



ROUND TABLE SESSIONS | OCTOBER 2014

iPMI VS LOCAL HEALTH INSURANCE

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FEATURED CONTENT

9
13
15
19
27
ice
57
an
58
/ay
60

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FRONT COVER

Our intrepid traveller touches down in a new country to start an exciting new assignment.

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Welcome to the International Private Medical Insurance VS Local Health Insurance Executive Round Table Business Forum. My name is Gregor Schulte and I am the CFO at Globality Health.

I hope you enjoy this closed door C-Suite executive debate and I look forward to seeing you at future iPMI Magazine round table events.

With Best Regards,

GREGOR SCHULTE

CFO GLOBALITY HEALTH

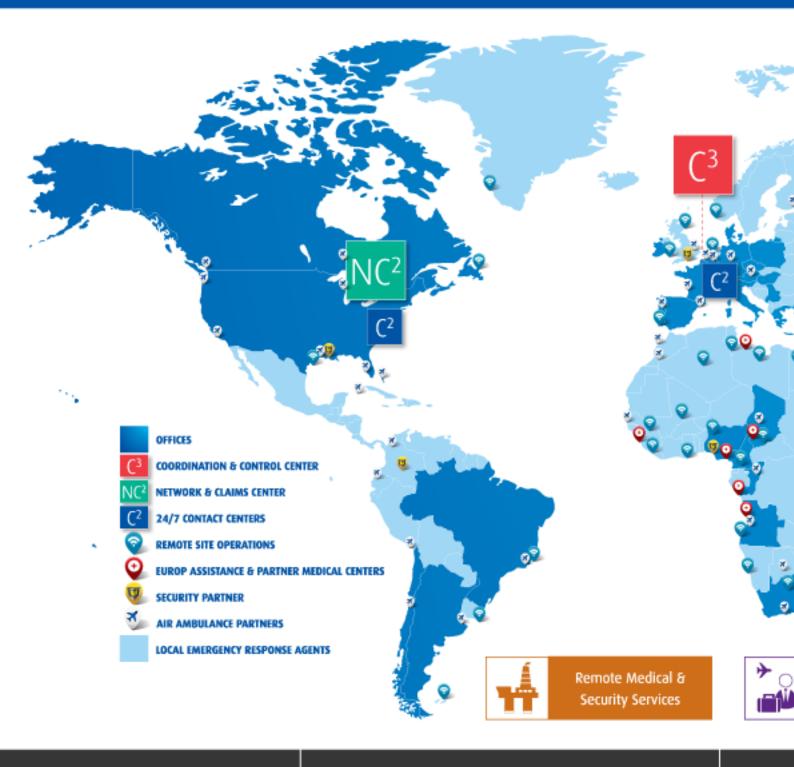


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INTERNATIONAL PRIVATE MEDICAL INSURANCE PLANS VS LOCAL HEALTH INSURANCE

IN THE MOST RECENT INTERNATIONAL PRIVATE MEDICAL INSURANCE MAGAZINE EXECUTIVE ROUND TABLE BUSINESS FORUM, WE SPEAK WITH LEADING C-LEVEL EXECUTIVES ABOUT THE MAJOR DIFFERENCES BETWEEN INTERNATIONAL AND LOCAL HEALTH INSURANCE PLANS.

s expatriate hot spots around the world continue to mandate health insurance cover for expat employees, under various visa and employment laws, questions from the business community continue to be raised. Issues focus around how new laws will help and assist expatriates and what levels of cover they may expect from local health insurance plans.

