Health Insurance Law of Dubai

Employer's Information Pack

1 October 2014

Contents

1 The objectives of the health insurance law of Dubai

1.1 Access to and quality of healthcare

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 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.

1.2 Coverage for all

The law requires that all Nationals and Residents of Dubai (including dependents) must have coverage in place to pay for emergency and curative healthcare needs.

For Nationals, there will be a Dubai Government funded scheme structured in a similar manner to a private insurance scheme with annual cover limits, table of benefits included and list of services excluded.

For Residents and their dependents, funding will be provided by private health insurance schemes.

The law applies to all economic areas of the Emirate of Dubai **including Free Zones**.

1.3 Implementation timelines

1.3.1 Nationals

Registration will begin in Q2 2014 and actual scheme enrolment is due to commence at the beginning of Q3 2014. It is expected that all Nationals being served by DHA will be enrolled by end of September 2015.

1.3.2 Residents (see Figure 1)

Implementation will be split into three phases.

- Workers at companies employing more than 1000 employees must have coverage in place by end October 2014;
- Workers at companies employing between 1000 and 100 employees must have coverage in place by end July 2015;
- All other workers (including domestic staff), spouses and dependents must be covered by end June 2016.

The definition of size of workforce will be at the Trade License level.

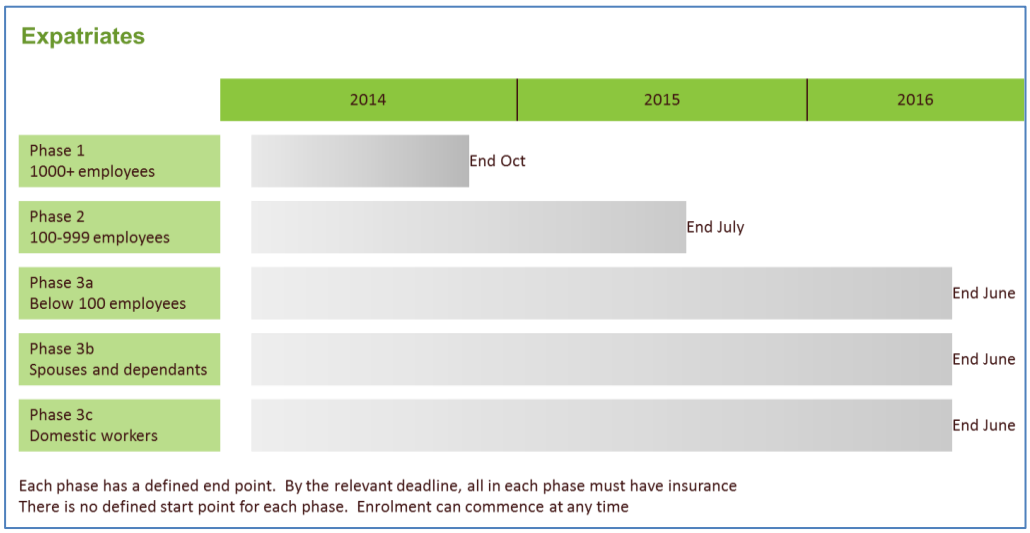

Figure 1

2 Who will pay for coverage?

2.1 Nationals

2.1.1 Members of the new Nationals program

Dubai Government will fund the program for Nationals registered with DHA.

2.1.2 Nationals working for Dubai Government and related entities

This population will normally be part of the Enaya scheme open to all Dubai Government employees or they will be part of other Government employee schemes funded by Dubai Government.

2.1.3 Nationals working in the private sector

Where a National works for a private sector employer and is covered under that employer's scheme, the premium will be met by the employer just as for Resident employees.

Nationals can choose to be in either the private sector employer's scheme or can choose to join the Nationals program. The private sector employer cannot exclude the National employee if he or she chooses to join the employer's scheme.

2.2 Residents

2.2.1 Employed residents

For this group, it will be the responsibility of the employer to put in place and to pay the costs of private health insurance plans. The employer is not compelled to pay for coverage for spouses and dependents but as a matter of good human resource practice and to ensure security for its workforce DHA encourages employers to do so.

