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

Policy Directive Number 7 of 2018 (PD 07/2018)

Subject of this Policy Directive	Updated TOB for the Essential Benefit Plan
Applicability of this Policy Directive	This Directive applies to all parties involved in the administration of health insurance plans in the Emirate of Dubai, specifically, insurance companies.
Purpose of this Policy Directive	To specify the update Essential Benefit Plan Table of Benefits
Authorized by	Dr. Mohamad Fargaly, Dubai Health Insurance Corporation, Dubai Health Authority
Drafted by	Ali F. Lutfi, Dubai Health Insurance Corporation
Publication date	17/12/2018
Effective date of this Policy Directive	Januray 1st 2019
Grace period for compliance	None
This Document Replaces	Policy Directive Number 5 of 2018

Preamble

Given recent new mandates and requirements as the health insurance system in Dubai has evolved attached in 'Appendix A' is the updated Essential Benefit Plan TOB. Only one update has been made since the recent updates in Policy Directive Number 5 of 2018, which is to include Adult Pneumococcal Conjugate Vaccine as per DHA guidelines which are included in this document in 'Appendix B'

This is effective 1 month from circulation date.

For any clarifications, please write to ISAHD@dha.gov.ae

Appendix A

Table of Benefits for the Essential Benefits Package (also the minimum standard for ANY policy of health insurance issued in the Emirate of Dubai)

	Benefit	Conditions	Coinsurance and limits
Annual upper aggregate claims limit (including any coinsurance and/or deductibles)	150,000 AED		
Geographic scope of coverage	Basic healthcare services	Within the Emirate of Dubai (and other emirates or countries at the discretion of the insurer)	
	Emergency medical treatment (Including Ambulance Charges)	Within all emirates of the UAE	
Provider network	Limited network is acceptable	The network must provide reasonable geographic access for the insured in relation to place of work and residence	
Pre-existing conditions Where a pre-existing or chronic condition develops into an emergency within the 6 month exclusion period this must be covered up to the annual aggregate limit.	Pre-existing conditions must be covered. Cover cannot be denied due to pre-existing conditions	Treatment for chronic and pre-existing conditions may be excluded for first 6 months of membership of an individual's first scheme entered into within the UAE. (Here "scheme" includes any and all schemes providing cover for medical expenses whether or not on a self-funded or insured basis). In all other cases, pre-existing conditions must be covered from date of enrolment.	
Basic healthcare services: in-patient treatment at authorized hospitals Referral procedure: In respect of Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The GP must make his referral together with reasons via the DHA e-Referrals system (or other such temporary manual system) for the claim to be considered by the Insurer.	Tests, diagnosis, treatments and surgeries in hospitals for non-urgent medical cases	Prior approval required from the insurance company	20% coinsurance payable by the insured with a cap of 500 AED payable per encounter and an annual aggregate cap of 1000 AED. Above these caps the insurer will cover 100% of treatment.
	Emergency treatment	Approval required from the insurance company within 24 hours of admission to the authorised hospital	
	In-patient services will be received in rooms of two or more beds	Prior approval required from the insurance company	
	Healthcare services for emergency cases		
	Ground transportation services in the UAE provided by an authorized party for medical emergencies		
	Companion accommodation	The cost of accommodating a person accompanying an insured child up to the age of 16 years	Maximum 100 AED per night can be applied
		The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical	Maximum 100 AED per night can be applied

		necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	
	Benefit	Conditions	Coinsurance and limits
Maternity services Note: Where any condition develops which becomes life threatening to either the mother or the new born, the medically necessary expenses will be covered up to the annual aggregate limit.	Out-patient ante-natal services	Requires prior approval from the insurance company	10% coinsurance payable by the insured 8 visits to PHC; All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals Initial investigations to include: • FBC and Platelets • Blood group, Rhesus status and antibodies • VDRL • MSU & urinalysis • Rubella serology • HIV • Hep C offered to high risk patients • GTT if high risk • FBS , random s or A1c for all due to high prevalence of diabetes in UAE Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols 3 ante-natal ultrasound scans
	In-patient maternity services	Requires prior approval from the insurance company or within 24 hours of emergency treatment	10% coinsurance payable by the insured Maximum benefit 7,000 AED per normal delivery, 10,000 AED for medically necessary C-section, complications and for medically necessary termination (All limits include coinsurance)
	New born cover	Coverage of a pregnant female is extended by the insurer to provide the same benefits for a new born child of that female for a period up to 30 days from its date of birth. This cover is provided regardless of whether or not the	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell

		new born is eventually enrolled as a dependent member under the insurer's policy	screening, congenital adrenal hyperplasia)
	Benefit	**Conditions**	**Coinsurance and limits**
Basic healthcare services: out-patient in authorized out-patient clinics of hospitals, clinics and health centres Referral procedure: In respect of Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The GP must make his referral together with reasons via the DHA e-Referrals system (or other such temporary manual system) for the claim to be considered by the Insurer.	Examination, diagnostic and treatment services by authorized general practitioners, specialists and consultants		20% coinsurance payable by the insured per visit No coinsurance if a follow-up visit made within seven days
	Laboratory test services carried out in the authorized facility assigned to treat the insured person		20% coinsurance payable by the insured
	Radiology diagnostic services carried out in the authorized facility assigned to treat the insured person.	In cases of non-medical emergencies, the insurance company's prior approval is required for MRI, CT scans and endoscopies	20% coinsurance payable by the insured
	Physiotherapy treatment services	Prior approval of the insurance company is required	Maximum 6 sessions per year. 20% coinsurance payable per session.
	Drugs and other medicines	Cost of drugs and medicines up to an annual limit of 1,500 AED (including coinsurance). Restricted to formulary products where available.	30% payable by the insured in respect of each and every prescription No cover for drugs and medicines in excess of the annual limit
Preventive services, vaccines and immunizations	Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates (currently the same as Federal MOH)		
	Preventive services as stipulated by DHA to include initially diabetes screening	The DHA has to notify authorized insurance companies of any preventive services that will be added to the basic package at least three months in advance of the implementation date and the newly covered preventive services will be covered from that date	Frequency restricted to: Diabetes: Every 3 years from age 30 High risk individuals annually from age 18
	Adult Pneumococcal Conjugate Vaccine		As per DHA Adult Pneumococcal Vaccination guidelines
	Hepatitis C Virus Screening and treatment	To be followed as per the guidelines laid out in the Hepatitis C support program	
	Cancer Screening and treatment	To be followed as per the guidelines laid out in the Cancer support program	

Excluded healthcare services except in cases of medical emergencies	Diagnostic and treatment services for dental and gum treatments		Subject to 20% coinsurance
	Hearing and vision aids, and vision correction by surgeries and laser		Subject to 20% coinsurance
Excluded (non-basic) healthcare services	1. Healthcare Services which are not medically necessary 2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments. 3. Care for the sake of travelling. 4. Custodial care including (1) Non-medical treatment services; (2) Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient. 5. Services that do not require continuous administration by specialized medical personnel. 6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies). 7. All cosmetic healthcare services and services associated with replacement of an existing breast implant. Cosmetic operations which are related to an Injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body and breast reconstruction following a mastectomy for cancer are covered. 8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies. 9. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens. 10. Healthcare Services that are not performed by Authorized Healthcare Service Providers. 11. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs. 12. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction. 13. Treatment and services for contraception 14. Treatment and services for sex transformation, sterilization or intended to correct a state of sterility or infertility or sexual dysfunction. Sterilization is allowed only if medically indicated and if allowed under the Law. 15. External prosthetic devices and medical equipment. 16. Treatments and services arising as a result of professional sports activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other professional sports activities. 17. Growth hormone therapy unless medically necessary. 18. Costs associated with hearing tests, prosthetic devices or hearing and vision aids. 19. Mental Health diseases, both outpatient and in-patient treatments, unless it is an emergency condition. 20. Patient treatment supplies (including for example: elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments,) excluding supplies required as a result of Healthcare Services rendered during a Medical Emergency. 21. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment); any physical, psychiatric or psychological examinations or investigations during these examinations. 22. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree relatives. 23. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment. 24. Healthcare services for adjustment of spinal subluxation. 25. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine. 26. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer. 27. Elective diagnostic services and medical treatment for correction of vision 28. Nasal septum deviation and nasal concha resection.		

	29. All chronic conditions requiring haemodialysis or peritoneal dialysis, and related investigations, treatments or procedures. 30. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A and C. 31. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency. 32. Healthcare services for senile dementia and Alzheimer's disease. 33. Air or terrestrial medical evacuation and unauthorized transportation services. 34. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency that were not notified within 24 hours from the date of admission where possible. 35. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health. 36. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes. 37. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, , food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions); and all equipment not primarily intended to improve a medical condition or injury, including but not limited to: air conditioners or air purifying systems, arch supports, exercise equipment and sanitary supplies. 38. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician. 39. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or a recipient. This exclusion also applies to follow-up treatments and complications unless if left untreated will develop into an emergency. 40. Any expenses related to immunomodulators and immunotherapy unless medically necessary. 41. Any expenses related to the treatment of sleep related disorders. 42. Services and educational programs for people of determination, this also includes disability types such as but not limited to mental, intellectual, developmental, physical and/or psychological disabilities.
Healthcare services outside the scope of health insurance (In Emergency cases as defined by PD 02-2017, the following must be covered until stabilization at minimum)	1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type. 2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type. 3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination. 4. Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other type of natural disaster. 5. Injuries resulting from criminal acts or resisting authority by the Insured Person. 6. Injuries resulting from a road traffic accident. 7. Healthcare services for work related illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, and applicable laws in this respect. 8. All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances. 9. Any investigation or treatment not prescribed by a doctor. 10. Injuries resulting from attempted suicide or self-inflicted injuries. 11. Diagnosis and treatment services for complications of exempted illnesses. 12. All healthcare services for internationally and/or locally recognized epidemics. 13. Healthcare services for patients suffering from (and related to the diagnosis and treatment of) HIV – AIDS and its complications and all types of hepatitis except virus A and C hepatitis.