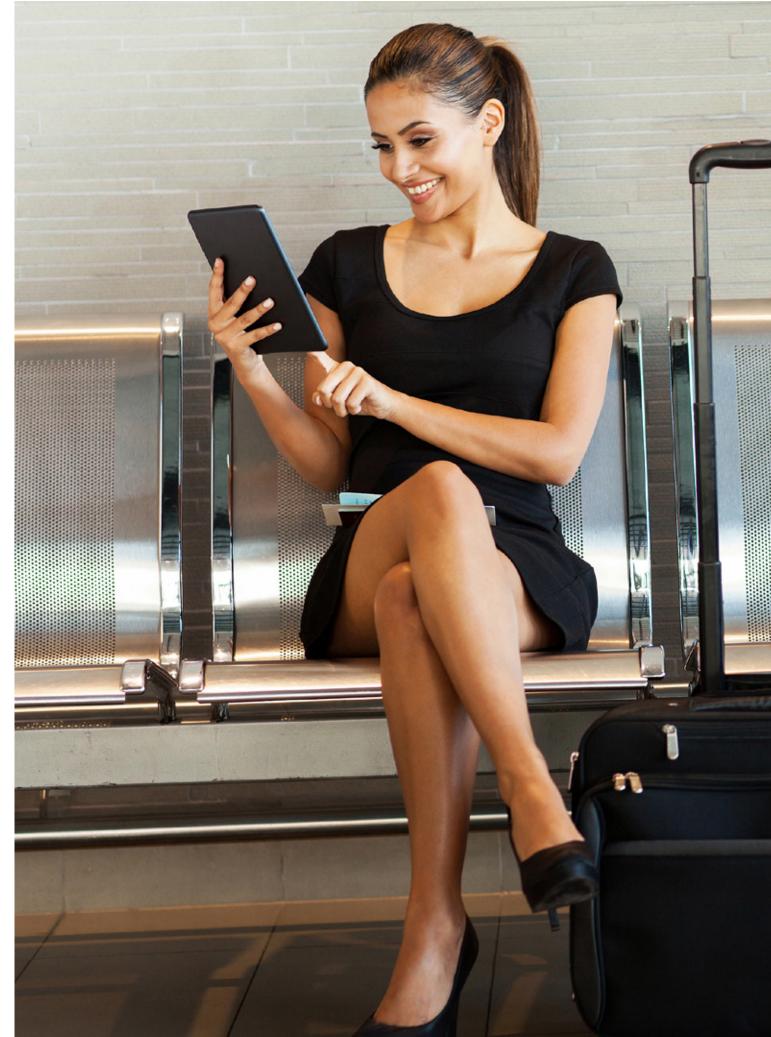
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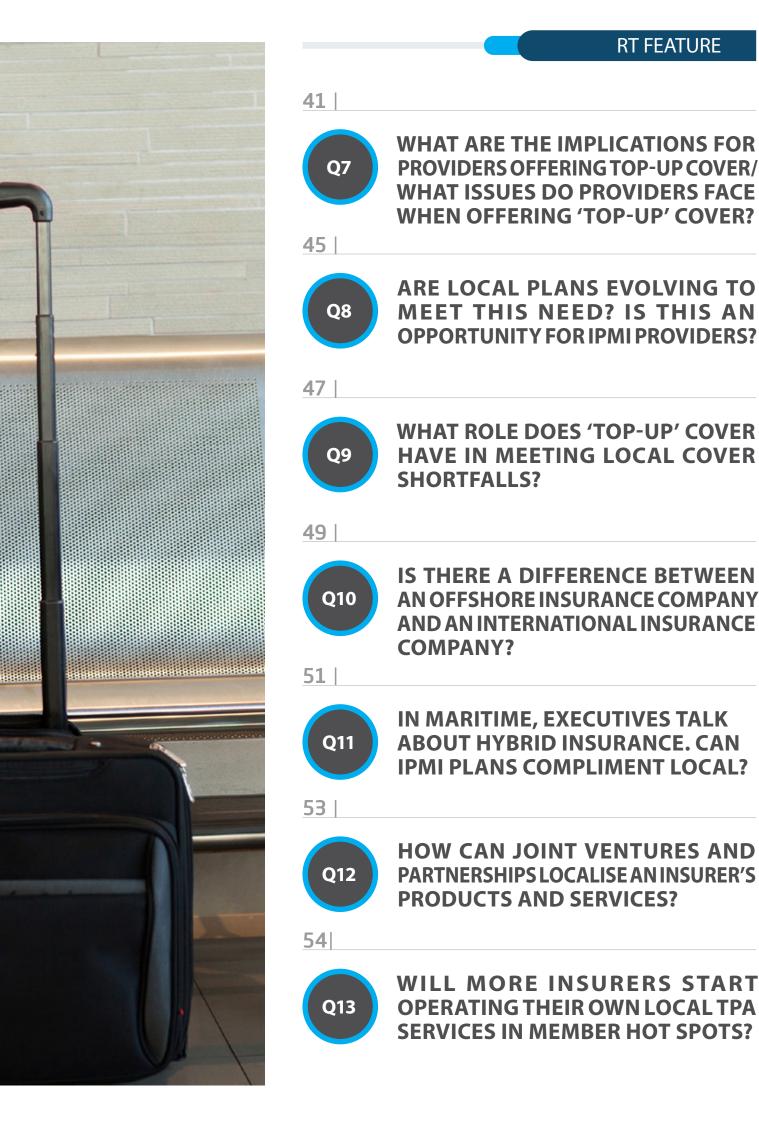
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QUESTIONS? 27 WHAT ARE THE KEY DIFFERENCES **Q1 BETWEEN AN INTERNATIONAL** AND A LOCAL HEALTH INSURANCE PLAN? 30 WHAT ARE THE ADVANTAGES AND **DISADVANTAGES OF A TYPICAL Q2** LOCAL HEALTH INSURANCE PLAN? 32 | WHAT ARE THE ADVANTAGES AND **Q3 DISADVANTAGES OF A TYPICAL INTERNATIONAL PRIVATE MEDICAL INSURANCE PLAN?** 35 **HOW PREVALENT IS THE 'LOCALI-Q4** SATION' OF EXPATRIATE EMPLOY-EES? 37 WHAT ARE THE TYPICAL IMPLICATIONS Q5 **OF LOCAL EMPLOYMENT CONTRACTS** AND EMPLOYEE BENEFITS FOR **EXPATRIATE EMPLOYEES?** 39 HOW DO EXPAT NEEDS AND **EXPECTATIONS DIFFER, FOR INSTANCE, Q6** FROM 'HOME COUNTRY' SENIOR AND EXECUTIVE STAFF?