2.2.2 Spouses and dependents

As stated, DHA encourages employers to cover spouses and dependants. Where an employer does not pay for coverage, the spouses and dependants can still be included within the scheme as a separate category with the insurer collecting the premium from the employer and the employer then deducting the premium from the employee's pay. Where spouses and dependants are not covered within an employer's scheme, it will be the responsibility of the employee to arrange for insurance coverage with an insurance company and to pay the premiums directly.

2.2.3 Domestic workers

Where a person employs domestic workers on their sponsorship, whether the sponsor is a National or a Resident, the sponsor must arrange and pay for insurance coverage.

2.3 Payments by employees

2.3.1 Premiums

It is not permissible for employers to deduct premiums from the employee or to reduce salary to mitigate the cost (Article 10(2).

2.3.2 Treatment costs

Employees will have to pay only the deductible or coinsurance amounts specified under the terms of the policy as well as any other treatment costs incurred which are not covered by the policy or which are in excess of any policy limits or sublimits.

3 What type of health insurance plan must an employer or other sponsor provide?

3.1 Types of coverage

3.1.1 Essential Benefits Plan (EBP)

DHA has specified a minimum level of benefits that must be provided in **any** health insurance plan offered in the Emirate of Dubai. These benefits and the policy exclusions are detailed in **Appendix A**.

3.1.2 Enhanced products

Any health insurance plan which offers benefits that are **significantly** more comprehensive than those required by the EBP is known as an **enhanced product**.

The enhancements may come in the form of:

- Lower coinsurance;
- Additional benefits such as dental or optical coverage;
- Significantly greater geographic coverage;
- Higher annual aggregate cover limits;
- Higher sublimits;
- Fewer exclusions;
- Significantly wider healthcare provider networks.

3.2 Employees earning gross monthly salary of 4,000 AED or below

For these Lower Salary Band (LSB) employees the employer or other sponsor must purchase a plan that meets the Essential Benefits Plan minimum levels of cover.

For this segment of the population, these plans can be purchased only from insurance companies who have qualified as **Participating Insurers** (see 5.2). Participating insurers have exclusive access to this segment but in return they cannot deny coverage or impose special conditions.

3.3 Other employees

The employer is free to seek insurance coverage for other employees from any insurance company that has been granted a Dubai Health Insurance Permit (see 5.1) including the Participating Insurers.

For this segment of the population, insurers are free to set whatever benefit levels they choose (subject to meeting or exceeding the EBP benefits), to underwrite applicants, to set special conditions and to set their premiums in relation to the risk presented. However, they still cannot deny coverage.

3.4 Multiple insurance providers

An employer can choose to cover all its LSB **and** other employees with a Participating Insurer. It can also cover its LSB workers **only** with a Participating Insurer and cover its other employees with any other insurance company that holds a HIP.

3.5 Using a non-PI insurer to arrange cover for lower salary band employees

As stated in 3.2 above, LSB employees must be insured by a Participating insurer. However, some employers may have existing good relationships with other insurance companies who are not Participating Insurers. Some of these insurers may have facilitation agreements with Participating Insurers under which they can

assist the employer in arranging cover with the Participating Insurer. Such arrangements need to be approved by DHA.

3.6 Health insurance and employment visas

As one way to ensure compliance with the health insurance law, the issue and renewal of employment visas will be conditional upon evidence being provided at time of visa application or renewal that the employer has in place insurance coverage for the employee.

3.7 Workers on assignment in Abu Dhabi

Health Authority Abu Dhabi ("HAAD") requires that employees working in Abu Dhabi, even if holding an employment visa issued in another emirate, must have health insurance that meets the Abu Dhabi Basic Plan benefits. One solution will be for Dubai visa holders working in Abu Dhabi with Dubai compliant health insurance to be provided by their insurer with additional plan benefits to cover any shortfall in benefits between the Abu Dhabi Basic Plan and the coverage provided by the Dubai policy.

However, the exact mechanism and details are still under discussion between HAAD and DHA.

4 Reporting requirements for employers

4.1 The link to visa applications

As a means to ensure that all residents and Nationals working in the private sector in the Emirate of Dubai (including within free zones) receive health insurance coverage, DHA will be linking with General Directorate of Residency and Foreigners' Affairs (GDRFA).

As the implementation of the mandate proceeds over the coming two years it will not be possible for visas to be issued without evidence held on DHA electronic records that the employee is insured. This means that it is essential that employers report to their insurance company data relating to their existing and for new employees as they join.

