



2024 EMPLOYERS' COMPLIANCE ANNUAL REPORT

Contact us

If you would like any further information about the Bermuda Health Council, or if you would like to bring a health system matter to our attention, we look forward to hearing from you.

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AUTHORITY

In accordance with Section 20 of the [Health Insurance Act 1970](#) (the Act), the Bermuda Health Council monitors the extent to which employers are compliant with obtaining health insurance coverage for employees.

SUMMARY

- There was a **1% decrease** in the total number of inactive policies reported by insurers and a **11% increase** in the total number of affected employees reported in 2024 compared to 2023.
- \$582,851 was recovered in Standard Premium Rate (SPR) on behalf of employees.
- 59 employers were posted on the Health Council’s website in 2024.
- 23 employer compliance complaints were received in 2024, reflecting a 28% increase from 2023.

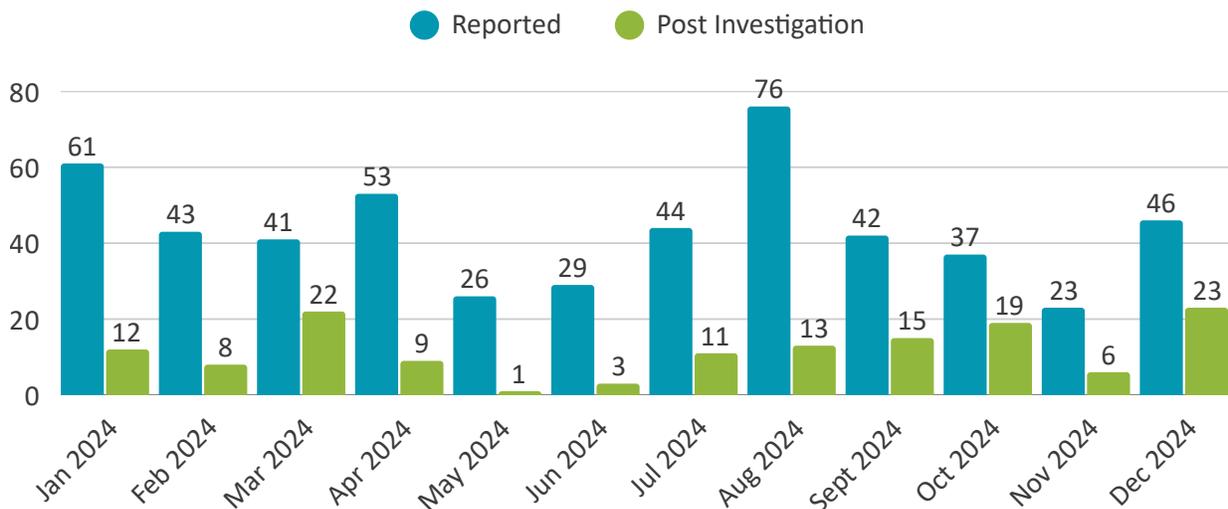
METHODOLOGY

1. The Health Council monitors employer compliance with the Act by investigating complaints received from members of the public and monthly reports obtained from local insurers about employers with:
 - Inactive policies (with claims not being paid)
 - Terminated policies
 - New policies
2. Data was provided from the public and private insurers for 1st January 2024 – 31st December 2024. Insurers provide a monthly report that includes a list of policies in arrears or terminated with claims not being paid. The Health Council then sends each employer a letter via email to notify them of their non-compliant status and legal obligations according to the Act. Employers are given two weeks to provide proof of coverage, such as a statement or an email from their insurer. Employers who fail to provide evidence of a current policy face having their company name published on the Health Council’s [website list](#).
3. The Health Council investigates all complaints reported by members of the public regarding employer compliance. Investigating complaints involves the collection of evidence such as pay stubs, medical bills and employment contracts. Insurers are also asked to verify the complainant’s policy status and history. Once evidence is collected, the employer is contacted regarding the complaint. If necessary, an inspection of employer financial and employment records is conducted. Resolution of complaints involve the repayment of unlawful deductions, payment of medical bills incurred during non-coverage, and activation of health insurance coverage.
4. For persistent non-compliance, the Health Council facilitates legal action in the criminal courts. Preparing a case file for the Department of Public Prosecution (DPP) entails obtaining witness statements from the complainant(s), insurer, Health Council Project Manager, and any other relevant individuals. These statements are subsequently provided to the DPP for review.

