



Health Insurance FAQ

➤ What is Insurance?

Ans :

Insurance is a risk management tool that aims to reduce financial loss caused by unforeseen medical treatment. It gives you protection from high medical expenses which you have to bear due to serious illness, emergency surgeries or accident. Technically, it is a contract between two parties, where one party (insurer) indemnifies the other party (insured) against a specific loss.

There is a fallacy prevalent in potential customers that all healthcare expenses are included in the amount cover, but in reality, most policies include out of pocket expenses that need to be paid from the insured's pocket.

➤ What are some common exclusions in a typical insurance policy ?

Ans :

Just like there are treatments and conditions covered by your policy, there are certain medical conditions excluded from it, which every policy comes with; some common exclusions are: dental treatment, obesity, cosmetic surgery, birth defects, vision corrections, sleep disorders, sterility, infertility, HIV or AIDS.

Each health insurance policy maintains a list of treatments and conditions that are covered under health insurance. Understand your policy terms granularly so you are well prepared during emergencies.

➤ What is family health insurance policy?

Ans :

It provides an option to secure you and your family's medical requirements.

UAE Family Health Insurance plans provide a wide range of customizable benefits. The range of coverage available will often include benefits for:

- Maternity Treatment
- New Born Child Coverage
- Vaccinations and General Practitioners Visits
- Dental treatment
- Chronic Conditions coverage



- Out-Patient Treatment

➤ What is basic health insurance plan?

Ans :

Health insurance is essential for you and your family if you are working in Dubai. Anyone working in Dubai should have some form of health coverage.

The basic health insurance plan is the cheapest plan available as per the DHA guidelines. It has a premium of AED 590 and coverage of AED 1,50,000.

➤ What are pre-existing conditions?

Ans :

Any condition which the customer already has before the policy inception date, and which hasn't been completely cured. If these recur, they will not be covered for a specified period after policy inception.

Pre-existing condition not only refers to illness that a person has at the time of buying a policy but it also includes a thorough medical history of any condition ranging from heart attacks, diabetes, past hospitalizations, any surgeries, medications for any disease or illnesses like high blood pressure or thyroid, asthma, skin disorders, major accidental injuries and any signs or symptoms such as increase in sugar, or high blood pressure.

Some benefits are covered with a waiting period (this is the minimum period for which an insured must be covered under the policy) – the specific benefit with a waiting period will be eligible for coverage only after completion of this period. Pre-existing conditions are usually covered with a waiting period of 6 months. Maternity is sometimes covered with a waiting period of 12 months.



➤ What is No claim Bonus?

Ans :

Few companies like Aetna and Bupa provide this benefit. If you have not made any claims during the insured period, you qualify for a discount at the time of policy renewal.

➤ What is Takaful Insurance?

Ans :

Some aspects of traditional insurance have been deemed non-compliant with the Islamic law. Therefore Muslim scholars have created a system of reimbursement (Takaful) under which members are compensated for certain losses.

➤ What are Deductibles and Co-payments?

Ans :

These are fixed charges you will have to bear for any treatment under your health insurance plan.

A deductible helps to save money on premiums. The plans with higher deductibles tend to have lower premiums than those with lower deductibles. Some common deductible structures that apply to the plans are AED 50 per out-patient treatment or 20% co-pay or AED 50 per out-patient consultation, whichever is lower.

➤ Deductible is only for consultation or it applies for medicines, etc.?

Ans :

Most policies have different deductibles/ co-payment for outpatient, pharmacy, scans, etc. In general, deductible is applicable on outpatient consultation, scans, prescriptions etc.; however, for some plans deductible is applicable on all out-patient treatment. For some benefits, specific co-insurance is applicable, and so, general plan deductible is not applicable on benefits. While nearly all policies have no deductible for inpatient treatment, some policies have in-patient deductible, usually with a cap of AED 1,000 per given year.



➤ Why choose a Group Medical Insurance Plan?

Ans :

When taking a group medical insurance plan (larger number of members), an insurer knows that they get a mixed population of both health and un-healthy individuals. They do not need to individually underwrite people because of the higher volume. Thus they are happy to cover pre-existing conditions and chronic conditions because they know given the size of the group; the payout will be proportionately smaller.

➤ Hospitals Connected

Ans :

How extensive is the network of healthcare facilities of your insurance company?

Check out how many hospitals and clinics are under the insurance companies' network. Choose your plan if the major hospitals, especially in your area, are included. This could prove to be really useful in case of emergencies.

Also, in a network hospital the treatment is cashless (direct billing), while the facilities outside the insurance company's network will involve reimbursement, and a lot of paperwork.

Network lists are subject to change. Insurers update their network lists on a monthly or quarterly basis. Network lists are updated by either removing or adding a new provider.

➤ What comes under chronic conditions?

Ans :

Any disease that always lasts for over three months in duration and is long lasting and persistent. If you have a pre-existing chronic condition, you need to choose the appropriate insurance provider which covers relevant hospital networks in their plan.

➤ What is travel cover?

Ans :

If you're a frequent traveler, or live away from your family and make frequent trips home, then this is a factor that is of vital importance. With different policies, it will help to know which countries you would be covered in, just in case any need arises. So check are you covered on your trips? Is your policy with geographical coverage and ambulance cover?

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