

National Health Insurance Board

Summary of Benefits (subject to Advisory Council approval)

Preferred Provider

(InterHealth Canada -- Providenciales and Grand Turk)

PRIMARY CARE	
Provider visits (doctors, midwives, nurse practitioners, etc)	\$10.00 co-pay per visit*
Chronic Disease Management (such as individualized diabetes education and management clinics, obesity management)	\$10.00 co-pay per visit*
Preventive visits e.g. annual or bi-annual check-ups for children and adults; immunizations	\$10.00 co-pay per visit
Well-baby visits	\$10 co-pay per visit
Ante and Post Natal Care including labs and diagnostic procedures as per clinical policy	\$0 co-pay per visit
Urgent Care (non-emergency)	\$10.00 co-pay per visit
Healthcare provider directed periodic physical examination and diagnostics as per approved clinical policy guidelines for example mammography, pap smears, etc.	\$0 co-pay
Wellness clinics for adults	See MOH Schedule
Patient education/health promotion and group	See MOH Schedule
Out-patient specialty visits and procedures on the same day	\$0 co-pay requires referral from primary care physician
Acute and chronic illnesses covered including: specialist office visits and surgical procedures	\$10.00 co-pay per visit*
Emergency room visits	\$10.00 co-pay
Out of hours Urgent Care for non urgent, non-emergency care in the Emergency room	\$50.00 co-pay
Lab, x-ray, CT, imaging complex typing, histopathology and other diagnostics	\$10.00 co-pay*
Renal Dialysis	\$0 co-pay
INPATIENT HOSPITAL CARE	
All general medical and surgical procedures	\$0 Co-pay
All medical, lab, and x-ray procedures	\$0 Co-pay
Drugs (when hospitalized) (1)	\$0 Co-pay
Medical supplies, physiotherapy and other inpatient services	\$0 Co-pay
In-Hospital Doctor's Visit	\$0 Co-pay
(1) includes one week take-home supply or as medically appropriate	

LIMITED COVERAGE BENEFITS	
Drugs while not in Hospital (chronic disease drugs on formulary only, for renal dialysis and transplant patients, etc.) Benefits subject to NHIB Board review.	Generic and accepted brand names – schedule to be determined up to a maximum Co-pay of \$50
Mental Health – Emergency and Stabilization only. In-hospital only if related to other medical conditions.	\$0 Co-pay
Home medical care as authorized by a healthcare provider after discharge.	\$0 Co-pay
REHAB SERVICES	
Physical Therapy for non-traumatic or non-surgical rehabilitation that did not require hospitalization	\$10.00 Co-pay*
Basic appliances and prosthesis associated with rehab such as crutches	\$10.00 Co-pay

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LIMITED AUDIOLOGY COVERAGE	
Out-patient visit	See Contracted and MOH Schedule
Hearing Aids	See Contracted Schedule
LIMITED VISION COVERAGE	
Ophthalmology	\$10.00 Co-pay
LIMITED DENTAL COVERAGE	
Consultations as required for surgical admissions as authorized by a healthcare provider	\$0 Co-pay
Emergency dental care – minor injuries/cellulites	\$10.00 Co-pay
TRANSPORTATION	
	Arranged through NHIP contract
Emergency ground transportation	\$10.00 co-pay for emergencies; not covered for non-emergency cases
Air transport	Only as authorized by ICL physician. Not covered for non emergencies
Regularly scheduled air or boat transport from other islands for those referred to ICL facilities by MOH	Arranged through NHIP and or MOH
EXCLUDED HEALTH CARE SERVICES	
Cosmetic procedures	
Long term care	
Long term psychiatric care (may be available from MOH at a later stage)	
Orthodontics for adults	
Acupuncture	
Homeopathy	
Alternative Medicines	
Podiatry	
Lifestyle Procedures and sex changes	

Short term nursing or home skilled nursing facility	
Fertility Treatments	

***Co-payments subject to a calendar annual maximum out-of-pocket payment of \$50.00 per single event or condition that start medical treatment**

Individual annual maximum out of pocket is \$200 for all events or conditions



National Health
INSURANCE BOARD

National Health Insurance Board

Summary of Benefits (subject to Advisory Council approval)

Contracted Provider

(Private Medical Providers Contracted with NHIB)

PRIMARY CARE	
Provider visits (doctors, midwives, nurse practitioners, etc)	Published Contract Rate*
Chronic Disease Management (including diabetes education and management clinics, obesity management)	Published Contract Rate*
Preventive visits e.g. annual or bi-annual check-ups for children and adults; immunizations	Published Contract Rate*
Well-bay visits including immunizations	Published Contract Rate*
Ante and Post Natal Care	Published Contract Rate*
Urgent Care (non-emergency)	Published Contract Rate*
Periodic family physician physical examination and diagnostics as per approved clinical policy guidelines	Published Contract Rate*
Wellness clinics for adults	See MOH Schedule
Patient education/health promotion	See MOH Schedule
Out-patient specialty visits and procedures	Published Contract Rate*
Acute and chronic illnesses covered including: specialist office visits and surgical procedures	Published Contract Rate*
Emergency room visits	See Preferred Provider Schedule
Out of hours Urgent Care in Emergency Room	See Preferred Provider Schedule
Lab, x-ray, CT, imaging complex typing, histopathology and other diagnostics	See Preferred Provider Schedule
Renal Dialysis	See Preferred Provider Schedule
INPATIENT HOSPITAL CARE	
All general medical and surgical procedures	See Preferred Provider Schedule
All medical, lab, and x-ray procedures	See Preferred Provider Schedule
Drugs (when hospitalized)	See Preferred Provider Schedule
Medical supplies, physiotherapy and other inpatient services	See Preferred Provider Schedule
In-Hospital Doctor's Visit	See Preferred Provider Schedule
LIMITED COVERAGE BENEFITS	
Drugs while not in Hospital (chronic disease drugs on formulary only, e.g. hypertension, diabetes, etc.)	Generic and accepted brand names – schedule to be determined up to a maximum Co-pay of \$50

