



NATIONAL HEALTH INSURANCE

Government of the Virgin Islands

"Your Security For A Lifetime"

BENEFIT PACKAGE



Table E.1
Sample of Laboratory Tests to be Covered under the Benefit Package

Name of Test	Name of Test	Name of Test
Albumin	Direct Coombs	Myoglobin
Alcohol	Drug screen	Ova and Parasite
Alkaline Phosphatase	Electrolytes	Packed Red Blood Cells (PRBC)
Alanine aminotransferase (ALT)	Electrophoresis (Hemoglobin)	Peripheral Smear
Amylase	ESR(erythrocyte sedimentation rate)	Phenobarbital
Antibody identification	Estradiol (Estrogen)	Phosphorus
Antinuclear antibody test (ANA)	Fecal Occult Blood	Platelets
Anti streptolysin O Titer (ASO)	Ferritin	Potassium
Aspartate aminotransferase (AST)	Folate	Prenatal + HIV + HEP B
B 12	Fresh Frozen Plasma	Prenatal Panel
Bilirubin (BUBC)	Follicle Stimulating Hormone (FSH)	Progesterone
Blood Type & Rh	Gamma Glutamyl Transferase (GGT)	Prolactin
Bun/Urea	Glucose	Prostate Specific Antigen (PSA)
Cancer Antigen 125 (CA125)	Glucose Tolerance 2HR	Prothrombin Time (PT) w
		Normalized ratio (INR)
Calcium	Glucose Tolerance 3HR	Partial Thromboplastin Time
Carbamazepine (Tegretol)	Glucose-Fasting Blood Sugar/Random	Rheumatoid Arthritis Factor (RA)
	Blood Sugar/Post prandial	
Carbon Dioxide	Glucose-Osullivan	Renal + Cardiac + Lipid
Cardiac Panel	Glucose-Profile	Renal + Cardiac Panel
CD4	Helicobacter Pylori antibody	Renal + Liver
Complete Blood Count (CBC)	Hemoglobin (Hb)	Renal + Liver + Lipid
CBC + Blood Type	Hemoglobin A1c	Renal function Panel
CBC + ESR	Human Chorionic Gonadotropin (HCG)- Quantitative	Reticulocyte Count
CBC + RETIC CT	Human Chorionic Gonadotropin (HCG)- Rapid Test	Rheumatoid Panel
CBC + TYPE + Sickie	Hepatitis B surface Antibody	Rapid plasma regain (RPR)
Carcinogenic embryonic antigen (CEA)	Hepatitis B surface Antigen	Rubella
Chloride	Hepatitis B core antibody	Sickle Cell screen
Chlamydia	Hepatitis C antibody	SMAC 20
Chloride	Human Immunodeficiency Virus I/II antibody	SMAC 20 + Lipid
Cholesterol-Total	Human Immunodeficiency Virus- western blot	Triiodothyronine T3
Creatine Kinase MB (CKMB)	Human T-cell Lymphotropic Virus (HTLV) I/II antibody	Thyroxine T4
Creatine phosphokinase (CPK)	Indirect Coombs	Testosterone
Creatinine	Infectious Mononucleosis	Thyroid Function
Creatinine Clearance	Influenza	Total Iron Binding Capacity (TIBC)
Cross Match	Iron (Fe)	Total Protein
C-Reactive Protein (CRP)	Lactate Dehydrogenase isoenzyme (LDH)	Triglyceride
Cerebrospinal (CSF) Cell Count	Lupus Erythematosus (LE)	Troponin I
Cerebrospinal (CSF) Glucose	Luteinizing Hormone (LH)	Thyroid Stimulating Hormone
Cerebrospinal (CSF) Protein	Lipid Panel	Uric Acid
Culture and sensitivity	Lithium	Urinalysis
D-Dimer	Liver Panel	Urine protein (24 hour)
Dengue	Magnesium	Valproic Acid (Depakote)
Digoxin	Malarial Parasite	Viral Load
Dilantin (Phenytoin)	Microalbumin	

