

St. Maarten
HIV/AIDS Platform

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How Healthy is Your Insurance?

HIV/AIDS Platform Survey among Insurance
Providers on Sint Maarten (November 2004)

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Introduction

HIV/AIDS is a rather new illness (it was discovered a little over 20 years ago), and though it is one of the most researched diseases in human history many of its consequences remain unknown, particularly those related to long-term survival. Increasing resources are being invested in research of new medical treatment and developments in this field are already having important impacts on the disease. Survival possibilities with HIV infection or AIDS have increased enormously over the past years and it is becoming increasingly important for persons "living with HIV/AIDS" that the treatment now available for long term management of the disease is made available and affordable to all those infected with the disease. In this context it is absolutely imperative that Government not only take a lead role in the process of making health care (including HIV/AIDS health care) accessible to all residents of St. Maarten (legal or undocumented), but also act as a leader in making adequate and life long insurance coverage for this disease universal at the level of Government insurance policies, semi-governmental policies (such as SVB) and private (commercial) insurance coverage.

Government, the Bank of the Netherlands Antilles and to some extent the St. Maarten Consumer Foundation and SIBA (St. Maarten Insurance Brokers Association) can be the key players in improving the present lack of coverage for HIV/AIDS on St. Maarten. It is not expected that individual applicants for insurance will be able to change the present imperfections in HIV/AIDS insurance coverage, but it is important that the general public be informed of these inadequacies, so they can choose the best insurance coverage for themselves, their families and their employees.

No one ever expects to be hit by a life-threatening disease, and with the ongoing taboos, stigma and discrimination surrounding the issue of HIV/AIDS the majority of our population might think they will never be infected with HIV. Even among persons currently infected with HIV, none ever thought they would get this disease. People don't ask to be infected; they acquire this disease, most unknowingly and certainly unwillingly. Medical and Life insurances are meant to assist in and financially cover these unexpected situations. Nothing is more demoralizing than finding out that life-saving treatment is available if only your insurance would cover it. Presently not all insurance providers on St. Maarten have appropriate coverage for HIV/AIDS. It is the intention of the HIV/AIDS Platform to evaluate the present situation and inform the relevant authorities as well as the public of St. Maarten of its findings, in the hope that any identified changes will be made and to achieve universal access and coverage of HIV/AIDS treatment. Prevention activities however, will still remain the most important tool to combat the spread of this pandemic.

From research all over the world it has become clear that it is not only more ethical, but also cheaper to offer treatment to people living with HIV/AIDS (PLWHA), even with the current high cost of Anti Retroviral Treatments, compared to doing nothing. Treatment not only assists the individual person who is infected, but at the public health level it helps reduce the prevalence of HIV/AIDS through so-called secondary prevention effects. Throughout the Caribbean region, medicines to treat HIV/AIDS have become cheaper through negotiations with the pharmaceutical industry. Also the introduction of generic HIV medication has made treatment more affordable. The HIV/AIDS Platform through its affiliates is

assisting in the ongoing negotiations to reduce prices for Anti Retroviral medicines in the Netherlands Antilles, which will dramatically decrease the cost for HIV/AIDS treatment. Some price-reductions have already been successfully negotiated, making it increasingly unacceptable for insurance companies to excuse themselves based on the high cost of treatment.

The HIV/AIDS Platform understands the importance for Government to reduce the total cost of Health Care. It has been statistically proven that treatment of PLWHA helps reduce the overall cost of Health Care. It is also ethically unacceptable in a developing “Western” economy that insurance companies do not cover HIV/AIDS, especially when coverage already exists and premiums are being paid, where treatment for HIV/AIDS is cost effective and more and more comparable to the treatment of other long term, manageable diseases. If we accept such practices, we continue to condone the stigma that surrounds this disease, which directly and negatively affects the efforts to prevent further infections and fight this pandemic.

Many issues remain unknown or unclear to the average person, such as: the accessibility to medical treatment, cost of treatment, life expectancy and the effect of HIV/AIDS on medical and life insurance.

