

Policy Directive pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai
Policy Directive Number 4 of 2018 (PD 04/2018)

Subject of this Policy Directive	Pregnancy Declarations
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 new required disclosures on pregnancy to be captured in where policies include medical declarations
Authorized by	Dubai Health Insurance Corporation, Dubai Health Authority
Drafted by	Ali F. Lutfi, Dubai Health Insurance Corporation
Publication date	10/09/2018
Effective date of this Policy Directive	3 Months from the date of publication
Grace period for compliance	None

Preamble

There is an ongoing challenge specifically for individual medical policies in relation to Maternity coverage. Unfortunately, there are numerous cases and disputes between members and payers around coverage of these topics, typically due to non-disclosure at the time of enrolment whether intentional or not.

The below will apply to all policy's where medical declarations are required for either group or individual policies.

Objectives of this Policy Directive

- To inform HIPs of the new required information on the medical declaration forms
- Advise the timelines for implementation
- Enforcement
- Treatment of undeclared pregnancies

Required information on medical declaration forms

Going forward all policies that require a medical declaration/medical questionnaire at or prior to issuing a policy must include the following two questions:

- Are you currently pregnant?
 - If Yes, have there been any complications to date?
- Last Menstrual period date
- Are you currently trying to get pregnant?
- Are you undergoing any form of fertility treatment?

In addition, the following must be included in the declaration statement within medical declaration forms:

- I understand and acknowledge any pregnancy not declared at the time of this application's coverage will be at the sole discretion of the insurer. The insurer has the right to not cover any maternity claims to any undeclared pregnancy. I also acknowledge and understand any pregnancy, which arises within forty calendar days from the date of this application; coverage will also be at the discretion of the insurer.

Timelines for Implementation

This needs to be implemented as soon as possible and no later than 3 months from the date of publication of this policy directive for all mediums.

For all online and non-print applications this change should happen much sooner than the deadline of 3 months. However, by the deadline all pre-printed application/declaration forms should include the new requirements as well without excuse.

Enforcement

Should any HIP fail to adhere to this policy directive and the timelines mentioned, if any complaints/disputes arise post the deadline, the HIP will be required to cover any and all maternity claims in question.

Undeclared Pregnancies

Where an undeclared pregnancy arises, whether intentionally or not, the insurer must provide the member with two options. Option 1 is to cover the pregnancy at the correctly underwritten and loaded premium; option 2 is to exclude this pregnancy. The final choice is the members.

In cases of emergency as per definition stated in Policy Directive 02 of 2017, should a provider send an approval request/notification the insurer cannot reject, and any disputed claims can be dealt with at a later stage.

In addition and for clarification this policy directive does not give any insurer the right to dispute any medical claims related to the new born once delivered.

Where DHA sees fit and with certain cases with extenuating circumstances, DHAs decision will supersede any policies or regulations.