Source: BVI Health Services Authority, 2011



Table E.2
Terms and Conditions of the Benefit Package

General Policy Terms	NHI Coverage (On-island) <i>Public Sector</i>	NHI Coverage (On-island) <i>Private Sector</i>	NHI Coverage (Overseas)
Lifetime Limit - \$1,000,000			
Deductible (in-network)	\$0	\$0	\$0
Deductible (out-of-network)	-	\$0	\$0
			(applicable only to emergency and in cases pre-authorized)
Co-payment (in-network)	0% Community Health Clinics; 5% Peebles Hospital	10%	20%
Co-payment (out-of-network)	-	20%	40%
			(applicable only to emergency and in cases pre-approved)
Outpatient Health Benefits			
Emergency medical services and related procedures and pharmaceuticals			
Air ambulance	Annual maximum of \$20,000	Annual maximum of \$20,000	Annual maximum of \$20,000
Emergency medical transportation by sea	Annual maximum of \$1,000	Annual maximum of \$1,000	Annual maximum of \$1,000
Ground ambulance	Annual maximum of \$500	Annual maximum of \$500	Annual maximum of \$500
Second Opinion			Subject to pre-authorization
General medical examinations (annual physical)	Annual maximum of \$500	Annual maximum of \$500	No overseas coverage
Mammography, gynaecological, prostate, colonoscopy and other preventative health examinations	Mammography –1 per year from age 40 years; 35 years in the event of hereditary susceptibility	Mammography –1 per year from age 40 years; 35 years in the event of hereditary susceptibility	
	Colonoscopy –1 every 3 years from age 50 years. Subject to pre- approval by MRC	Colonoscopy –1 every 3 years from age 50 Subject to pre- approval by MRC	
	Gynaecology – 1 per year	Gynaecology – 1 per year	
	Prostate – 1 per year from age 40 years	Prostate – 1 per year from age 40 years	

	NHI Coverage (On-island) <i>Public Sector</i>	NHI Coverage (On-island) <i>Private Sector</i>	NHI Coverage (Overseas)
Outpatient Health Benefits - continued			
Immunization			No overseas coverage
• 0-4 years (guided by the Expanded Programme of Immunization of the MoH)	Preventative, no co-insurance	Preventative, subject to co-insurance	
• 5-18 years (as medically necessary)	Preventative, no co-insurance	Preventative, subject to co-insurance	
• Above 18 years (as medically necessary)	Preventative, subject to co-insurance	Preventative, subject to co-insurance	
Maternity			No coverage overseas, except in cases of high risk pregnancies ¹
• Ante-natal services	Maximum of \$1000 per pregnancy (no complications);	Maximum of \$1000 per pregnancy (no complications);	
Other expenses for delivery covered under In-patient services	Maximum of \$ 1,500 per pregnancy (high risk cases)	Maximum of \$ 1,500 per pregnancy (high risk cases)	
• Post-natal services	Maximum of \$300 per pregnancy	Maximum of \$300 per pregnancy	
• Domiciliary care	Maximum of \$500 per pregnancy (3 visits per pregnancy)	Maximum of \$500 per pregnancy (3 visits per pregnancy)	
Mental health conditions	Treated as any other illness. Subject to co-insurance	Treated as any other illness. Subject to co-insurance	Treated as any other illness, subject to pre-authorization
Alcohol/Substance abuse	Treated as any other illness. Subject to co-insurance	Treated as any other illness. Subject to co-insurance	Annual maximum of \$500, subject to pre-authorization
Haemodialysis	Annual maximum of \$70,000	Annual maximum of \$70,000	Annual maximum of 12 overseas sessions, subject to pre-authorization
Rehabilitation services – physical and speech therapy	Subject to pre-authorization	Subject to pre-authorization	Subject to pre-authorization
Chemotherapy, radiation therapy and nuclear medicine	Subject to pre-authorization	Subject to pre-authorization	Subject to pre-authorization
HIV/AIDS-related illnesses	Treated as any other illness. Subject to co-insurance	Treated as any other illness. Subject to co-insurance	No coverage overseas

¹ No coverage overseas unless specifically approved by the NHI. (Exceptions would be for high risk cases where the services on-island are inadequate to protect the lives of the mother and foetus.)