These trends are important for your financial security. Therefore the HIV/AIDS Platform has conducted this survey among the insurance providers on St. Maarten with a focus on three areas:

1. Medical insurance;
2. Life insurance;
3. Funeral expenses insurance;

This survey intends to give a clear picture about the following questions:

- a. Who are the insurance providers on the island?
- b. What type of coverage is provided relative to HIV/AIDS?
- c. What is the accessibility of insurance?
- d. What is the quality in case of existing coverage?

Finally the HIV/AIDS Platform will make recommendations on each item to all involved parties.

In order to set clear boundaries for the survey, it was decided to focus the survey on locally based and officially registered insurance companies. Providers surveyed were Government [(BZV, FZOG, Social Insurance Bank (SVB)), and commercial companies (ALICO, FATUM, NAGICO, ENNIA, , Funinco* and Capital Life).

*Funinco is a specialized provider. This company provides coverage for funeral expenses at death, which will not be paid out in cash, but in offered funeral services. It is an officially registered company but not yet registered at the web site of the BNA.

We always recommend verifying whether your insurance provider is an officially registered company at the Bank of the Netherlands Antilles (BNA). This can easily be checked on their web site:

www.centralbank.an under the chapter “financial institutions”.

All of the above mentioned insurance providers participated enthusiastically in this survey, except Alico, who was unable to provide the relevant documents before the deadline.

The initiative is fully supported by all participants of the HIV/AIDS Platform and also by the St. Maarten Consumer Foundation and the St. Maarten Insurance Broker Association.

This report will also present an overall conclusion focused on the interests of the public, the providers and Government, as it relates to current HIV/AIDS-related insurance practices.

How Healthy is Your Insurance?

HIV/AIDS Platform Survey among Insurance Providers on St. Maarten

Medical Insurance

Medical insurance is important to protect yourself against sudden and unforeseen medical expenses due to illness or incapacitation.

Several providers currently service the market: Government, the Social Insurance Bank and commercial insurance providers.

Government provides insurance for civil servants, retired civil servants and

Persons who are not insured through one of the (Semi-) Government systems mentioned above are free to choose their own insurance provider. These providers, referred to as private or commercial providers, are ALICO, , Capital Life, ENNIA, FATUM and NAGICO.

Social Insurance Bank medical coverage

SVB provides complete medical coverage to all persons described above under Social Insurance Bank. Once a person meets these qualifications, SVB is obliged to provide medical insurance. It is very important to know that SVB provides full coverage to all qualified persons without any medical check-up or exclusions for previously known conditions.

It is however also important to note that once a person stops working after age 60 he/she will no longer be insured. At that age it depends on legal ramifications if such a person can obtain a PCard from Government. The first requirement for such is that the person has either permanent residence papers on St. Maarten or Dutch Nationality. With thousands of persons living and working on St. Maarten not fulfilling these requirements, it is important to note that all these persons will not be insured once they stop working (retire) after age 60 unless they have obtained alternative (private) coverage prior to retirement. At this age it is usually impossible or only at a very high premium to find private insurance coverage. Also children that reach the age of 18 and are not school going (for which age 25 is the limit) are often left without insurance for some time before they have found employment with SVB coverage or private insurance.

At this time one important observation made is that no private insurance company will insure a person with a pre-existing HIV/AIDS condition, so for these persons employment providing SVB coverage is the only option (unless they can obtain PCard coverage from Government).

It is possible to have SVB insurance despite being "illegal" (no residence/work permit) on St. Maarten as long as the employee fulfills the criteria set by the "Landsverordening Ziektekosten". Only the spouses, children and un-employed should have official registration at the Census Office. However once an "illegal" person loses his/her employment he/she will lose his/her SVB medical coverage.

With the common practice on St. Maarten that employers only hire for short-term (seasonal) contracts this will lead to interruption of coverage until a new contract is obtained or new employment is found. In the context of HIV/AIDS treatment where treatment must be permanent and life-long, this is a continuing problem for many under care.