The data required are shown in Appendix E.

In turn, insurers will upload this data on a regular basis to the "Person Register" of insured members on DHA's eClaimslink portal which is the hub for all health insurance related systems for Dubai. If this data is kept complete and up to date you should have no trouble in acquiring visas for new employees or renewing visas for existing employees. **The responsibility is yours**.

4.2 The benefits for your employees

In addition to the employee data, insurers will upload details of the specific insurance coverage that an employee holds. We also intend to link with Emirates Identity Authority (EIDA) to allow insured members to use their Emirates ID card as their health insurance card.

This means that when an employee visits a health facility, upon presentation of his or her ID card, our systems will send online details of the specific insurance coverage the insured member holds. This will allow the facility to check immediately if the member is covered for the services he or she is seeking.

This will not only save time for your employees waiting around at facilities for confirmations of coverage but will assist in reducing fraud and abuse. This will help to keep down insurance premiums.

4.3 Introduction of the requirement

DHA will advise insurance companies and employers when the new reporting requirements become effective but they are likely to be in place by end 2014.

5 Who can provide health insurance cover?

5.1 Dubai Health Insurance Permit (HIP) holders

Only those insurance companies granted permission to transact health insurance business in the Emirate of Dubai are allowed to offer health insurance plans to buyers in the emirate.

As at 27 August there were 44 insurance companies who have been awarded Health Insurance Permits ("HIP") which allows them to offer health insurance plans. A list appears in **Appendix B**.

In order to acquire the HIP, insurance companies are required to meet many requirements covering financial, licensing, customer service and data security as well as meeting many technical requirements in relation to claims processing and reporting via the DHA electronic platform "eClaimlink.ae".

The award of a HIP by DHA is not an endorsement or certification of the quality of products or services offered. It simply confirms that the insurance company has met minimum financial, operational and technical requirements.

5.2 Participating Insurer (PI) status holders

A small number of companies have met additional requirements and have been awarded Participating Insurer ("PI") status. This allows them to sell what is known as the Essential Benefits Plan ("EBP").

Only these companies can provide health insurance solutions for the pool of lower salary workers. These are defined as those workers with a gross salary of 4,000 AED per month or less.

A list of Participating Insurers for the current year can be found in **Appendix C**.

6 Costs of providing cover

6.1 Essential Benefits Plans

Each year DHA sets a price range within which Participating Insurers must set their price (premium) that they will charge for the Essential Benefits Plan. For 2014 the range was set at between 500 and 700 AED per insured member per year.

PIs submit to DHA what is known as their **Index Rate**, the premium which they will charge for the plan. PIs are allowed to deviate from this Index Rate only by plus or minus 25 AED.

PIs can apply to DHA each September for an amendment to the Index Rate that will apply for the following calendar year.

6.2 Enhanced plans

At present, there are no restrictions on the premiums that insurance companies may charge for enhanced plans. However, DHA will be issuing rules on premium pricing which will apply from some date in 2015 yet to be announced.

The objective of the premium pricing regulations will be to provide stability to the market, to prevent premium "price wars" and to protect the insured population from unjustifiably excessive increases to renewal premiums.

7 Existing arrangements

7.1 The legal requirement for health insurance in Dubai

The Health Insurance Law requires that all medical expenses schemes must be established on a fully insured basis. However, DHA recognises that many arrangements exist which are not fully insured. In order to understand DHA's approach to dealing with these schemes which may affect you as an employer, it is necessary to define and understand terminology used to describe the type of arrangements in existence as shown in Table 1 below.

Table 1: Types of schemes providing medical expenses cover

Scheme type	Description	Abbreviation
Fully insured, insurer administered schemes	Insured scheme where the insurance company assumes all risk and administers the scheme in-house	FIIA
Fully insured, TPA administered schemes	Insured scheme where the insurance company assumes all risk but administration is carried out by a third party health insurance management company (TPA)	FITA
Insured capitation schemes	A scheme where the risk is primarily carried by an insurance company but where administration is undertaken by a TPA which is given by the insurance company a maximum claim limit to work with per insured member (hence "capitation"). The TPA has to manage its claims within this capitation figure or risk losing money if claims exceed the capitation figure.	IC
Self-funded, self-administered schemes	The employer funds treatment costs and administers all claims itself	SFSA
Self-funded, insurer administered schemes (also known as administration services only schemes (ASO);	The employer funds treatment costs but the administration is carried out by an insurance company	SFIA
Self-funded, TPA administered schemes	The employer funds treatment costs but the administration is carried out by a TPA	SFTA
Self-funded, broker administered schemes	The employer funds treatment costs but the administration is carried out by an insurance broker	SFBA
Self-funded, health facility provider scheme	The employer funds treatment costs at specific healthcare facility(ies)	SFHF
Captive insurance schemes	The employer has a subsidiary that accepts the risk of insuring the parent company's employees	CI

