



Frequently Asked Questions (FAQ) – Flexible Health Insurance

What is the 'flexible health insurance' policy?

The 'flexible health insurance' policy is an insurance option introduced by the Department of Health – Abu Dhabi (DoH) in cooperation with the Abu Dhabi Department of Economic Development (ADDED). The policy aims to raise the levels of competitiveness among healthcare providers in the Emirate, elevate the Emirate's position as an attractive destination for investors and broaden access to world-class healthcare services for all community members.

What are the insurance benefits provided by the 'flexible health insurance' policy?

The 'flexible health insurance' policy is characterised by an insurance coverage for the costs of treatment services amounting to AED 150,000 annually, 100% emergency coverage, patient participation (Copay) 20% of the cost of all external treatment services and 30% for medicines. Policy holders can benefit from healthcare services in a network of healthcare providers in the Emirate, with the possibility of upgrading insurance coverage according to the patient's needs.

What groups are included in the 'flexible health insurance' policy?

Having aligned with the Department of Health – Abu Dhabi (DoH), health insurance providers will evaluate the condition and medical record of the insured to determine whether to accept for inclusion in the 'flexible health insurance' policy. The categories include willing investors and owners of freelance business licenses and their families and employees, expatriate residents in the Emirate who work in the private sector (provided that their monthly income exceeds AED 5,000) and their family and employees who are not covered by the health insurance by the employer whether in the public or private sector.

How much is the cost of the 'flexible health insurance' policy?

The 'flexible health insurance' costs AED 750.



What groups are ineligible for the 'flexible health insurance' policy coverage?

- People with monthly income below AED 5,000
- People rejected by the health insurance companies for justifiable reasons. In this case, the applicant must be informed in writing.
- People included in a health insurance coverage by a governmental entity.

With the initiation of the 'flexible health insurance' policy, will the other health insurance options in the Emirate, including the enhanced health insurance and basic health insurance, be cancelled?

No, the 'flexible health insurance' policy is added to the health insurance options currently available in the Emirate, including the enhanced health insurance and basic health insurance.

How can I subscribe to the 'flexible health insurance' policy?

Companies or individuals wishing to subscribe to the 'flexible health insurance' policy must contact health insurance companies as their current health insurance policy is about to expire to obtain more details and apply to the 'flexible health insurance' if the listing conditions are met.

Can I cancel my current health insurance plan to subscribe to the 'flexible health insurance' policy?

You must adhere to the validity period, if any, of the current health insurance policy in accordance with the relevant conditions in the agreement/plan.

What is the purpose of initiating the 'flexible health insurance' policy?

The Department of Health – Abu Dhabi (DoH) in cooperation with the Abu Dhabi Department of Economic Development (ADDED) initiated the 'flexible health insurance' policy with the aim of providing a health insurance package that enhances competitiveness in the sector while attracting businesses in the private sector. This is in light of what Abu Dhabi represents as a leading destination for those wishing to develop their businesses in various fields, due to its advanced infrastructure and incentive measures. The new 'flexible health insurance' policy provides entrepreneurs, investors, and others with an insurance option at a low and competitive cost.



Who are the main target groups of the 'flexible health insurance' policy?

In response to the rising needs of the market, the 'flexible health insurance' policy targets current and future entrepreneurs and investors, while attracting more investments and start-ups to Abu Dhabi.

Can subscribers to the 'flexible health insurance' policy add more health services to their plan?

Yes, you can add more treatment services provided that the costs of treatment services as well as the annual insurance coverage between the health insurance entity and the other party are defined.

What are the expected advantages of introducing the 'flexible health insurance' policy?

The Department of Health - Abu Dhabi (DoH) continues to update the regulations of the healthcare system in the Emirate of Abu Dhabi with the aim of providing health services to all members of society in accordance with the highest international standards. The 'flexible health insurance' policy seeks to provide a health insurance package that enhances competitiveness in the sector. This is in light of what Abu Dhabi represents as a leading destination for those wishing to develop their businesses in various fields, due to its advanced infrastructure and incentive measures.

The policy offers more insurance options suiting the needs of all community members and enhances the competitiveness between health insurance companies and healthcare providers in Abu Dhabi, which will reflect positively on the quality of health services and consequently the health and well-being of community members.

What are the advantages of the health insurance system in the Emirate of Abu Dhabi?

The emirate of Abu Dhabi boasts a pioneering health insurance system. The implementation of law No. (23) of 2005 Concerning Health Insurance in the Emirate of Abu Dhabi and its Executive Regulations allowed an easy access to world-class healthcare services for all community members in accordance with the highest standards of quality and efficiency, which consolidates the Emirate's position as an attractive destination for entrepreneurs and investors.

What is the procedure in the case that annual insurance coverage is expired?

If the annual coverage of the 'flexible health insurance' policy ends, the committed subscriber must agree with the certified health insurance company issuing the policy to extend the treatment coverage for the insured until the end of the specified period, pay the due insurance fee and/or provide a substitute health insurance policy.



What is the network of healthcare providers that the 'flexible health insurance' policy holders can access and benefit from?

It's a network of the certified healthcare providers/company that includes a list of clinics and hospitals with the possibility of upgrading insurance coverage according to the patient's needs.

What groups are affected negatively by the launch of the 'flexible health insurance' policy?

The 'flexible health insurance' policy was introduced in response to the rising needs of the market and to grant all community members substantial insurance coverage that enables them to easily access health care services when needed. The launch of this policy aims to enhance the efficiency of the health insurance system, which will reflect positively on the health and well-being of all community members.

Was the new 'flexible health insurance' policy launched in coordination with the health insurance companies in the Emirate?

The Department of Health - Abu Dhabi held a series of meetings with various health insurance companies in the Emirate to review their observations and recommendations in regards to reducing the health insurance cost in the Emirate of Abu Dhabi as well as introducing them to the new policy and the target groups.

Is the 'flexible health insurance' policy offered by all health insurance companies in the Emirate?

All certified health insurance companies in the Emirate of Abu Dhabi can issue the 'flexible health insurance' policy.

Are there plans to introduce more health insurance policies in the near or far future?

Working closely with partners and stakeholders, the Department of Health - Abu Dhabi (DoH) continues to strengthen the health insurance system in the Emirate, as comprehensive periodic studies are conducted to identify the market needs and the ways to improve insurance options. If a need arises, the department commits to analyse the situation and making the necessary updates in accordance with the highest international standards that will ensure the health and safety of all community members.