Benefits subject to NHIB Board review.	
Mental Health – Emergency and Stabilization only. In-hospital only if related to other medical conditions.	See Preferred Provider Schedule
Acute home medical care as authorized by physician to facilitate discharge home	See Preferred Provider Schedule
REHAB SERVICES	
Physical Therapy	Published Contract Rate*
Basic appliances and prosthesis associated with rehab	See Preferred Provider Schedule
LIMITED AUDIOLOGY COVERAGE	
Out-patient visits for children and those over 65 years of age (Benefits subject to NHIB Board review)	Published Contract Rate*
Hearing Aids (Benefits subject to NHIB Board review)	Published Contract Rate*
LIMITED VISION COVERAGE	
Ophthalmology	Published Contract Rate*
LIMITED DENTAL COVERAGE	
Pre-op Dental	\$0
Consultations as required for other surgical admissions	\$0 Co-pay
Minor jaw fractures	\$0 Co-pay
Emergency dental care – minor injuries/cellulites	\$10.00 Co-pay
TRANSPORTATION	Arranged through NHIP contract
Emergency ground transportation	See Preferred Provider Schedule
Air transport	See Preferred Provider Schedule
Regularly scheduled air or boat transport from Family Islands for those referred to ICL facilities by MOH	See Preferred Provider Schedule
EXCLUDED HEALTH CARE SERVICES	
Cosmetic procedures	
Long term care	
Long term psychiatric care (may be available from MOH at a later stage)	
Orthodontics for adults	
Acupuncture	
Homeopathy	
Alternative Medicines	
Podiatry	
Lifestyle Procedures, sex changes	
Short term nursing or home skilled nursing facility	

*** Contract rates subject to negotiations with Private Healthcare Providers authorized to practice in TCI**

National Health Insurance Board

Summary of Benefits (subject to Advisory Council Approval)

Ministry of Health

(MOH Providers Provo, Grand Turk and Other Islands)

PRIMARY CARE	
Provider visits (doctors, midwives, nurse practitioners, etc)	\$5 Co-pay*
Chronic Disease Management (including diabetes education and management clinics, obesity management)	\$0 Co-pay*
Preventive visits e.g. annual or bi-annual check-ups for children and adults; immunizations	\$0 Co-pay*
Well-bay visits including immunizations	\$0 Co-pay*
Ante and Post Natal Care	\$0 Co-pay*
Urgent Care (non-emergency)	\$0 Co-pay*
Periodic family physician physical examination and diagnostics as per approved clinical policy guidelines	\$0 Co-pay*
Wellness clinics for adults	\$0 Co-pay*
Patient education/health promotion	\$0 Co-pay*
Out-patient specialty visits and procedures	\$0 Co-pay*
Acute and chronic illnesses requiring specialist office visits and surgical procedures	See Preferred Provider and Contracted Provider Schedule
Emergency room visits (if patient admitted)	See Preferred Provider Schedule
Out of hours Urgent Care in Emergency Room	See Preferred Provider Schedule
Labs and x-rays	\$0 Co-pay
Renal Dialysis	See Preferred Provider Schedule
INPATIENT HOSPITAL CARE	
All general medical and surgical procedures	See Preferred Provider Schedule
All medical, lab, and x-ray procedures	See Preferred Provider Schedule
Drugs (when hospitalized)	See Preferred Provider Schedule
Medical supplies, physiotherapy and other inpatient services	See Preferred Provider Schedule
In-Hospital Doctor's Visit	See Preferred Provider Schedule
LIMITED COVERAGE BENEFITS	
Drugs while not in Hospital (chronic disease drugs on formulary only, e.g. renal dialysis and transplants).	Generic and accepted brand names – schedule to be determined up to a maximum Co-pay of \$50
Mental Health – Emergency and Stabilization only. In-hospital only if related to other medical conditions.	See Preferred Provider Schedule
Home medical care as authorized by a healthcare provider to facilitate discharge home	See Preferred Provider Schedule

REHAB SERVICES	
Physical Therapy	Published Contract Rate*
Basic appliances and prosthesis associated with rehab	Published Contract Rate*
LIMITED AUDIOLOGY COVERAGE	
Out-patient visits	See Contracted Provider Schedule
Hearing Aids	See Contracted Provider Schedule
LIMITED VISION COVERAGE	
Ophthalmology	See Contracted Provider Schedule
LIMITED DENTAL COVERAGE	
Primary Dental Care (cleaning and fillings)	\$5 Co-pay
Consultations as required for other surgical admissions	See Preferred Provider
Minor jaw fractures	See Preferred Provider
Emergency dental care – minor injuries/cellulites	See Preferred Provider
TRANSPORTATION	
Emergency ground transportation	\$10.00 co-pay for emergencies; not covered for non-emergency cases
Air transport	NHIP
Regularly scheduled air or boat transport from other islands for those referred to ICL facilities by MOH	Covered when approved in advance by MOH referring doctor and NHIP
EXCLUDED HEALTH CARE SERVICES	
Cosmetic procedures	
Long term care	
Long term psychiatric care (may be available from MOH at a later stage)	
Orthodontics for adults	
Acupuncture	
Homeopathy	
Alternative Medicines	
Podiatry	
Lifestyle Procedures, sex changes, obesity surgeries (1)	
Short term nursing or home skilled nursing facility	
Fertility Treatments	

***Contract rates subject to negotiations with MOH**