7.2 The implications for existing schemes

7.2.1 Existing fully insured schemes for Phase 1 employers (those employing 1000 or more staff)

- 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
- Where an existing policy covers LSB workers with a non-PI, the same non-PI can continue to cover these workers until the appropriate deadline above

7.2.2 Existing fully insured schemes for Phase 2 and Phase 3 employers

- In order to ensure that the population of Dubai is provided with health insurance plans that meet the minimum benefits at the earliest date possible we have amended the original requirement and have mandated a simplified approach

- All existing policies must meet or exceed the Essential Benefits Plan standards by the first renewal date after 30 June 2015. This means that by the final implementation deadline of 30 June 2016, all insured members will have benefits that meet the minimum standards
- Where an existing policy covers LSB workers with a non-PI, the same non-PI can continue to cover these workers until the renewal deadline given above

7.2.3 Insured capitation schemes

These schemes will need to satisfy the following criteria:

- The scheme benefits must meet or exceed those of the EBP;
- For lower salary workers, cover must be provided only by Participating Insurers;
- The insurer must accept ultimate contractual liability for treatment costs that fall within the scope of the benefits offered;
- The TPA must not mitigate poor financial performance by restricting or denying treatment. Individual activity will be monitored via the eClaimlink portal.

Employers must restructure their existing arrangements where necessary to meet the above criteria in accordance with the deadlines in 7.2.1 and 7.2.2 above.

7.2.4 Self-funded schemes

Employers utilising self-funded schemes of whatever nature were obliged to submit details to DHA prior to 1 June 2014. The form for doing so appears as **Appendix D**. The details include the following:

- Membership eligibility (including which categories of employees are covered, which dependents (if any) are covered and if there are any waiting periods);
- Numbers of employees and dependents covered;
- Benefits provided;
- List of healthcare facilities at which treatment can be obtained;
- Average cost of operating the scheme (including treatment and operational costs) per insured member per year;
- Name of company administering the scheme (if any);
- Name of healthcare provider(s) available to employees if the contract is direct with the provider(s).

It is DHA policy as detailed in 7.1 that all schemes should be fully insured. DHA will require that such schemes be restructured as fully insured schemes by the first contract renewal date after the relevant implementation deadline (see 1.3.2) and no later than 12 months following that deadline.

7.3 Arrangements with insurance companies not licensed to operate in UAE

Some employers will have in place health insurance plans effected with insurance companies who are not licensed to operate in the UAE and/or form part of a corporate scheme for employees of foreign companies who work in Dubai. The following points in relation to such arrangements must be understood:

- DHA does not recognise such schemes as fulfilling the requirements of the Dubai Health Insurance law;
- Such arrangements and their insured members will not benefit from the protection of the Dubai Health Insurance law;
- Employers can continue with the foreign insurance policy but will still be required to provide insurance that meets the requirements of the EBP with a UAE licensed insurer that holds the Dubai HIP;
- It is illegal for insurance companies not licensed to operate in the UAE to market their products in the UAE.

8 Where can employers buy health insurance?

8.1 Directly from insurance companies

An employer may seek advice directly from an insurance company holding a Dubai Health Insurance Permit (see **Appendix B**). Employers should understand that whilst a representative of an insurance company may offer a comparison of his or her company's products with those of other insurance companies, he or she will only be able to sell the products of the company that they represent.

8.2 Using an insurance intermediary

There are various types of intermediary, that is companies or persons who facilitate the establishment of health insurance plans between an employer and an insurance company.

8.2.1 Insurance brokers

Insurance brokers are independent of insurance companies. As such they can provide comparisons between many insurance companies' products to assist the employer in selecting the most appropriate one. All firms of insurance brokers must be licensed by the Federal Insurance Authority.

