

Policy Directive pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai

Policy Directive Number 1 of 2015 (PD 01/2015)

Subject of this Policy Directive	Provision of maternity coverage for Dubai visa holders
Applicability of this Policy Directive	This Policy Directive applies to all insurance companies marketing health insurance plans in or into the Emirate of Dubai
Purpose of this Policy Directive	To clarify the application of maternity coverage to be provided
Authorised by	Dr Haidar al Yousuf, Director, Health Funding Department
Drafted by	Robin Ali, Consultant, Health Funding department
Publication date	15 July 2015
This document replaces	Not applicable
This document has been replaced by	Not applicable
Effective date of this Policy Directive	Applies to all new contracts, renewals or additions immediately from date of publication (refund of premiums section is retrospective)
Grace period for compliance	None

Preamble

The minimum benefits to be provided under any health insurance plan sold in the Emirate of Dubai were issued on 24 September 2014 with Policy Directive PD 02-2014 Compliance with minimum benefits and are contained in the document Essential Benefits Plan ToB v3.0 180914

The maternity requirement at that time was left open with no specific policy on who should be covered. We have received reports of some insurers insisting that females who do not have child bearing capacity should be covered and that additional premiums are being charged

This Policy Directive also addresses the significant risk of anti-selection against the insurer

Objectives of this Policy Directive

- Firstly, to clarify the circumstances when females must be covered for maternity
- Secondly, to clarify the position relating to females who are pregnant at the time of enrolment or become pregnant after enrolment
- Thirdly, to confirm how insurers may apply additional premiums to cover maternity
- Fourthly, to address the position of those females without child bearing capacity for whom additional premiums have been charged for maternity cover

Who must be covered?

All females married at time of enrolment and of child bearing capacity to whom Health Insurance Law of Dubai No. 11 of 2013 applies must be covered at least to the extent of the limits specified in the EBP ToB and for the services listed therein. The question of child bearing capacity is one for the judgment of a suitably qualified medical professional and is not restricted by specific age limits. All females of child bearing capacity who become married during the term of the policy must also be covered

Clearly it follows that females unmarried at time of enrolment and females without child bearing capacity should not be offered cover

Females confirmed pregnant at time of enrolment

- Lower salary band (LSB) workers
Where a female LSB worker is being enrolled by her employer along with other workers or because she has just joined employment the condition must be covered. Where a sponsor of a female LSB worker who is confirmed pregnant decides to enrol her at any other time the Participating Insurer can impose a 9-month waiting period for maternity services
- Other workers
Where a female worker is confirmed pregnant at time of enrolment maternity must be provided but she will be subject to normal underwriting
- Non-working spouses
Where a non-working spouse is confirmed pregnant at time of enrolment maternity must be provided but she will be subject to normal underwriting

Females who are confirmed pregnant after time of enrolment

- Lower salary band (LSB) workers
Where a female worker was enrolled by her employer along with other workers or because she had just joined employment or because the employer had reached a deadline to enrol all workers and the worker subsequently is confirmed pregnant the condition must be covered. Where a sponsor of a female LSB worker enrolls her at any other time the Participating Insurer can impose a 9-month waiting period for maternity services
- Other workers
Where a female worker is confirmed pregnant after enrolment the condition must be covered. The justification for this is that even if a sponsor effected cover in the knowledge that the employee was planning to conceive (i.e. selecting against the insurer) the insurer should have factored this possibility into its underwriting, particularly where the sponsoring employer is effecting cover at a time after having already covered other workers and before reaching a deadline to provide cover for all. Where the employer is affecting cover because the employee is a new joiner the risk of anti-selection is clearly lower and should be reflected in the underwriting
- Non-working spouses
To protect the insurer against anti-selection it can choose to impose a 9 month waiting period for non-working spouses

Emergencies arising during a waiting period

Where an emergency arises during any maternity waiting period the insurer must cover the medically necessary incurred expenses up to the annual aggregate limit regardless as to whether or not the emergency is related to pregnancy

Charging additional premiums to cover a known or a potential risk of maternity expenses

- Where pregnancy is confirmed before or at time of enrolment
The insurer must apply any additional premium against the individual member
- Where pregnancy is confirmed after enrolment
The insurer should calculate the premium in relation to the risk of female insured members becoming pregnant and may apply the additional premium on an individual basis in relation to each female insured of child-bearing capacity or may average the total premium for all such females across the female insured member population (either total females or only those of child bearing capacity)

Refunds where females of non-child bearing capacity have been charged additional premiums

Insurers must refund all such additional premiums without deduction within 28 days of the publication date of this directive

All insurers must notify HFD either:

1. That they **have not** charged such additional premiums at any time since 1 April 2014, such notification to be made **no later than 14 calendar days after the publication date of this directive**, or
2. Provide **no later than 45 calendar days after the publication date of this directive** a list of cases where they have charged additional premiums together with the amount charged and the date of the refund

This notification must be sent to isahd@dha.gov.ae