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EXCLUSIVE INTERNATIONAL HEALTH INSURANCE C-SUITE EXECUTIVE COMMENTARY FROM ALC HEALTH, GEOBLUE, GLOBALITY HEALTH AND CIGNA GLOBAL.



GREGOR SCHULTE

Gregor Schulte is the Chief Financial Officer of **Globality Health**, the international health segment of Munich Re.

Globality Health provides international **health insurance solutions for expats**, remote workers and frequent business travellers.

With over 15 years of industry experience within accounting and finance, operating in global insurance and financial markets, Gregor has held positions at Gothaer Insurance Group, Gerling Globale Reinsurance, **ERGO** Insurance Group and Munich Re.

A financial professional and specialist **trusted** with the overall management of group accounting; worldwide cost accounting; planning, analysis and steering, whilst acting as a functional and disciplinary **lead** of various employees.

His current position as the Chief Financial Officer **of Globality Health** sees responsibility for overseeing all financial controlling, accounting, **underwriting** and **risk** management.



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Andrew is a Director of ALC Health. With over 30 years senior sales and marketing experience across the medical insurance industry, Andrew has held a range of management roles with a number of industry leading players. Including **BUPA, Mutual of Omaha, Wand AG and Aetna** (Goodhealth). Andrew joined ALC Health in December 2009.

As a seasoned traveller and **former expatriate** having worked extensively in Russia, Georgia and Germany, Andrew understands what it is like to be living overseas in an unfamiliar country, but also the importance of being able to access high quality medical care both at home and abroad.

A respected, well-known health insurance industry figure, Andrew is a regular speaker at health insurance and IPMI conferences around the world, and brings unique insight into the international health and iPMI industry, backed up by a wealth of market experience.





PHIL AUSTIN HEAD OF GLOBAL iPMI



A s Head of Cigna's Global Individual Private Medical Insurance division based in Glasgow, Scotland, Phil is developing the company's individual consumer strategy on an international scale and creating a world-class international individual business.

He is responsible for building the business segment and driving profitable growth, targeting high net worth and globally mobile individuals through various channels including internet, bancassurance and broker in key global markets. Phil brings over twenty years' of experience in global sales, marketing, product strategy and general management to the Cigna Global Individual Private Medical Insurance team. Phil first joined Cigna International in 2002 as Partnership Director for the UK business. He went on to hold several positions within the organisation, including Health, Life & Accident (HL&A) Europe Sales & Marketing Director and Interim CEO for HL&A Europe, before moving to lead the international individual business in 2011.