8.2.2 Insurance agents

Insurance agents are similar to sales representatives of insurance companies in that they can sell the products of only the one insurance company for whom they act as an agent. However, insurance agents are not employed by the insurance company but trade on their own account. All insurance agents must be licensed by the Federal Insurance Authority.

8.2.3 Insurance consultants

Insurance consultants provide advice to clients on arranging insurance contracts between the client and an insurance company. In return for this service they are remunerated by way of a fee paid by the client.

8.2.4 Banks

Some banks have departments which sell insurance products. They may sell the products of only one insurer or of several. Banks do not as yet have to have a license from the Federal Insurance Authority but there are drat regulations which, if enacted, will cover the marketing of insurance products by banks.

8.3 Remuneration of sales representatives and intermediaries

There are different methods of remuneration for both the sales representative and the company he or she represents. This could be basic salary paid to the sales representative, commission on the value of the sale or a combination of the two. For brokers and agents, these companies will normally receive a commission from the insurance company based upon the value of the sale. As mentioned above, insurance consultants will charge the employer a fee rather than receive commission from the insurance company.

The type and extent of the remuneration may have an impact on the overall premium paid by the employer.

Appendix A

These are the minimum benefits that are to be provided under ANY health insurance plan that is to be marketed 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	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	~~Medical history disregarded~~Cover cannot be denied due to pre-existing conditions	Treatment for chronic and pre-existing conditions excluded for first 6 months of first scheme membership. Included thereafter	
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 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 (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)		
	Ground transportation services in the UAE provided by an authorized party for medical emergencies		

	Benefit	Conditions	Coinsurance and limits
	Companion accommodation	The cost of accommodating a person accompanying an insured child up to the age of 16 years	Maximum 100 AED per night
		The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	Maximum 100 AED per night

	Benefit	Conditions	Coinsurance and limits
Maternity services Note: Where any condition develops which becomes an emergency, 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		Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell 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 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). Medicines should be 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
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. Home nursing; private nursing care; 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 which 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 and 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. Any investigations, tests or procedures carried out with the intention of ruling out any foetal anomaly. 14. Treatment and services for contraception 15. 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. 16. External prosthetic devices and medical equipment. 17. Treatments and services arising as a result of hazardous 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 professional sports activities. 18. Growth hormone therapy. 19. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids. 20. Mental Health diseases, both out-patient and in-patient treatments, unless it is an emergency condition. 21. 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. 22. 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. 23. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first degree relatives. 24. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment. 25. Healthcare services for adjustment of spinal subluxation. 26. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.

	27. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer. 28. Elective diagnostic services and medical treatment for correction of vision 29. Nasal septum deviation and nasal concha resection. 30. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related investigations, treatments or procedures. 31. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A. 32. Birth defects, congenital diseases and deformities. 33. Healthcare services for senile dementia and Alzheimer's disease. 34. Air or terrestrial medical evacuation and unauthorized transportation services. 35. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency which were not notified within 24 hours from the date of admission. 36. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health. 37. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes. 38. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, 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. 39. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician. 40. 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. 41. Any expenses related to immunomodulators and immunotherapy. 42. Any expenses related to the treatment of sleep related disorders. 43. Services and educational programs for handicaps.
Healthcare services outside the scope of health insurance	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 hepatitis.

