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Compliance with Essential Benefits Plan

1- Introduction:

In November 2014, the Health Insurance Law (No 11 of 2013) was announced in Dubai. The law requires that all Nationals and Residents of Dubai (including dependents) to have insurance coverage in place to pay for emergency and curative healthcare needs. The objective of the Law is therefore to ensure that there is a system of funding in place that meets the objectives of access and quality.

The strategy of Dubai Health Authority (“DHA”) is built upon two key pillars. The first pillar is that all Nationals and expatriate residents (“Residents”) of Dubai should have access to healthcare. In order for this to happen there must be funding mechanisms in place to ensure that the costs of care are met. The second pillar is that healthcare provision must be of the highest quality relevant to the needs of the population.

The Essential Benefits Plan or EBP for short is the minimal level of health insurance cover that residents of Dubai are required to meet or exceed under the Health Insurance Law (No 11 of 2013).

2- Definitions / Key Terms:

2-1 Health Insurance Law 11 of 2013 (HI Law 11/2013):

Law as signed by HH Sheikh Mohammed bin Rashid Al Maktoum, Vice-President & Prime Minister of the UAE and Ruler of Dubai, and its executive regulations, policy directives and circulars issues by the DHIC.

2-2 Essential Benefits Plan

Essential Benefits Plan or EBP for short is the minimal level of health insurance cover that residents of Dubai are required to meet or exceed under [Dubai law](#).

2-3 Insurance Companies

Companies, which are licensed by the Dubai Department of Economic Development and UAE Insurance Authority to sell health insurance products to the public.

2-4 Participating Insurers (PIs)

Insurance companies approved by DHIC to transact and market EBP product for Low Salary Band employees (employees who draw salaries below AED 4000/-)

2-5 Third Party Administrators(TPAs)

A party that is responsible for managing the administrative responsibilities related to health insurance activities.

2-6 Intermediaries

Any legal person or entity that sells, markets or advises upon health insurance products in the Emirate of Dubai (but is not itself an insurer) and must apply for a HIIP since 2015. This classification therefore includes the following:

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Insurance brokers, insurance consultants and insurance agents as defined by Federal Law No 6 of 2007, any other legal person or entity that has an agreement with an insurer to market health insurance products in the Emirate of Dubai on behalf of that insurer.

2-7 Employer

Any organization, institution, government entity, small business or individual employing residents/ expatriates to work in the Emirate of Dubai in consideration of a reward (salary/ wages) including where the worker performs work for a third party under a special contract with the employer

2-8 Employee

An individual who is hired to perform a specific service/task for wages who may or may not be under the sponsorship of the employer

2-9 Sponsor

Any Individual or entity that sponsor a resident expatriate for the purpose of residing in the Emirate of Dubai (sponsor may include other Resident Expatriate)

2-10 Dependent

Spouse, sons under the age of 18 years, unmarried daughters and elderly parents under one's sponsorship

3- Purpose of Policy:

3-1 To notify the dates by which all health insurance policies must be compliant with the minimum benefits standards as published

3-2 To detail the policy of Health Funding Department {now Dubai Health Insurance Corporation (DHIC)} in relation to policies designed to provide benefits additional to the main policy

3-3 To detail the updates on the Essential Benefits Plan

4- Policy Objectives:

4-1 Policy developed to advise insurance companies and intermediaries marketing health insurance plans in the Emirate of Dubai and for the information of all health insurance claims management companies that all health insurance policies must be compliant with the minimum benefits standards as published

4-2 To ensure the population of Dubai is provided with health insurance plans that meet or exceed those required under the Essential Benefits Plan and meet the exclusions thereof;

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4-3 To control unwelcome practices whereby some market participants are encouraging employers to establish schemes that do not meet the minimum benefit standards.

4-4 The benefits under a top-up policy must be additional to those of the mail policy and not duplicate them

5- Scope:

5-1 To notify all health insurance policies must be compliant with the minimum benefits standards as published

5-2 To advise the market of the Essential Benefits Plan, the updates and details of the “top up” policies

6- Policy Stakeholders:

6-1 Payers (Insurance Companies)

6-2 Health Insurance Intermediaries

6-3 Third Party Administrators

6-4 Employers/ Sponsors

6-5 Employees(insured members)

7- Policy Implementation Required Resources:

Circulars released by DHIC

8- Policy Content:

8-1 To ensure that the population of Dubai is provided with health insurance plans that meet the minimum benefits at the earliest date possible and no later than 30 June 2016

8-2 All new policies whether group or individual (both Essential Benefits and enhanced plans) issued on or after 1 January 2015 must comply or exceed with the standards of the Essential Benefits Plan; however existing policies can continue in their present form until the first renewal date (and no later than 12 months) after the applicable implementation deadline which is 31 October 2014

a) New members will be added to existing group policies with the same benefits as existing members in the same category

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- b) Where a family member is added to a “family policy” they will be treated in the same way as new members to existing group schemes. So, where an insurer links the separate policies for individual family members, the additional family member can share the same benefits as other similar members
- c) All existing self-funded schemes must convert to an insured basis in accordance with the deadlines based upon employer size specified above
- d) If the self-funded scheme does not have a renewal date as such, the reference date to be used for timeline compliance will be the scheme accounting date or the accounting date of the employer

8-3 Deadlines for employers and sponsors to have insurance in place is as below:

- a) For employers with employees numbering 1000 or more: 31 October 2014
- b) For employers with 100-999 employees: 31 July 2015
- c) For employers with less than 100 employees: 30 June 2016
- d) For spouses, dependents and domestic workers: 30 June 2016

8-4 Where an individual is subject to the Law and must hold a policy that meets or exceeds the minimum requirements of the Essential Benefits Plan, the individual must have in place such a policy in order to effect a top-up policy.