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SHIRLEY PUCCINO DIRECTOR OF STRATEGIC INITIATIVES



Shirley Puccino is Director of Strategic Initiatives at GeoBlue, a leading insurance company committed to helping globally mobile people gain access to quality healthcare services all around the globe.

Previously COO of One Hundred Years LLC and formerly VP of International Health Strategies and Marketing at CIGNA International, where she had responsibility for the development and execution of **corporate health strategies** through product expansion in existing markets as well as new market entry evaluations, with a particular emphasis on Asia and emerging markets.

She has a Masters in Organization and Strategic Leadership, has completed **Wharton's Executive Development Program** and earned a Certificate in Global Benefits Management from the International Foundation of Employee Benefit Plans. Shirley has served on various boards including the Global Health Benefits Institute, **National Foreign Trade Council**, Vielife, Inc. and the National Adoption Center.



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- Incidents abroad
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Q1

WHAT ARE THE KEY DIFFERENCES BETWEEN AN INTERNA-TIONAL AND A LOCAL HEALTH INSURANCE PLAN?

GREGOR SCHULTE: At their heart, **international health insurance** plans are designed to cover all costs of high quality medical care regardless of the location of the insured person and the standard of local health services. Whereas a local plan is designed to provide cover primarily in a single country, taking into account the **insurance** practice and requirements of that country, access to state healthcare provisions and treatment costs in local hospitals only.

Of course international plans offer cover that transcends borders and generally include benefits specifically applicable to expatriates, such as repatriation and evacuation cover, assistance services and benefits, portability and freedom to choose the healthcare provider.

The result is that iPMI usually provides far higher levels of benefits than those available from 'local' schemes, although this is dependent on which country is considered.

ANDREW APPS: Superficially there are many similarities between a local and international private medical (iPMI) plan.

The fundamental difference is the target audience for each of these two very different products.

An **iPMI plan** is designed to cover a policyholder, usually an expatriate, for practically any health-related matter they may encounter, a local scheme does not have the same mandate, being designed with the local population in mind and most often acting as a support to local, often state-run facilities. This means that the features of each of these plans are markedly different.

The most **noticeable difference** is that an international plan usually offers a wider, more comprehensive range of benefits and with much higher benefit limits. For example, with an iPMI plan there can be generous cover for items such as GP visits, full chronic conditions cover, routine pregnancy and childbirth cover, evacuation and repatriation cover, and usually overall sum insured amounts that can be ten or twenty times higher than those of a local scheme.

Typically, an **iPMI plan** will also be portable, and not restricted to their country of residence, allowing the geographically mobile policyholder full access to all of their benefits wherever they are, in their chosen area of cover.

Some iPMI plans also do not require their insured members to seek treatment within a network. The policyholder has the freedom to choose where they wish to receive treatment.

Naturally **local schemes** are usually less expensive than international plans, but correspondingly, the benefits are far less comprehensive, with low benefit limits (sometimes the benefits are blatantly only a contribution towards the total cost of treatment), out-of-network penalties, co-pay benefits, none or very limited out-of-country coverage. Most local schemes also do not offer 24 hour support.

Similarly by their very nature, local schemes are very much tailored to the local population with policy documentation available only in the local language and the benefits tailored to the audience the plan is designed for.

The unwary expatriate with local cover may well find that he either has to make do with low levels of cover, or more likely will have to self-pay at least part of his treatment. **PHIL AUSTIN: International Health Insurance** plans by their nature are better suited to expatriate life than local plans. They usually provide cover worldwide, meaning *C* 108 Medical Chambers at 108 Harley Street is a consultant-led and delivered independent clinic offering the highest standards of professional care with a minimum of delay in relaxing and friendly surroundings.



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that wherever the individual happens to be in the world, they will be able to receive treatment.

HEALTH

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Local plans on the other hand will normally only provide cover in a single country. This means that when the **expatriate is making a trip back home**, or is spending time in another country, they are potentially ineligible for treatment. Moving to a new country often brings about basic challenges like language barriers and cultural adjustments.