Due to the poor implementation of immigration policies and the difficulties of obtaining registration at the Civil Registry (Census Office) it often happens that spouses or children of employees have been living for many years on St. Maarten but cannot obtain SVB coverage because they have not been able to obtain legal status on the island. Problems with the implementation of immigration policies will continue to cause many persons living on St. Maarten to remain un-insured.

HIV or AIDS is not a reason to terminate SVB coverage once the individual meets the previously mentioned qualifications.

Government Medical Coverage

(Federal and Island civil servants, retired civil servants, and PPCard holders):

Federal and Island civil servants and PPCard holders receive their benefits from either Federal Government or Island Government through the administration of the BZV office (Bureau Ziektekosten Voorzieningen). Retired civil servants receive their benefits through the FZOG, which is also administered through the BZV office.

Medical coverage is provided to all persons employed within the Government service and to all retired civil servants, and is available without a medical check-up prior to employment. Pre-existing HIV infection therefore does not affect medical coverage. HIV infection diagnosed during civil service employment also does not affect medical coverage. Coverage will continue without any changes. Civil servants, who retire, will automatically become eligible for FZOG coverage. Benefits continue without changes.

Important to note is that coverage of medical expenses for civil servants is covered to a maximum limit of 90%. This means that the civil servant will be responsible for 10% of the expenses incurred, which, in the case of HIV/AIDS can amount to several hundreds of guilders monthly due to the continued high cost of the treatment for HIV/AIDS. With the ongoing negotiations to reduce the prices of Anti Retroviral medicines these expenses should decrease in the future.

Persons eligible for PPCard have 100% coverage of all medical expenses.

Private (commercial) medical coverage

Commercial companies, except FATUM, will not accept new policies from any person who is infected with HIV or living with AIDS. FATUM's policy states that they will accept clients who have been diagnosed with HIV, but with exclusions. Details about the exclusions were however not given.

In case of existing coverage, some insurance companies state that coverage will continue unchanged in the case of a new HIV diagnosis, but with several insurance companies an HIV diagnosis will cause major changes to the benefits. Only , **ENNIA and FATUM** insurance will continue the benefits without any changes to the policy.

Coverage at **Capital Life** will give a maximum coverage for medical treatment concerning HIV and AIDS of Naf 50,000 for the rest of the insured person's life. Having the annual cost of treatment presently still in the range of Naf 20,000 – Naf 40,000 per person, and dealing with a disease for which life-long treatment will be necessary, this total life coverage of Naf 50,000 is extremely low and would mean that treatment will not be covered after about 2 years of treatment. At that point the individual will not have any other choice than to find employment, which would allow SVB coverage, or seek assistance from Government. We have to keep in mind that once treatment is interrupted the chance for complications of HIV infection/AIDS is increased. Without treatment in other words the chance of illness is highly increased which would make it impossible for the person to seek employment. Chances are that the eventual cost (hospital admittance, etc) will have to be borne by Government both for permanent residents and Dutch nationals but also for non-nationals because without treatment, illness and eventually death are inevitable with this life-threatening disease.

NAGICO will terminate coverage of an existing policyholder within a period of 3 to 6 months after an HIV positive diagnosis. This, totally unacceptable practice, will make it impossible for the person to receive proper medical care.

Although no information was received from **ALICO**, anecdotal information revealed that it is clear that ALICO insurance does not cover HIV/AIDS-related expenses.

During the so-called “grace period” from Government when many “illegal” persons were able to obtain residence permits it was imperative for those without employment (and SVB coverage) to obtain medical (private) insurance. Certain companies, especially NAGICO offered cheap policies for these persons. Many people opted for these inexpensive policies especially because these were persons without income or from very low income levels, these policies however exclude HIV/AIDS, which puts these persons at risk of having no treatment options if they become infected with HIV.

