



BERMUDA

HEALTH INSURANCE (MATERNITY BENEFIT) REGULATIONS 1971

SR&O 20 / 1971

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

[NB Formerly the Hospital Insurance (Maternity 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. These amendments are not individually noted]

Interpretation

1 In these Regulations—

“the Act” means the Health Insurance Act 1970 *[title 18 item 9]*;

“effective date”, in relation to a contract of health insurance, means the date on which the contract begins to provide the insured person with cover in respect of the standard health benefit;

“maternity treatment” means treatment in the general hospital arising out of pregnancy.

[Regulation 1 amended by 2004:22 effective 1 January 2006; “effective date” inserted by 2017 : 25 s. 11 effective 1 June 2017; definition “maternity treatment” amended by 2019 : 18 s.14 effective 1 June 2019]

Construction of contracts of health insurance

2 Where a contract of health insurance provides standard health benefit, such contract shall, in relation to any benefit payable thereunder in respect of expenses for maternity treatment, be construed subject to the following provisions of these Regulations.

[Regulation 2 amended by 2004:22 effective 1 January 2006; amended by 2017 : 25 s. 11 effective 1 June 2017]

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Commencement of cover for maternity treatment

3 (1) Where the effective date of the contract is before 1 June 2017, benefit shall not be payable in respect of expenses for maternity treatment incurred by an insured person within ten months after the effective date of the contract.

(1A) Where the effective date of the contract is 1 June 2017 or later, benefit shall be payable in respect of expenses for maternity treatment incurred by an insured person on or after the effective date of the contract.

(2) *[omitted as transitional]*

[Regulation 3 heading and paragraph (1) amended and paragraph (1A) inserted by 2017 : 25 s. 11 effective 1 June 2017]

Continuation of cover for maternity treatment

4 (1) In relation to contracts of health insurance effected under Part III of the Act, benefit shall continue to be payable in respect of expenses for maternity treatment incurred by an insured person within ten months after the date on which the contract otherwise ceases to have effect in relation to that person.

(1A) Paragraph (1) does not apply on or after 1 June 2017—

(a) if the contract has an effective date of 1 June 2017 or later; or

(b) in any case where the insured person is covered in respect of the standard health benefit by a current contract.

(2) No premium shall be payable in respect of the continuation of cover under paragraph (1).

[Regulation 4 amended by 2004:22 effective 1 January 2006; paragraph (1A) inserted by 2017 : 25 s. 11 effective 1 June 2017]

Contracts of insurance under Part IV

5 (1) In relation to contracts of health insurance effected under Part IV of the Act, benefit shall continue to be payable in respect of expenses for maternity treatment incurred by an insured person for ten months after the date on which the contract of insurance ceases to have effect if the contract had subsisted for a period of not less than twelve months prior to its cessation.

(2) Paragraph (1) does not apply on or after 1 June 2017—

(a) if the contract has an effective date of 1 June 2017 or later; or

(b) in any case where the insured person is covered in respect of the standard health benefit by a current contract.

[Regulation 5 amended by 2004:22 effective 1 January 2006; paragraph (2) inserted by 2017 : 25 s. 11 effective 1 June 2017]

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[Amended by:

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2004 : 22

2017 : 25

2019 : 18]