An **international health insurance plan** helps the **expatriate** remove a lot of this uncertainty as they will be dealing with a provider with experience in working with expats and experience in global healthcare.

This means that often a language barrier can be removed by speaking to the insurer who can communicate directly with the hospital, and the expat can seek advice about local customs and peculiarities.

Finally, and perhaps most importantly, expatriates who are not permanent

residents or citizens of the country they are moving to may be ineligible for a local plan.

SHIRLEY PUCCINO: Local plans are designed to deliver coverage and services inside the host county and tend to incorporate underlying government health programs, networks, and delivery systems reflecting local languages, customs, business practices and provider relationships.

International health insurance plans strive to provide more comprehensive global cover and an optimal experience globally, while to the extent possible, allow for local nuances in plan administration, delivery and practices.





WHAT ARE THE ADVANTAGES AND DISADVANTAGES OF A TYPICAL LOCAL HEALTH INSURANCE PLAN?

HEALTH INSURANCE

GREGOR SCHULTE: Every country differs, and in some, such as in Western Europe, the only disadvantage of a local plan may be the absence of certain assistance benefits designed specifically for expatriates: **That is of course, if the expat can access local cover.**

Often, local cover is very restrictive and bound to **certain eligibility rules**, which expats do not fulfil. Particularly where entitlement to state healthcare extends to expatriates and thus compensates for any benefit shortfalls of a local plan.

In less developed PMI markets we see more restrictive policies with extensive exclusions and the potential for experience rated renewals at individual level.

Local plans will be specifically tailored to local needs and expectations of the market as this is the insurer's area of expertise. However these plans are often totally inadequate for the expectations of expatriates in the facilities they prefer to use. **ANDREW APPS:** We have covered the main disadvantages of local plans in the final paragraph of question 1.

However, there are more advantages to local plans than simply being less expensive than IPMI plans, although this is perhaps the key point.

Local plans can be tailored to local needs very easily, as the local insurer will have a sound understanding of what the plan will need to cover to be appealing to the local market.

The insurer will also understand regulatory changes and be able to modify their plans quickly to ensure their plan remains compliant.

The local **insurer** can also have been expected to have developed a good network of providers, and through agreements with hospitals and clinics be able to limit their financial exposure in a way that it can be harder for an International PMI company to do. Being local, the costs of getting the product to market are often lower.



There can also be a cost advantage through lower administrative charges (document processing, claims handling and the fixed bank charges) which may be passed onto the policyholder through lower premiums.

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As mentioned in question 1, an **International Private Medical Insurance** plan is designed with an expatriate in mind, a local plan for a local person.

At **ALC Health** we have seen an increasing number of expatriates looking to move their cover from a local to an **international plan** due to difficulties they have experienced when either trying to access medical facilities, discovering that the benefits provided were inadequate or simply wanting to be able to communicate with their insurer in English. **PHIL AUSTIN:** Typically, local **health care** plans can be purchased at a relatively low cost. Customers may find though that when they come to claim, they may have a lower benefit limit and some conditions may not be covered. Customers exploring local plans may find that any **pre-existing conditions** will be automatically excluded. A good international plan will provide the option for these to be covered (sometimes with an additional premium).

Local plans are by their nature aimed at local nationals of that country. They will therefore rarely have multilingual capabilities which could cause important things to be missed or misunderstood.

SHIRLEY PUCCINO: Local health insurance plans tend to compete within the same geographic area and will generally consistently apply underwriting guidelines and pricing strategies to similar product portfolios. While advantageous to local insurers and insureds this may not be the best approach for more globally mobile individuals and his/her families who require broader cover and less restrictive networks.

Additionally, depending on local immigration rules, Visa status and regulations, expatriates may be ineligible for these plans.





GREGOR SCHULTE: The list of **advantages** of a well designed **International Private Medical Insurance plan** is headed by the customer confidence it engenders through adequate cover regardless of the country of residence of the policyholder.

Also the **non-medical benefits** such as advice and assistance in navigating the local language and customs, provides comfort at times of stress.