Coverage for medical insurance at ENNIA and FATUM will continue for the rest of the life of an existing policyholder. Medical insurance at Capital Life will be terminated at age 65. Medical coverage at NAGICO can also be terminated after reaching a certain age on the initiative of the company. As stated before it is ethically unacceptable to terminate medical insurance at an age, particularly in the case of the elderly, when such persons are more likely to be in need of some form of coverage. Most persons elderly persons are in need of medical care, not only those with HIV/AIDS, and termination of their benefits will lead to inhumane situations. In all cases where insurance policies are terminated or changed, it is apparent that these companies think that Government is responsible to provide for such individuals. Government however cannot be held responsible for medical expenses of everybody most especially those that have previously had commercial/private insurance.

Although the HIV/AIDS Platform recognizes that insurance companies are profit-making businesses, the platform is however of the opinion that medical insurance companies exist to spread the financial risk of disease to a larger group of people in a profitable way, while maintaining a certain level of humane and ethical standards. Termination of policies or severely decreasing the benefits after an HIV positive diagnosis or at an older age directly affects these ethical and humane standards in a very negative way. These practices also help to increase the stigma and discrimination towards persons living with HIV/AIDS and internationally it has been recognized that the reduction of stigma and discrimination will be one of the main factors in combating this pandemic.

Many employers apply for group medical insurances for their employees. Packages offered by ALICO and NAGICO Insurances are particularly popular because of their relatively low cost. Unfortunately it is primarily these insurance companies that do not cover HIV/AIDS-related treatment and care. To date quite a few PLWHA have found themselves in the unfortunate position of losing coverage, thus interrupting their treatment due to these group medical insurances. Interruption of treatment for PLWHA is potentially life threatening or at minimum may cause viral resistance to the current drug regimen. Employers purchasing group packages believe that all their employees are covered for all illnesses under these policies, however in reality some exclusions usually apply (especially HIV/AIDS). Employers are advised to carefully read the conditions of group policies and their exclusions because their employees and the Unions in case of problems may hold them responsible. Employees are advised to get their group medical insurance policy in writing and read the policies very carefully to check for any exclusion. Nobody ever thinks they will get HIV infection, diabetes, cancer or other life threatening diseases, but for persons to whom this happens it is important that they are covered for all expenses.

ENNIA confirmed that all applicants would be accepted without any selection in case of an application of a group insurance. In case of a group plan the employer applies for a medical insurance for all employees and has to meet a minimum quota (e.g. ENNIA is at least 25 participating employees).

Several private insurance companies only cover 80 or 90 % of medical expenses. With the relatively high cost of Anti Retroviral medicines this can lead to high monthly expenses. However with the ongoing negotiations to decrease the price of medicines these costs should be reduced in the future.

Finally, for coverage through private (commercial) companies, persons over the age of 60 (55 for ENNIA), will not be accepted for new policies. This issue should be of concern for everyone particularly Government, as the implications are unsettling, and perhaps even inhumane, as it means that persons over the age of 60 who are infected with HIV will not be able to obtain any type of medical coverage, and in the event these persons are receiving the life-saving treatment currently available, but not affordable,

they will then be left without the ability to continue their treatment and will be forced to turn to Government for financial support.

Recommendations

Insurance coverage for all kinds of risks (fire, health, burglary, natural disasters, life, death, etc) is widely available and persons should opt for insurance coverage to meet any or all of these risks. However, medical insurance seeks to cover the risks associated with health. Medical expenses are very unpredictable and can, depending on the ailment, be quite expensive, therefore we advise everyone to be insured for these costs.

Current HIV/AIDS treatment is extremely effective and also cost-effective. In the Caribbean region, St. Maarten is fortunate and has been a forerunner in the implementation of high standard treatment programs for HIV/AIDS. This means that the life expectancy and quality of life for PLWHA has greatly increased. Presently the price of treatment is still high but with ongoing negotiations this might decrease over time. Since the existing number of PLWHA will stay alive for much longer and new infections still occur on a regular basis it will mean that the total expense for HIV/AIDS care will increase over the coming years. It is therefore advisable that we not only develop improved treatment and care possibilities but also seek ways to keep such treatment and care available/affordable for all inhabitants of our island. This means that expenses should be divided in an effective way and should not only be borne by Government. Private insurance companies should play an important role in the universal availability of treatment and care for PLWHA.