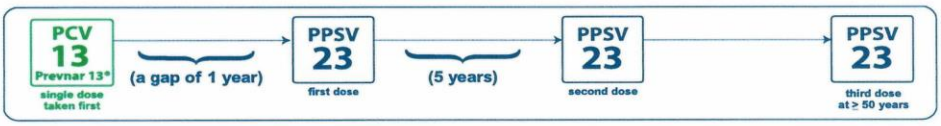
Appendix B

GOVERNMENT OF DUBAI
DUBAI HEALTH AUTHORITY

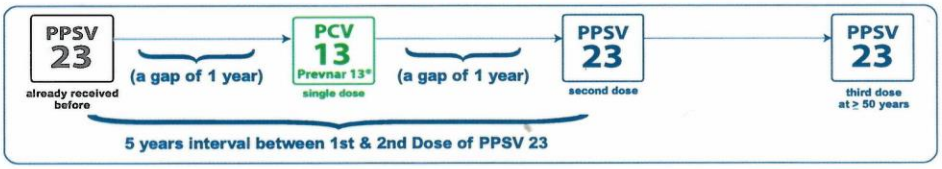
Adult Pneumococcal Vaccination Recommendations

Age 19 years and above either at risk* or with high risk** should receive the following

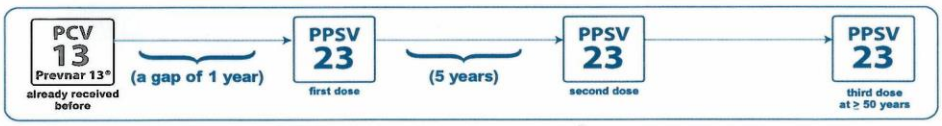
For those who have not received any pneumococcal vaccines before or those with unknown vaccination history this should be followed:



For those who have previously received 1 dose of PPSV23 and didn't receive PCV13 before this should be followed



For those who have previously received 1 dose of PCV13 and didn't receive PPSV23 before this should be followed

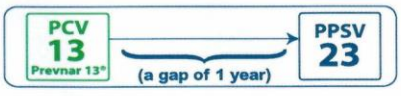


There are two types of pneumococcal vaccines PCV13 and PPSV23, the unavailability of one of these vaccine should not deffer the use of the other:

- For adults aged 19 years and above either at risk or with high risk should receive the following:
  - Pneumococcal Conjugated Vaccine 13 valent (PCV13) administrated as one dose.
  - Pneumococcal polysaccharide vaccine 23 valent (PPSV23) administrated after the PCV13 administration with a gap of one year then a second dose of PPSV23 should be administrated after 5 years from the first PPSV23 dose then a third dose of PPSV23 should be given after the age of 50 years.

All adults aged 50 Years old and above should receive the following

For those who have not received any pneumococcal vaccines before or those with unknown vaccination history this should be followed:



For those who have previously received 1 dose of PPSV23 at the age of 50 or above and didn't receive PCV13 before this should be followed:

- For all adults aged 50 years old and above (with no upper limit of age) should receive one dose of PCV13 first (If not already received before or the history of previous pneumococcal vaccination is not known), then followed by one dose of PPSV23 after one year of the PCV13, with no need to give a booster dose of PPSV23 again.
- The interval between PCV13 and PPSV23 should be one year at least & minimum of 8 weeks for immunocompromised patients

*** At Risk Population:**
Any health care professional regardless the age.
Hajj an Umra pilgrims, People with underlying medical conditions such as: Diabetes either type 1 or type 2, chronic cardiovascular disease, chronic pulmonary disease, bronchial asthma, chronic liver disease. Smokers, Heavy alcohol users.

**** High Risk Population:**
People with underlying medical conditions such as: Immunocompromising conditions, Immunodeficiency, HIV, Chronic renal failure, Nephrotic syndrome, Cancer, Organ and bone marrow transplantation, Auto immune disease, Immunosuppressive therapy, Corticosteroids, Sickle cell disease, Cochlear implants, Cerebrospinal fluid leaks, End stage renal diseases, Functional and anatomical asplenia, Recipients of hemodialysis, Receiving chemotherapy or radiotherapy.

References:
1. United Arab Emirates Ministry of Health & Prevention Adult Pneumococcal Vaccination Recommendations.
2. Recommended Adult Immunization Schedule United States 2017.
http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf

Grey Color reflects the previously given dose
Green Color reflects planned PCV13 dose
Blue Color reflects planned PPSV23 dose