- a) The benefits under a top-up policy must be additional to those of the main policy and not duplicate them.
- b) The underwriting and pricing of top-up policies must be such as to ensure that only the additional benefits are priced.
- c) Top-up policies may only be issued in Dubai where the insurer holds a Dubai Health Insurance Permit (HIP)
- d) Top-up policies can have their own coinsurance or deductible levels. However, a top-up policy cannot be used to reduce the coinsurance of the main policy
- e) All top-up policies must be registered on the product registration system

Reasons for Top-up:

- A higher annual aggregate limit (AAL) or higher sub limits (SL);
- Wider geographic scope of coverage;
- Cover for risks not otherwise included within the main policy;
- Cover for health insurance benefits excluded by the main policy;
- Extension of benefits covered under the main policy

8-5 Policies purchased in foreign jurisdictions

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- a) DHIC (previously HFD) has no objection to residents utilizing policies that they have purchased abroad. However, such residents must still meet the requirement to have a locally issued policy that at least covers the minimum requirements
- b) DHIC(previously HFD) will have no jurisdiction to protect consumers holding such foreign policies and will not entertain complaints against the issuer of such policies or the use of such policies in the UAE
- c) The marketing of such policies in or into the Emirate of Dubai is prohibited as detailed in Standards Notice 04-2015 on marketing standards issued 25 October 2015

8-6 Updates on the Essential Benefits Plan to include the Patient Support Programs for Cancers (Breast , Cervical and Colorectal) and Hepatitis C and addition of Adult Pneumococcal Conjugate Vaccine as per DHA guidelines

9- Deployment Methodology: (Check all that apply)

- Announcement
- Awareness
- Training
- On Job Training

10- Policy Performance Indicators:

- 10-1 Ensure all citizens of the Emirate of Dubai comply with the Health Insurance Law
- 10-2 Ensure all Insurance Companies provide policies that meet the minimum requirements of the EBP
- 10-3 Validate through the Member Register the update of mandatory insurance
- 10-4 Track the number of members on the EBP

11- List of Risks:

- 11-1 Life is unpredictable and so is health. Medical needs and emergencies can arise anytime and in a city like Dubai, where cost of living is quite high, it is not always easy to manage household expenses.

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11-2 Not having insurance could pose risk of catastrophic healthcare expenses. The uninsured often pay more for medical coverage, leading to a strain in household finances and mounting debt due to unpaid bills.

11-3 People without health insurance often avoid or delay going to the doctor because of the high cost of medical care. Without adequate health insurance cover, the uninsured run the risk of acquiring a serious illness that a simple blood test may have helped prevent.

11-5 Often people without health insurance try to self-diagnose and/or ignore symptoms until they become unbearable.

12- Policy Revision/Update :

13- Audit, Improvement & Development:

13-1 Internal audit for compliance with the document content

13-2 Corrective actions for non-conformities with the document content

14- Records List*

14-1

15- Appendices *

15-1 References

Policy Directive Number 2 of 2014 (PD 02/2014)

<https://www.isahd.ae/content/docs/PD%2002-2014%20Compliance%20with%20minimum%20benefits.pdf>

Policy Directive Number 2 of 2015 (SN 02/2015)

<https://www.isahd.ae/content/docs/PD%2002-2015%20Top-up%20policies.pdf>

Policy Directive Number 5 of 2018 (PD 05/2018)

<https://www.isahd.ae/content/docs/PD%2005-2018.pdf>

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

<https://www.isahd.ae/content/docs/PD%2007-2018.pdf>

15-1 Attachments

Policy Directive Number 2 of 2014 (PD 02/2014)

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Policy Directive Number 5 of 2018 (PD 05/2018)

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

N.B.: “*” Put “N/A” if there is nothing to write.

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Revision History

S.	Summary	Amend Type*	Page	Issue No.	Issue Date
1	Compliance with minimum benefits for all health insurance policies	Modify		PD 02/2014	24-09-2014
2	Health insurance policies ("top-up policies") providing additional benefits to a main policy	Modify		SN 02/2015	15-11-2015
3	Updated TOB for the Essential Benefit Plan	Modify		PD 05/2018	10-09-2018
4	Updated TOB for the Essential Benefit Plan	Modify		PD 07/2018	01-01-2019

* Amend Type: Add – Modify – Cancel

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