To improve the insurance product on St. Maarten the HIV/AIDS Platform suggests further attention to the following imperfections:

For SVB Insurance:

- Termination of coverage for children after age 18 (non-school going) or 25 (school-going).
- Termination of coverage at age 60 if not employed (retirees).
- Termination of coverage for persons not in possession of proper immigration papers, especially in light of the continued poor implementation of immigration policies and bad practices where employers only hire for short contracts.
- SVB insured persons should be made aware that their insurance will terminate at a certain age or under certain conditions so they can take appropriate measures. In general it takes about 6 months or more to obtain a PCard, so retirees should be informed in time to apply for such card to make sure their benefits will continue. It might be advisable even for SVB insured persons to take an additional private insurance so they are covered by the time they retire, and for those that have no immigration papers to be covered in case of loss of employment.
- SVB should educate employees and employers about their rights and obligations. Often due to poor administration or poor observation of SVB requirements persons are (temporarily) left without insurance, which in the case of HIV/AIDS treatment can have disastrous consequences.

For Government Insurance:

- In certain situations financial assistance should apply in case a PLWHA is unable to pay for the "own risk" of 10%

For Private Insurance companies:

- Policy exclusions for HIV/AIDS and termination by certain insurance companies (ALICO, Capital Life, NAGICO) should be carefully evaluated and where possible changed. The Bank of the Netherlands Antilles and Government in collaboration with the St. Maarten Consumer Foundation and SIBA are asked and advised to play a very constructive role in this matter. The HIV/AIDS Platform hopes that with the decreasing prices of Anti Retroviral medicines and the insight that treatment for HIV/AIDS is cost-effective and gradually comparable to other, be it high cost, treatments for manageable life long diseases that these insurance companies will adjust

their policies to be more ethical and humane. Government through their regulating legal entities and support of a code of ethics presently under development by the HIV/AIDS Platform can assist in regulating these situations.

- Applicants for private insurance are advised to carefully read (the small print) the policies they plan to acquire. In case of exclusion of certain diseases (e.g. HIV/AIDS) it is advised to negotiate with the company and receive in writing the renewed policy regulations, or look for alternative insurance companies.
- Employers who seek group medical insurance for their employees are advised to carefully read the exclusions on the policies and specifically ask for HIV/AIDS inclusion because often times it is not specifically mentioned in the policy guidelines. In case of HIV/AIDS exclusion they can opt to negotiate for inclusion or seek alternative insurance companies.
- It is interesting to note that this survey also indicated that some commercial companies have the right to cancel insurance coverage when the policyholder reaches a certain age and on initiative of the company. Companies who offer coverage for the rest of the life of the insured person have to make more reservations for future coverage (vergrijzingsreserve) and are understandably forced to charge higher premiums over the duration. It is however unacceptable that coverage can be terminated at an older age, especially at an age when persons are usually in need of more complex medical care.

The HIV/AIDS Platform would like to stress that medical insurance should never be judged solely on the amount of the premium. Always check the accessibility, quality of coverage and duration of the coverage! Before purchasing an insurance policy, all policy terms and conditions should be carefully reviewed and it is our recommendation that companies, which provide medical coverage for one's lifetime, would be more suitable.

Prevention of HIV infection remains the best option for any individual. Safer sexual practices like abstinence, faithful monogamous (non HIV infected) sexual relationships, and the use of (male/female) condoms will assist in reducing the spread of HIV/AIDS. It is however inevitable that persons take risks or are at times unaware of the risks they take. For such situations, insurance should prevent disastrous consequences. It is in everyone's interest that such insurance packages are clear, affordable and while keeping spiraling medical expenses under control (to keep premiums low) make these policies accessible, with a minimum number of exclusions.