	NHI Coverage (On-island) <i>Public Sector</i>	NHI Coverage (On-island) <i>Private Sector</i>	NHI Coverage (Overseas)
Outpatient Health Benefits - continued			
Out-patient surgical procedures			No coverage overseas
Nursing services	Annual maximum of 30 visits up to \$2,500. Subject to pre-authorization	Annual maximum of 30 visits up to \$2,500. Subject to pre-authorization	No coverage overseas
General diagnostic testing (laboratory, studies and imaging i.e. X-ray, ultrasound) other testing	Annual maximum of \$500	Annual maximum of \$500	No overseas coverage
Specialized diagnostic testing (CAT scan, MRI other specialized imaging)	Annual maximum of \$1,500 Subject to pre-authorization	Annual maximum of \$1,500 Subject to pre-authorization	Annual maximum of \$1,500, Subject to pre-approval
Prescription pharmaceuticals (inclusive of prescription contraceptives)	Subject to co-insurance	Subject to co-insurance	Subject to pre-approval ²

² The coverage of pharmaceuticals outside of the Territory only applies for beneficiaries who undergo approved medical care or emergency care overseas and are prescribed drugs by the overseas practitioner.

	NHI Coverage (On-island) <i>Public Sector</i>	NHI Coverage (On-island) <i>Private Sector</i>	NHI Coverage (Overseas)
General Policy Terms			
Lifetime Limit - \$1,000,000			
Deductible (in-network)	\$0	\$0	\$0
Deductible (out-of-network)	-	\$0	\$0
			(applicable only to emergency and cases pre-approved by MRC)
Co-payment (in-network)	5% Peebles Hospital	10%	20%
Co-payment (out-of-network)	-	20%	40%
			(applicable only to emergency and cases approved by MRC)
Inpatient Health Benefits			
In-patient stay (accommodations) at health facility*	Annual maximum of 30 days* Subject to pre-authorization	Annual maximum of 30 days* Subject to pre-authorization	Annual maximum of 30 days, Subject to pre-approval
Physicians, specialists and surgeons including ambulant surgery			Subject to pre-approval
Anesthesia, use of operating room and room			Subject to pre-approval
Inpatient services at health care facility, delivery ³			Subject to pre-approval
Standard surgical supplies, including surgical appliances and implants			Subject to pre-approval
Medication and drugs			Subject to pre-approval
* Where the NHI certifies that a patient must be hospitalized for more than thirty (30) days, the patient may claim full or part payment of the cost of the benefit in excess of thirty (30) days.			

³ No coverage for delivery overseas, except for high-risk cases where on-island services are inadequate to protect the lives of the mother and foetus.



	NHI Coverage (On-island) <i>Public Sector</i>	NHI Coverage (On-island) <i>Private Sector</i>	NHI Coverage (Overseas)
General Policy Terms			
Lifetime Limit - \$1,000,000			
Deductible (in-network)	\$0	\$0	\$0
Deductible (out-of-network)	-	\$0	\$0
			(applicable only to emergency and in cases pre-approved by MRC)
Co-payment (in-network)	0% Community Health Clinics; 5% Peebles Hospital	10%	20%
Co-payment (out-of-network)	-	20%	40%
			(applicable only to emergency and in cases pre-approved by MRC)
Vision and Dental			
Eye Examination	1 per 12 month period, up to \$50	1 per 12 month period, up to \$50	Overseas coverage limited to USVI and Puerto Rico
Lenses	1 pair per 12 month period, up to \$200	1 pair per 12 month period, up to \$200	Overseas coverage limited to USVI and Puerto Rico
Frames	1 pair per 24 month period, up to \$100	1 pair per 24 month period, up to \$100	Overseas coverage limited to USVI and Puerto Rico
Dental	Annual maximum of \$1,500	Annual maximum of \$1,500	No overseas coverage
Preventative, Restorative, and Major			
Including dentures, caps and			
Orthodontics			



Table E.4
Exclusions from the Benefit Package

Exclusions	
1.	Consultations and treatment for (i) infertility including in-vitro fertilization, artificial insemination (ii) sex change procedures (iii) over the counter contraceptive drugs or devices or sterilization.
2.	Weight loss procedures and treatments.
3.	Cosmetic surgery unless medically required and pre-approved.
4.	Self-referred second opinion by overseas providers.
5.	Chiropractor visits.
6.	Counselling and therapy for marital and family difficulties.
7.	Mortal remains repatriation. ⁴
8.	Treatment or participation in any health service deemed to be experimental. Experimental, for this policy, refers to treatment, medicine or other procedures which are a part of a research programme and have not been approved by the relevant medical board and/or accreditation authority.
9.	Applicable beneficiary co-insurance amounts.
10.	Expenses beyond the coverage limits stated in the benefit package.
11.	Transplants e.g. Kidney, Stem Cell, and Heart
12.	Hospice service
13.	Overseas outpatient Physical Therapy
14.	Insurance Medical for obtaining insurance policy, job employment purposes, driver's license and Immigration Medicals.
15.	Genetic Testing

⁴ Repatriation of mortal remains to the BVI will only be applicable where off-island care of the (deceased) beneficiary was preapproved by the MRC prior to his/her death.