In order to provide adequate assistance it is imperative that international companies also have local knowledge and a local service offering.

On the flip-side, **iPMI** should not have any comparative or substantive disadvantages when compared to local schemes. Of course, price is generally higher but when value is considered this disadvantage quickly recedes. **ANDREW APPS: International medical insurance plans** are designed to be more comprehensive in terms of the cover provided and to work outside any local state healthcare systems. This does of course mean that the premiums will be higher than a local scheme and this is often the main barrier for the **expatriate**, who may be tempted instead to opt for a local policy believing it to offer similar benefits.

Staying healthy in a foreign country is of utmost importance to any expatriate and therefore it is essential if one does fall ill, to have a policy that will cover you for any accident or illness, give access to any facility, and with reassuringly high benefit limits. In essence an **International Private Medical Insurance** plan provides peace of mind.

ALC are experts in their field and have been looking after the global private medical insurance needs of expatriates for twelve years – many of ALC Health's staff have been or are currently living as expatriates –With a multilingual **24/7 claims** service.

Being 'portable', international plans offer the policyholder far greater control over where they are treated, by whom and *C*

03



where – even if this means travelling to another country – and not having to rely on what are often inadequate local health care facilities.

HEALTH

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ALC can provide the peace of mind **expatriates** need.

PHIL AUSTIN: International plans are **much more suitable for expatriates living abroad**. Whilst they can be more expensive than local plans, cover levels will usually be much higher.

A good international plan will provide **cover for evacuation and repatriation**, meaning that if the insurer agrees that treatment cannot be provided locally to the sufficient standard, the customer has the option to be taken back to their home country or a nearby centre of medical excellence for their treatment.

Another big advantage is that international plans are **portable**. If the expatriate pays a visit back home during their stay, or travels to another country, they will continue to be covered. If the **expatriate plans** to move to a different country after their assignment finishes, they avoid the **risk of having to be re-underwritten** and having any **new medical conditions excluded** by simply transporting their existing plan.

SHIRLEY PUCCINO: A well designed iPMI plan will allow the employer to cover globally and delivery locally.

The best insurers will have the global expertise to provide plans that function well in multiple markets yet provide the **flexibility** to allow for localised customs and practices.

Expats have needs and expectations both locally and globally, so integrating global cover and services with the best local option(s) is the ideal solution.





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HOW PREVALENT IS THE LOCALISATION OF EXPATRIATE EMPLOYEES?

GREGOR SCHULTE: Globally we see demand from localised expatriates as a significant source of individual business. **Localisation** often means membership of a local scheme which is often inadequate for the needs of an expatriate family.

The prevalence of localisation varies from country to country and in some countries, where the typical 'localised' expat is a long term resident there is simply a need for a top-up policy to compensate for the

inadequacies of a local **employer sponsored** scheme.

ANDREW APPS: The economic down turn a few years ago saw a major shift in the basis under which many expatriates are being employed.

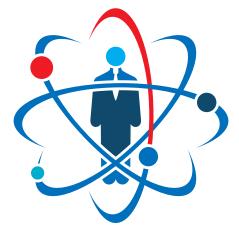
The generous expatriate packages providing luxury 'paid for' accommodation, frequent flights back home, private school fees and of course **International Private**

Medical Insurance, are now not necessarily the norm.

It does depend on the region, for example: it would be unthinkable for most companies to post their expatriate employees to a third world country without a comprehensive **International Private Medical Insurance** plan.

However, in any developed country, an **expatriate** is often employed under a local contract and with it the commensurate employee benefits that reflect the local market.

ALC has seen a huge surge in the number of expatriate applicants looking to bolster the low level **insurance** offered by their



company with extra benefits offered by iPMI companies such as ALC. ALC can tailor a scheme so that it acts as a top-up to the local scheme that is in place.

PHIL AUSTIN: Having lived as an expatriate myself, I know that it can be difficult at first to integrate and feel a part of day-to-day life in the new country.

Expatriates often live in communities with other expatriates, and some may never truly integrate with the local culture.

With that said, a lot of expats make a real effort to integrate, and overtime become "localised".