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HIV/AIDS Platform Survey among Insurance Providers on St. Maarten

Life Insurance

Life insurance provides coverage for one's life prior to or upon death. There are several kinds of life insurance such as level life (insured amount is same during whole term), decreasing life insurance (insured capital goes down every year proportionally or matches exactly with outstanding principal), and combinations with savings (coverage at death can always be combined with savings paid out at a certain age).

Providers of this type of insurances are ALICO, Capital Life, ENNIA, and FATUM.

ALICO is the only provider who did not participate in this survey, as was previously mentioned.

None of the providers surveyed will accept an applicant for a life insurance policy if that applicant is already infected with HIV or AIDS. The only exemption to this rule is for group insurances as stated by ENNIA. With a sufficient number of applicants, individual medical examination can be avoided. The role of unions and employers is important in these situations. If however, a person is already insured the coverage will continue even after an HIV positive diagnosis. No exclusions or special conditions will apply.

The application procedures can differ from company to company. The application requirements are determined by the amount of coverage to be provided by the policy as well as the age of the applicant, and can include, but may not be limited to a medical questionnaire, medical test and/or blood test.

Recommendations

Persons desirous of life insurance should apply at the youngest age possible and while in good health. In the event of an HIV diagnosis, existing coverage will continue, however premiums for younger persons are more attractive. Additionally application procedures are easier for younger people. Agencies who do not supply clear and transparent information about their policies should be avoided.

Because of ALICO's non-participation in this survey, we recommend that persons applying for new policies or who have existing policies should ensure that they receive and examine copies of all conditions and procedures.

Persons with other life threatening but manageable diseases (i.e. cardio-vascular disease, Diabetes Mellitus) are usually able to obtain life insurance under special conditions (stable, managed disease) although usually with higher premium payments or exclusions. HIV/AIDS has become a long-term

manageable disease with life expectancies comparable to these diseases. HIV/AIDS also particularly affects younger age groups, including persons usually seeking life insurance in the context of loans to be obtained for the purchase of a house or business opportunity. The present restricted application conditions where a person living with (pre-existing) HIV/AIDS cannot obtain life insurance often restricts their possibilities to build a family-income and/or housing. Also education opportunities that demand lending of money are sometimes blocked.

Within the Kingdom, especially in Holland, different possibilities to obtain life insurance exist for persons living with HIV/AIDS. It would be good to evaluate these options and try to implement comparable policies within the Netherlands Antilles. The present conditions are outdated in a time where HIV/AIDS is treatable and life expectancy has increased tremendously. It is understandable that certain restrictions would remain in effect and that insurance companies have the right to have a person living with HIV/AIDS evaluated by a medical expert to evaluate the risks, but improvements in this field are desirable.

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Funeral Expenses Insurance

Funeral expenses insurance is an insurance that covers expenses incurred in the event of death. The insured amount* will be paid after death and coverage is maintained through the person's lifetime. The term of payment is normally flexible and can differ from company to company. At some companies it is even possible to spread payments or to pay a lump sum.

Official providers of this kind of insurance are ENNIA, Capital Life, FATUM and Funinco.

With the exception of Capital Life, none of the providers will give coverage for people who are already infected with HIV or AIDS. Capital Life will accept applicants who are infected with HIV/AIDS, but in case of death within two (2) years after the commencement date will only give refund of premiums paid.

Persons who are already insured with one of the companies and who become infected with HIV will retain coverage, with an exception for Capital Life and Funinco. Funinco has exclusion for people if the coverage has not existed for at least ten years since the commencement date of the policy. Capital Life will give no coverage in the first two years after the inception date.

The application procedure requirements will differ from company to company; from no medical information (Capital Life) to medical questionnaires at all other providers.