NHI LOCAL PROVIDERS

0% co-payment

BVI HEALTH SERVICES AUTHORITY – Community Health Clinics

5% co-payment

BVI HEALTH SERVICES AUTHORITY – Public Hospital

10% co-payment (plus any additional Provider charges)

5 DOCTOR MEDICAL & WELLNESS

APEX MEDICAL CENTER

B&F MEDICAL COMPLEX LTD

BOUGAINVILLEA CLINIC

CROWN DENTAL

DR. K.P. ADAMSON LTD

DR. DAWN BAIN MEDICAL OFFICE

DR. HODGE CLINIC /

DR. HORACE GRIFFITH

EUREKA MEDICAL CLINIC

JULIEN PHYSICAL THERAPY

MEDICURE LIMITED

MEDICAL DIAGNOSTIC LABORATORY

PICSMITH MEDICAL SERVICES

PENN MEDICAL CENTER

PREMIER DENTAL

QWOMAR TRADING LTD.

RHYMER'S DENTAL CARE

SMILE DENTAL SPA

TORTOLA VISION CENTER

THERAPY WORKS BVI LIMITED

THERAPY WORKS VIRGIN GORDA LIMITED

THE WELLNESS CENTER BEHAVIORAL HEALTH CLINIC

THERAPY SERVICES

VI MEDICAL CLINIC

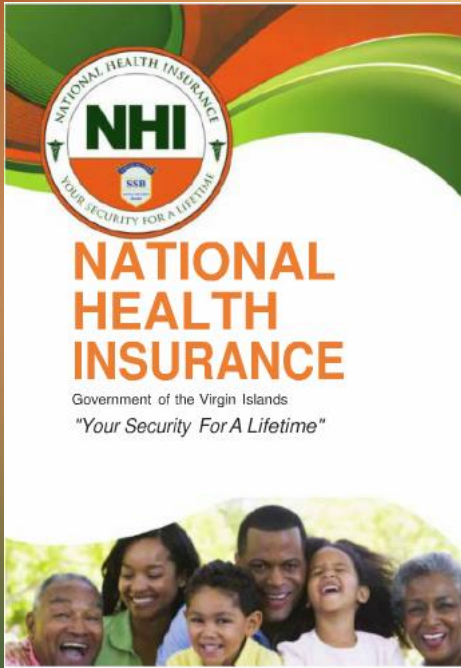
VANTERPOOL ENTERPRISES

WELLNESS PTS

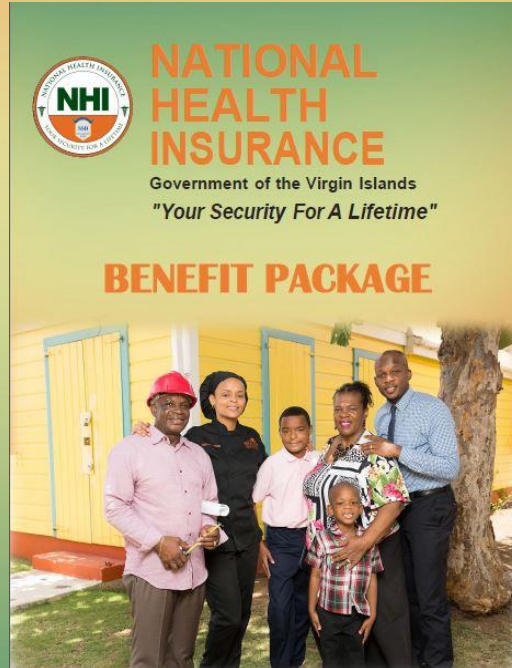
Local out of network providers – 20% co-payment



National Health Insurance



NHI Brochure



NHI Benefit Package



NHI Healthcare Providers





National Health Insurance
"Your Security For A Lifetime"
www.vinhi.vg