RESULTS

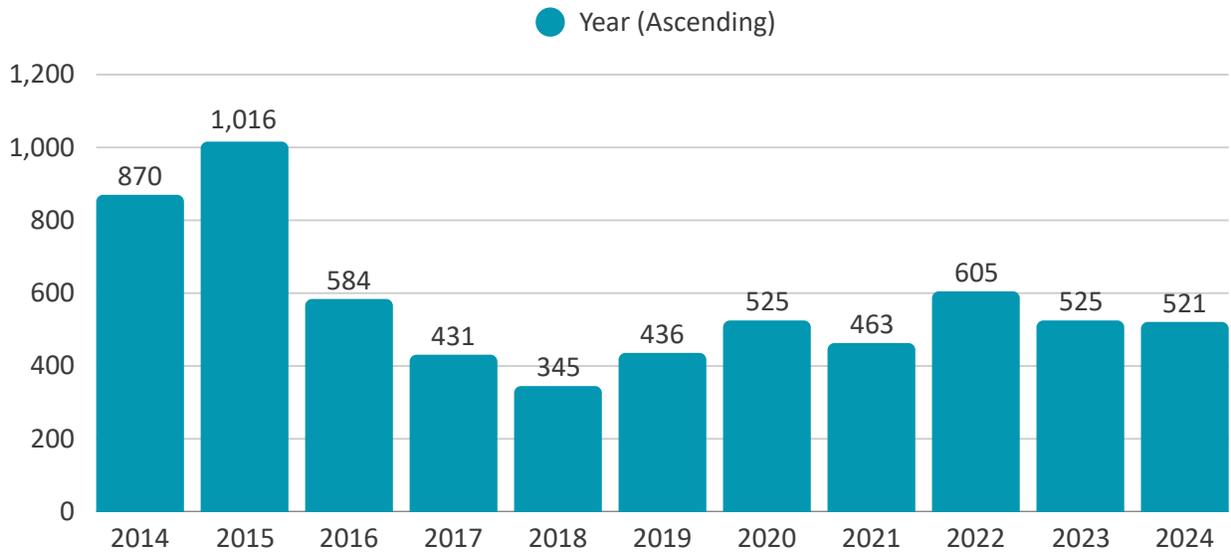
5. **521 employer policies were reported by insurers as inactive or terminated in 2024, with 2262 employees affected.** It is important to note that these calculations include some policies that were reported for two or more consecutive months and therefore counted two or more times.
6. **There was a 1% decrease in the total number of inactive policies reported and a 11% increase in the total number of affected employees reported in 2024 compared to 2023.**
7. Of the employers investigated in 2024 for having inactive health insurance policies, **64% of policies were reactivated.** This resulted in **1,456 employees regaining health insurance coverage.**
8. **\$582,851.36 was recovered in standard health premium in 2024.** This figure is based on an uninsured employee’s monthly standard premium rate of \$400.31
9. Web publication of non-compliant employers on the Health Council’s website was implemented in June 2015. A total of **59 non-compliant employers were posted on the website in 2024**, compared to 111 in 2023.
10. **23 employer compliance complaints** were received in 2024. This compares to 18 complaints received in 2023, reflecting a 28% increase in the number of complaints compared to 2023. **12** complaints were successfully resolved, **7** were dismissed, and **4** were referred to Labor Relations.
11. [Chart 1](#) shows the number of policies reported as non-compliant by insurers each month and how many remained non-compliant post-investigation.

Chart 1: 2024 Monthly Investigation Data



12. Chart 2 provides an annual comparison of the number of policies reported each year by insurers.

Chart 2: Policies Reported by Year



CONCLUSION

- 64% of policies reported to the Health Council by insurers were reactivated after enforcement efforts. This is the highest reactivation rate since 2019, which is when reactivation rates were first recorded.
- Companies with 10 or fewer employees remain most of the businesses reported monthly by insurers as non-compliant. Small businesses report struggling to afford their monthly health insurance premiums. Many have moved their policies from private insurers to the Health Insurance Department. As such, most non-compliant businesses are reported by the Health Insurance Department.

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Achieving a quality, equitable and sustainable health system.