nutrifit, CHIP, E-Fit 10/6/2, North Shore Medical Chronic Disease Self-Management and OMNI Medical are all covered under your Wellness benefits. In addition, BF&M offers an exclusive on-site nutrition education series called Eat Right for Life.

Frequently Asked Questions

Does BF&M cover pediatric assessments and treatment for ADD, ADHD and Pervasive Developmental Disorders?

Pediatric Assessments for developmental disorders are covered at 100% of billed charges, both locally and overseas, with authorisation from BF&M.

If a formal diagnosis of a Pervasive Development Disorder has been received after assessment, treatments are covered per the Schedule of Benefits with authorisation from BF&M.

Disorders which qualify for these benefits are:

1. Attention deficit disorder (ADD)
2. Attention deficit hyperactivity disorder (ADHD)
3. Rett Syndrome
4. All Autism Spectrum Disorders, including:
   i. Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)
   ii. Autism
   iii. Asperger Syndrome
   iv. Childhood Degenerative Disorder (CDD)

Can BF&M help if I have questions about a medical diagnosis?

Included in your health benefits is access to the WorldCare Ally Program (Personal Medical Guidance). A WorldCare representative can help you understand your condition, care, and existing treatment plan in simple plain language.

This service provides the answers you need in a simple three-step process:

Step 1: Call 1-877-676-6439 to initiate the Personal Medical Guidance service. M-F, 8:00 a.m.- 6:00 p.m. EST.

Step 2: After the initial intake, a WorldCare Personal Medical Guide, who is a qualified nurse or physician, will speak to you and gather and review your relevant medical records, noting the most important facts of your case.

Step 3: The Guide assembles and delivers the Personal Medical Guidance Report to you, and then calls you to walk through the findings, including understanding your condition, and navigating next steps.

Can BF&M help if I need a second opinion on a medical or mental health diagnosis or suggested treatment plan?

Included in your health benefits is access to both the WorldCare Medical Second Opinion (MSO) and the WorldCare Mental Health MSO services. WorldCare provides independent medical second opinions from teams of leading medical, psychiatric and mental health specialists at top U.S. hospitals. Your WorldCare second opinion comes to you and your physician in just days, without having to leave Bermuda!

It's a simple 3-step process:

Step 1: Call WorldCare at 1-877-676-6439 to authorise a second medical opinion. WorldCare takes it from here.

Step 2: WorldCare works with your physician to gather medical records and send them to the medical institution best suited to address the condition.

Step 3: The specialist team reviews the records and provides an independent second opinion to you and your doctor. WorldCare can coordinate a call between the lead specialist and your doctor, to discuss the case and help make an informed healthcare decision.

Frequently Asked Questions - Overseas

Who should I contact if I need overseas treatment?

Contact the Overseas Case Management Team (available 24/7) via the following toll free numbers, email, and fax:

From Bermuda:
+1 888 674 1367 (Toll Free) or +1 519 251 5186 (Collect)

From Outside Bermuda:
+1 877 236 2338 (Toll Free) or +1 519 251 5185 (Collect)

Email Correspondence:
careoverseas@bfm.bm

Fax:
+1 441 295 1064

Is airfare and accommodations covered by BF&M for overseas treatment?

Airfare and accommodation expenses are covered for care that is authorised by BF&M and provided in-network. After authorisation, reimbursement is provided upon claim submission with receipts up to the maximum daily rate for accommodations and maximum annual benefit for airfare.

Can I use all of my health benefits overseas?

All Global Series benefits can be utilised both locally and globally. Refer to the Schedule of Benefits for more details. For benefits which are not specifically labelled as "local" or "overseas" on the Schedule of Benefits, the reimbursement amount noted on the Schedule applies, regardless of jurisdiction of service.

Although you can obtain care globally, not all jurisdictions and overseas health providers recognise international health insurers. This may result in requests to pay upfront at the point of services as an out-of-pocket expense. In these cases, a claim will need to be submitted to BF&M for incurred out-of-pocket expenses and BF&M will provide a personal reimbursement for expenses in accordance with our outlined benefits.

What should I do if I have been referred by my doctor for overseas care?

If you have been referred by your doctor for overseas care, contact the Overseas Case Management Team to initiate the referral and authorisation process.

What is the authorisation process for overseas benefits?

Authorisation is a review and approval process obtained through contact with Overseas Case Management Team when overseas medical treatment is required to treat a medical condition for which treatment cannot be received locally. This process is initiated when an overseas medical referral is sent from a local specialist directing care to be obtained at an overseas medical facility. The referral is reviewed and treatment is approved prior to that treatment being received.

Can I go overseas for treatment without authorisation?

Prior to making appointments or arrangements for travel outside of Bermuda for medical treatment, please contact our overseas case management team. They can assist with arrangements and ensure you get the best care possible.

You may go overseas for treatment without authorisation; however, the coverage of medical fees will depend on your particular health plan. To confirm your current plan enrolment, please refer to BF&M's secure Health Portal.

In addition, airfare and accommodation expenses are not covered without authorisation. Details of coverage breakdowns can be found in the Schedule of Benefits.

Can I take a companion with me if I require overseas treatment?

Our health program allows a companion to accompany a patient overseas when assistance is necessary, referred by a medical doctor and authorised by BF&M.

Frequently Asked Questions

Do I have coverage for prescription drugs overseas?

BF&M prescription coverage is portable overseas. If you are in the United States and are filling a prescription written for you by a provider in the US, our CVS/Caremark benefit covers you as if you were in Bermuda, instead of having to pay out of pocket and claim when you return to Bermuda. Simply present your BF&M insurance card at any CVS/Caremark participating pharmacy.

If you are filling a prescription outside Bermuda and the USA, you must still pay the full cost of the drug and return to Bermuda and submit a claim for reimbursement.

What happens if I have a medical emergency overseas?

If you are covered for Major Medical Supplemental benefits with BF&M, hospital admissions and emergency room treatment are covered at 100%. The sooner you contact the Overseas Case Management Team when an overseas medical emergency arises, the better. However, your health is always the main priority. If possible, have someone contact us on your behalf, or wait until you are in a stable condition.

If you are covered for Standard Health Benefits only, or a supplemental health plan which does not include Major Medical benefits, you are only eligible for hospital care locally. Overseas treatment is not covered.

How do I find out if a hospital is part of the BF&M Overseas Provider Network?

Contact the Overseas Case Management Team to receive confirmation if a hospital is part of BF&M's Overseas Provider network.