

Policy Directive pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai
Policy Directive Number 2 of 2014 (PD 02/2014)

Subject of this Policy Directive	Compliance with minimum benefits for all health insurance policies
Applicability of this Policy Directive	This Directive applies to all health insurance companies marketing health insurance plans in the Emirate of Dubai and is for the information of all health insurance claims management companies and intermediaries advising upon or selling such plans
Purpose of this Policy Directive	To notify the dates by which all health insurance policies must be compliant with the minimum benefits standards as published
Authorised by	Dr Haidar Al Yousuf, Director Health Funding
Drafted by	Robin Ali, Consultant, Health Funding Department
Publication date	24 September 2014
This document replaces	Not applicable
This document has been replaced by	Not applicable
Effective date of this Policy Directive	Immediately upon publication
Grace period for compliance	As stated in the body of the Policy Directive

Objectives of this Policy Directive

- To advise insurance companies and intermediaries by what dates health insurance policies must provide benefits that meet or exceed those required under the Essential Benefits Plan and meet the exclusions thereof
- 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
- To control unwelcome practices whereby some market participants are encouraging employers to establish schemes that do not meet the minimum benefit standards in advance of the implementation deadline relevant to them

New policies

- All new policies whether group or individual (both Essential Benefits and enhanced plans) issued on or after 1 January 2015 must comply with the standards of the Essential Benefits Plan as in the document entitled Essential Benefits Plan ToB v3.0 180914
- This means that all new policies must meet or exceed the benefits provided by the Essential Benefits Plan and exclusions must not go beyond those listed for the Essential Benefits Plan

Existing policies 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

Existing policies for Phase 2 and 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 deadline given above

What does this mean for the requirement to have insurance in place in accordance with the original deadlines?

- There is no change to the original deadlines for employers and sponsors to have insurance in place which remain:
For employers with employees numbering 1000 or more: 31 October 2014;
For employers with 100-999 employees: 31 July 2015;
For employers with less than 100 employees: 30 June 2016;
For spouses, dependents and domestic workers: 30 June 2016
- The change affects **only** the timing by which policies must meet the minimum benefit standards

New members to existing group policies

- New members will be added to existing group policies with the same benefits as existing members in the same category
- All members' benefits will later have to comply with the minimum benefits standards in accordance with the timelines above

New members to "family policies"

- 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
- All members' benefits will later have to comply with the minimum benefits standards in accordance with the timelines above

Self-funded schemes

- All existing self-funded schemes must convert to an insured basis in accordance with the deadlines based upon employer size specified above
- If the 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