Recommendation

As with life insurance, we recommend that any person desirous of this type of insurance should do so at as young an age as possible and while in good health. Early application affords the applicant lower premiums and more chances to accessibility without any problems.

As in the case of life insurance, HIV/AIDS has become a manageable disease with an increased life expectancy compared to a few years ago. PLWHA especially if their HIV infection is diagnosed when their immune system is still strong can manage their infection for many years and life expectancy is well beyond 10 or 20 years after diagnosis for these individuals. Therefore the HIV/AIDS Platform would advise insurance providers to evaluate the present restricted application procedures and adjust the policies in a way that protects the interests of the company but at the same time recognizes these improved treatment opportunities and increased life expectancy. This could mean that restrictions would apply but that it would be possible for PLWHA to apply for funeral insurance.

*Exception is Funinco, which company will not pay out an insured amount, but will provide the funeral service.

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Do not put any booby traps, or tricky conditions, which harm the innocent applicant.

We would recommend changing policies with an expiry date into life-term coverage, especially for medical insurance!

At present, with the availability of effective treatment, conditions, which allow the cancellation of policies by providers after HIV diagnosis, should not be acceptable. Not only is this unethical and inhumane to the un-expectant individual, it also puts an unfair additional strain on the public health system. Commercial insurance providers are businesses that live from their profits, but at the same time should have a responsibility to offer proper and ethically sound products.

Last but not least, all insurance providers should get together and discuss the possibility of establishing a fund or coverage that provides an opportunity to purchase insurance coverage by persons who can normally not be insured. All local attending providers are responsible for the security options for our community. This can be a united challenge. Such funds are already in existence in Holland and similar social support systems can be put in place within the Netherlands Antilles. If we opt for more independence from Holland we should also take the responsible steps to make this possible. In the present constitutional situation where some islands will opt for closer ties with Holland and in that context possibly improved social laws and possibilities, it would be unacceptable that the islands, which are seeking a more independent status, would have outdated social policies.

Government

Our opinion is that Government has a responsibility to create safety and financial security for the residents of St. Maarten. This survey has revealed some unacceptable practices and imperfections relating to insurance. Government and the Bank of the Netherlands Antilles, with the assistance of the St. Maarten Consumer Foundation and the St. Maarten Insurance Broker Association can play a leading role in improving the insurance products on our island.

Not every resident on the island is insured for medical expenses. From an earlier survey (How Healthy is St. Maarten) one can conclude that about 30% of persons living on St. Maarten are not insured. With an HIV prevalence of 2.5% – 3% among the adult population of St. Maarten and with the likelihood of a relatively higher HIV prevalence among this uninsured part of the population it could indicate that many PLWHA are presently not insured. It would be much better for all residents, but also for providers, including Government that everyone is insured. Consider the number of unpaid bills at the Medical Center! If everyone through payment of premiums contributed to our medical system we would live in a better and more (financially) secure island.

1. Government can assist in the education of our community where, how and what to insure!
2. People with an existing illness such as HIV/AIDS can never get insurance. A safety net/fund for the uninsured can be a solution. A model can be the Dutch system for medical insurances.
3. The Bank of the Netherlands Antilles and Government with the support of the St. Maarten Consumer Foundation and SIBA can advocate for more uniformity of insurance policy conditions and should force those insurance providers that terminate or restrict medical insurance policies based on HIV infection to change their conditions. Considering the current availability of treatment and improved life expectancy, HIV/AIDS should no longer be cause for termination or restriction of insurance policies especially if the insurance is already in place.
4. The Bank of the Netherlands Antilles should forbid certain clauses (e.g. companies have the right to terminate medical or life insurances on their own initiative). In the Netherlands, for example there is an official condition that an insurance company may never terminate a life or medical insurance on their initiative, except in case of non-payment).

The St. Maarten HIV/AIDS Platform intends to re-evaluate the insurance situation on our island on an annual basis. The Platform hopes to receive positive response to this survey and its recommendations, so that all residents can enjoy more equal rights and provide a better world to live in!