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## Maternity Coverage and New Born Additions

### 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 Health Insurance Law requires that all medical expenses schemes must be established on a fully insured basis. The Essential Benefits Plan (EBP) 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).

All females married at time of enrolment and of childbearing 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.

### 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 Economic Department and UAE Insurance Authority to sell health insurance products to the public.

### 3- Purpose of Policy:

3-1 To clarify the maternity coverage to be provided under the mandatory medical insurance policy

3-2 To specify the disclosures on pregnancy in the medical declaration form

3-3 To advise the treatment of new born additions into the insurance policy

### 4- Policy Objectives:

4-1 To clarify the circumstances when females must be covered for maternity

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4-2 To clarify the position relating to females who are pregnant at the time of enrolment or become pregnant after enrolment

4-3 To confirm how insurers may apply additional premiums to cover maternity

4-4 To address the position of those females without child bearing capacity for whom additional premiums have been charged for maternity cover

4-5 To inform HIPs of the new required information on the medical declaration forms and treatment of undeclared pregnancies

4-6 To clarify the treatment of newborns when being newly insured or added to existing group policies.

### 5- Scope:

5-1 To advise that all females married at time of enrollment and of child bearing capacity must be covered at least to the extent of the limits specified in the EBP ToB during the term of the policy.

5-2 To specify the disclosures on pregnancy in the medical declaration form

5-3 To reiterate that newborn must be covered under the mother's policy for 30 days and/or up to the mother's annual limit

### 6- Policy Stakeholders:

6-1 Insured Members (females and newborn)

6-2 Payers

6-3 Third Party Administrators

6-4 Health Insurance Intermediaries

6-5 Insured members

### 7- Policy Implementation Required Resources:

Circulars issued by DHIC

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### 8- Policy Content:

8-1 Policy elaborates on provision of maternity coverage for Dubai visa holders

A. 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 enroll 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

B. 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 enroll 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

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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

### C) 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

### D) 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)

### E) 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 on [isahd@dha.gov.ae](mailto:isahd@dha.gov.ae) :

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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

8-2 To inform HIPs of the new required information regarding pregnancy on the medical declaration forms

8-3 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.

8-4 To advise that no insurer may impose waiting periods of any kind on new born, whether they are waiting period against pre-existing conditions or any other conditions.

- Newborn must be covered under the mother's policy for 30 days and/or up to the mother's annual limit. In addition backdating of up to a maximum of 7 days is only allowed for newborn additions to achieve covering the new born from the date of birth, this is the only exception to backdating.

### 9- Deployment Methodology: (Check all that apply)

Announcement

Awareness

Training

On Job Training

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### 10- Policy Performance Indicators:

10-1 Provision of maternity coverage for Dubai visa holders

10-2 Treatment of newborns when being newly insured or added to existing group policies

10-3 Complaints on isahd portal/lpromes on denial of maternity cover or newborn additions.

### 11- List of Risks:

11-1 If the policy is not developed around the maternity coverage,

- some insurers may insist of covering all females irrespective of their age group (even if they are beyond the child bearing age)
- there may be ongoing disputes between members and payers around coverage of these topics, typically due to non-disclosure at the time of enrolment whether intentional or not.
- Inadequate new born coverage

### 12- Policy Revision/Update :

N/A

### 13- Audit, Improvement & Development:

13-1 Internal audit for compliance with the document content

13-1 Corrective actions for non-conformities with the document content

### 14- Records List\*

14-1

### 15- Appendices \*

15-1 References

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

<https://www.isahd.ae/content/docs/PD%2001-2015%20Maternity%20coverage.pdf>

Policy Directive Number 4 of 2018 (PD 04/2018)

<https://www.isahd.ae/content/docs/PD%2004-2018%20v1.2.pdf>

Procedural Directive Number 2 of 2019 (PD 02/2019)

<https://www.isahd.ae/content/docs/PD%2002-2019%20New%20Born%20Additions.pdf>

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### 15-2 Attachments

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

Policy Directive Number 4 of 2018 (PD 04/2018)

Policy Directive Number 2 of 2019 (PD 02/2019) Procedural Directive Number 2 of 2019 (PD 02/2019)

N.B.: "\*" Put "N/A" if there is nothing to write.

*(the document)* to be replaced by document title

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### Revision History

S.	Summary	Amend Type*	Page	Issue No.	Issue Date
1	Provision of maternity coverage for Dubai visa holders	Modify		PD 01/2015	15-07-2015
2	Pregnancy Declarations	Modify		PD 04/2018	10-09-2018
3	New Born additions	Modify		PD 02/2019	30-04-2019

\* Amend Type: Add – Modify – Cancel

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