



## Essential Benefits Package (EBP) - Frequently Asked Questions

### 1. What is the Essential Benefits Package (EBP)?

The regulation from the Dubai Health Authority (DHA) makes it mandatory for all Dubai visa holders to be covered under health / medical insurance. The Essential Benefits Package (EBP) will provide the residents in Dubai with access to good healthcare to pay for any emergency or curative health care needs.

### 2. What is the applicable territorial scope of coverage?

- **For EBP Plan** is within the Emirate of Dubai and emergency is covered within all Emirates across the UAE.
- **For EBP Plus 1** is within the UAE.
- **For EBP Plus 2** is within the UAE.

### 3. Who is eligible to buy?

Only Dubai visa holders can buy these products.

### 4. What is the annual aggregate limit?

There is limit of AED 150,000 per insured member per annum including any co-insurance and/or deductibles.

### 5. Which is the Third Party Administrator (TPA) / Provider and the network that is offered?

IRIS Healthcare is the Third Party Administrator and IRIS Ezyclaim Network is the network name.

### 6. Are Pre-existing and Chronic conditions covered?

Pre-existing and chronic conditions are excluded for the first 6 months of the first scheme membership only and will be covered thereafter.

### 7. Is Maternity covered under EBP and is there a waiting period?

Yes, females between 18 to 45 years old who are married are covered for the out-patient and in-patient services related to maternity or pregnancy. No waiting period is applicable.

### 8. Why should any existing pregnancy or medical conditions be declared when you apply for the Policy?

Non-disclosure of current pregnancy or medical condition will result in your claims not honored and the Policy will become void.

### 9. What is "co-insurance"? How is it different to a "deductible"?

**Co-insurance** is a percentage of the costs of consultations, treatments, tests, drugs and medicines that you have to pay. **Deductible** is a fixed amount that you pay regardless of the overall cost of treatment. Both are used as a means of keeping down the costs of medical insurance. The details of the same can be referred to in the Table of Benefits (TOB).



10. If an individual is unemployed and is on the spouse's visa, how is the coverage offered?

The sponsor of the individual will be responsible for taking the medical insurance for the dependents.

11. How can a domestic helper take this insurance?

If the person is working as domestic helper for example as a maid, a nanny, a gardener or a driver, it will be the sponsor's responsibility to provide the medical insurance.

12. Can additional benefits be availed in the EBP?

Additional benefits in excess of the basic requirements can be opted for in the enhanced variations of the EBP with a higher premium. For further information please contact us on 800 RAKI (7254) or email us at [online@rakinsurance.com](mailto:online@rakinsurance.com)

13. What will happen if a pre-existing and chronic condition becomes an emergency within the 6 months waiting period?

When a pre-existing condition becomes an emergency within the 6 months waiting period, it will be covered up to the annual aggregate limit.

14. What is meant by referral procedure for in-patient and out-patient treatment?

Referral procedure means treatment by specialists and/or consultants can be availed only by first consulting a General Practitioner (GP) licensed by the DHA or another competent UAE authority and referral from GP with reasons via the DHA.

15. Can individuals earning a gross monthly income above AED 4,000 take the basic plan?

Individuals with monthly gross income higher than AED 4,000 up to AED 12,000 are eligible for EBP Plus 1 and EBP Plus 2 for insuring their dependent family members. The EBP plan for domestic worker can be purchased if the domestic worker earns a salary less than AED 4,000.

16. If you are the employer, what cover do you need to provide for your employees?

The minimum level of cover that needs to be provided by the employer to his employees is the EBP Plan (for salaries up to AED 4,000). The purpose of this EBP basic plan is to ensure that those who currently have little or no coverage will have benefits of a reasonable standard.

17. What is the purpose of the Certificate of Health Coverage? Is visa renewal linked to the Medical Insurance?

Yes, upon issuance and renewal of employment visas, evidence must be provided that employers have health / medical insurance coverage for all their employees. This will ensure all companies / employers are compliant with the new Health Insurance Law. In case of spouses, elderly parents, housemaids etc., it is the legal responsibility of the individual who is sponsoring their visa.

The Certificate of Health coverage is the document that has to be submitted along with the visa processing documents.

You may send your request for the Certificate of Health Coverage at

[online@rakinsurance.com](mailto:online@rakinsurance.com)



18. Will every policyholder receive a health insurance card in his/her name?

No, there will not be any health card to be issued for this Policy; the Emirates ID card will be used instead of the health insurance card as per the new directive from the DHA. The objective of combining these services into one card is that: it will be hassle free; it will be highly convenient for the users; and it will reduce fraud / misuse of the medical insurance services.

19. Is there any pre-approval / authorisation process applicable for this Policy?

Pre- authorisation / approval is not needed in emergency situations like accidents or sudden illness where immediate medical attention is warranted. Pre-authorisation has to be obtained from IRIS Healthcare to avail certain services, which you can refer to the Table of Benefits for more details. If any approval is required, contact IRIS Healthcare on 800 4747 or email at [approvals@iris.healthcare](mailto:approvals@iris.healthcare) and for other general queries please email at [enquiries@iris.healthcare](mailto:enquiries@iris.healthcare).

20. What are the frequencies of premium payment available?

The payment frequency available is on annual mode only.

21. What is the claim process?

You may contact RAK Insurance on 800 RAKI (7254) or email us at [rbclaim@rakinsurance.com](mailto:rbclaim@rakinsurance.com) and you must quote your policy number in all cases.