Appendix B

Insurance companies holding Dubai Health Insurance Permits (as at 6 April 2014)		
	Company name	eClaimlinkID
1	Abu Dhabi National Insurance Company	INS017
2	Abu Dhabi National Takaful Company	INS027
3	Adamjee Insurance Co. Ltd.	INS047
4	Al Ain Ahlia Insurance Company	INS028
5	Al Buhaira National Insurance Company	INS020
6	Al Dhafra Insurance Company	INS029
7	Al Fujairah National Insurance Company	INS030
8	Al Hilal Takaful	INS031
9	Al Ittihad Alwatani General Insurance Company	INS024
10	Al Khazna Insurance Company	INS032
11	Al Sagr National Insurance Company	INS011
12	Al Wathba National Insurance Company	INS023
13	Alliance Insurance Company	INS025
14	Arabia Insurance Company	INS042
15	Arabian Scandinavian Insurance Company	INS016
16	Axa Insurance	INS010
17	Dar Al Takaful (P J S C)	INS083
18	Dubai Insurance Company	INS005
19	Dubai Islamic Insurance & Reinsurance Co (Aman)	INS006
20	Dubai National Insurance And Reinsurance Co	INS007
21	Emirates Insurance Company	INS033
22	Green Crescent Insurance Company	INS009
23	Insurance House - Psc	INS034
24	Iran Insurance Company	INS043
25	Islamic Arab Insurance Company (Salama)	INS035
26	Jordan Insurance Company Ltd	INS082
27	Methaq Takaful Insurance	INS037
28	MetLife Alico	INS013
29	National General Insurance Company	INS038
30	National Health Insurance Company (Daman)	INS026
31	National Life And General Insurance Company Saoc	INS044
32	National Takaful Company - Watania	INS079
33	Noor Takaful Family	INS018
34	Oman Insurance Company	INS012
35	Orient Insurance Company	INS008
36	Qatar Insurance Company	INS019
37	Ras Al Khaimah National Insurance Company	INS014
38	Royal & Sun Alliance Insurance (Middle East) Ltd	INS039
39	Saudi Arabian Insurance Company	INS015
40	Takaful Emarat	INS022
41	The New India Assurance Company Limited	INS046
42	Tokio Marine & Nichido Fire Insurance Company Limited (Dubai Br)	INS084
43	Union Insurance Company	INS040
44	United Insurance Company	INS041

Appendix C

Participating Insurers for 2014		
	Company name	eClaimlinkID
1	Axa Insurance	INS010
2	MetLife Alico	INS013
3	National Health Insurance Company (Daman)	INS026
4	Oman Insurance Company	INS012
5	Orient Insurance Company	INS008
6	Ras Al Khaimah National Insurance Company	INS014
7	Takaful Emarat	INS022

Appendix D

Declaration of self-funded medical expenses schemes			
Company name			
Trade License issuer		Trade License number	
Type of scheme (Tick which applies)	Self-funded, self-administered scheme		
	Self-funded, insurer administered scheme (also known as administration services only schemes (ASO));		
	Self-funded, TPA administered scheme		
	Self-funded, broker administered scheme		
	Self-funded, health facility provider scheme		
Membership eligibility	Detail which employees or categories of employees are covered		
	Which (if any) spouses are covered?		
	Which other (if any) dependants are covered?		
	Detail any waiting periods that apply		
Membership numbers	Total number of employees		
	Number of employees covered		
	Number of dependants covered		
Benefits provided	Please attach a table of benefits provided under the scheme		
Healthcare facilities	Please attach a list of healthcare facilities at which members can receive treatment under the scheme		
Costs of operation (over the past 12 months or for last compete scheme year) (AED)	Total cost of benefits provided		
	Total cost of inpatient treatment		
	Total cost of outpatient treatment		
	Total cost of drugs, medicines etc		
	Total scheme administration costs		
Scheme renewal or accounting date	Insert scheme renewal date (if any) or the scheme accounting date. If neither insert company accounting date		
Scheme administrator	State name of company administering the scheme (if any)		
Declaration	I the undersigned declare that the information provided in this form is true, complete and accurate.		
Signed			
Designation			
Contact email address			
Contact telephone number			

Appendix E

Information required from employers to be provided to insurers to populate the person register	
Note missing or erroneous data could prevent the issue of an employment visa upon renewal	
Full Name	The insured member's full name as it appears in the passport
Relationship	"Employee" or "Employee's Spouse" or "Employee's Dependent"
Contact Number (preferably mobile)	This is the contact number provided by the employee If multiple mobile phone numbers are provided to the employer, the employer should provide the one most personal to the employee
Birth Date	Is the date on which a person was born or is officially deemed to have been born In cases, where despite best efforts the birth date is not known but the age is known then the birth date should be assumed to be on the 1st of January of the current year minus the age of the person
Gender	The patient's gender. Only values allowed are - 1 = male - 0 = female - 9 = unknown
Nationality	The current nationality of the person as defined by the passport
Email (not mandatory)	The personal email address of the insured member
City	The person's actual city of residence Based on Dubai Statistics Center (DSC) list
Location	The person's actual location in city of residence based on Dubai Statistics Center (DSC) list
Passport Number	The passport number, or if not available, the National ID number
Emirates ID Number	The unique number the government assigns to a citizen
UDB Number	As per the residence visa