Frequently Asked Questions – Your Health Insurance

Who do I contact if I have questions?

General queries:
Contact our Customer Care Team at 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 441-295-5566 ext. 4002.

Plan Sponsors, Compensation and Benefits Managers queries:
Contact your Client Relationship Manager by calling 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 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

While the SPR for 2019-2020 remains the same as it was in 2018-2019, the distribution of the components of this premium have changed. This means that more than 93% of the SPR now flows to the Government.

	SHB	MRF	Total SPR
2018-2019	$253.34	$101.97	$355.31
2019-2020	$23.34	$331.97	$355.31

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

The SHB is the minimum health insurance coverage 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.

Prior to June 1st, 2019, the premium collected under the SHB was primarily used to cover the majority of services performed by the Bermuda Hospital Board (BHB), including inpatient and outpatient services and diagnostic imaging, as well as services offered in the community by approved providers for dialysis, skilled nursing care in the home, and diagnostic imaging. The details of the SHB and these approved providers can be found on the Bermuda Health Council website.

Effective June 1st, 2019, BHB services will no longer fall under the SHB, but will instead be financed by a Government block grant, funded through the MRF fee. Instead, SHB premiums retained by BF&M will only cover eligible SHB services offered in the community by approved providers.

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.

Prior to June 1st, 2019, these funds were used to support Government administered plans (HIP and Futurecare), for high dollar claims services provided by the Bermuda Hospital Board (BHB), such as those associated with kidney dialysis and transplants, as well as for funding operational costs of the BHB and the Bermuda Health Council.

Effective June 1st, 2019, this fee increased by more than 225%, in order to change the funding mechanism of the BHB from a fee-for-service model to a $330 million Government block grant.

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.

How do the Government changes to Hospital funding impact my premiums?

BF&M manages two of the three components of your premium - the SHB and the supplemental benefits. We utilise various claims management practices to help to reduce costs, facilitate data analytics, and serve as an important check and balance to the health system. Some of these practices include: monitoring billing practices, tracking diseases, and ensuring treatment is given according to approved standards of practice.

Prior to June 1st, 2019, this allowed BF&M to participate in the management and administration of all on- and off-island health care services. Your premium was based on the overall risk profile and expected claims experience of your group, including both supplemental benefits and mandated Standard Health Benefits, in addition to the costs of administration and claims processing and the Government MRF fee.

Effective June 1st, 2019, the Government change means that basic hospital benefits will no longer be included in the claims experience of your group, or included in your risk-rated premium calculations. Instead, they are now included under the mandated MRF fee, a large portion of your total premium, which is based on the community-rated experience of all insureds in Bermuda.

How do the Government changes to Hospital funding impact my claims?

The Government change moves the majority of BHB services out from under the SHB and into the Government MRF, which means that BF&M will no longer administer or manage these claims. Instead, Government will now be responsible for managing these services.

There are some BHB services which are not considered Standard Health Benefits – BF&M will continue to administer and pay 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.

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

Frequently Asked Questions

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

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 diagnosis or suggested treatment plan?

Included in your health benefits is access to the WorldCare Access Program (Remote Second Opinion). WorldCare provides independent second medical opinions from teams of leading physicians 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.

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.

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 441-298-0358 or email customercare@bfm.bm.

Frequently Asked Questions

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.

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.

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 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 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.

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.

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)

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:
441-295-1064

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 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?

You may go overseas for treatment without going through the authorisation process; however, the coverage of medical fees will depend on your particular health plan. In addition, airfare and accommodation expenses are not covered without authorisation. Details of coverage breakdowns can be found in the Schedule of Benefits.

It is still beneficial to contact the Overseas Case Management team for unauthorised treatment, as they can assist with arrangements and ensure you get the best care possible.

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. To register yourself and dependents with this benefit contact our Customer Care Team at 298-0358 or customercare@bfm.bm.

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 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.

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.

Frequently Asked Questions - Overseas

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.

What happens if I have a medical emergency overseas?

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.

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.