Our definition of "localised" is an individual who has been living in their new country for over five years, or gains citizenship – whatever comes first. They are no longer an expatriate and now considered a 'local'. From a health care perspective, this means that a local health care plan may

now be more suited to this individual, but up until then they should opt for an

international medical insurance plan. SHIRLEY PUCCINO: Given the mobility of people today, career expats tend to be more migratory. They may never have a place they consider "local." Unless there are family ties to their host country, many expats go abroad, return home, and then go on to their next post abroad. Localization ultimately allows employers to reduce or eliminate special allowances for tax equalization, housing, and private schools.

Once an **expat** is in a location for five years, the employer will likely consider localising him/her.



36 I INTERNATIONAL PRIVATE MEDICAL INSURANCE VS LOCAL HEALTH INSURANCE



WHAT ARE THE IMPLICATIONS OF LOCAL EMPLOYMENT CONTRACTS AND EMPLOYEE BENEFITS FOR EXPAT EMPLOYEES?

GREGOR SCHULTE: The relevant implication is membership of a local group medical plan, which may be inadequate for an expatriate employee.

For us this is an opportunity to provide an alternative group **International Private Medical Insurance** offer – often for expatriates and senior local staff, or individual top-ups.

ANDREW APPS: Whilst we often refer to the world as a global village, local contracts can and do vary enormously from one country to another. The level of benefits provided under many local employment contracts are often not as wide ranging as those found at home.

Pensions, income protection and of course **private medical insurance** may be limited in value or perhaps even nonexistent, necessitating the expatriate to fund their own cover, adding an unexpected **financial burden** to the employee which can often out-weigh any tax-advantages of moving abroad.

There is also a question mark over what happens if there is a dispute between the **expatriate** and their employer. What rights do either side have? What redress is there if any?

Local employment law may not be as sophisticated as that found at home and there are any number of stories of expatriates facing both legal and financial difficulties when their local employment contract has been terminated.

PHIL AUSTIN: An **employee** moving for work will often be provided with a 'package' as part of their move, which may include a **corporate international health care** plan.

For those employees who don't have this, or who are moving themselves (not under the direction of their employer), an individual international plan is the norm.

SHIRLEY PUCCINO: Certain allowances need to be made to help the expat and his family assimilate: e.g. cultural training, change in **tax status**, housing, and education. After a certain amount of time these privileges decrease and it is likely that the employee will be moved out of a **global health plan** to a regional or local plan.

It is advantageous for both the employer and employee to have a well-crafted employment contract which addresses both the **assignment** as well as the **termination of assignment** provisions.



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HOW DO EXPAT NEEDS AND EXPECTATIONS DIFFER, FOR INSTANCE, FROM 'HOME COUNTRY' SENIOR AND EXECUTIVE STAFF?

GREGOR SCHULTE: Once again, this differs from country to country but the gap is narrowing. Increasingly the only additional benefits required by expatriates are portability/ continuation plus a broader range of **assistance** benefits.

ANDREW APPS: An expatriate may find that their integration into the local culture can be difficult with many preferring to mix with like-minded expatriates where language and interests are the same.

For many expatriates there is always one eye on what is happening back home. Often when something serious happens, particularly when it comes to their health, their first reaction is one of wanting to 'go home' as quickly as possible. Back to a place that is familiar, where family and friends are on hand and where they can communicate in their own language.

International medical

insurance gives the expatriate the ability to seek treatment anywhere in the world, but most importantly in their home country. It doesn't matter whether it's life threatening or not. It doesn't matter whether treatment can be sourced locally or not, the choice of being able to choose where you are treated is important and can be a key reason for choosing **international medical insurance** over a local solution.

And for 'home country' senior and executives, the attraction for international medical insurance can often be one of having a choice. Of being able to choose to have their medical treatment anywhere, whether at home or abroad and at time that suits their busy lifestyle.

Naturally they are also attracted by richer benefits on offer too. Interestingly, medical insurance in some cultures is sometimes seen as a status symbol.

Being able to afford an **International Private Medical Insurance** plan, the one named Platinum, of course, not the Bronze level of cover!

PHIL AUSTIN: A senior executive living at

home has very similar health care needs to a senior executive living abroad, but the difference is that the executive living abroad may face additional challenges in obtaining the care he needs.

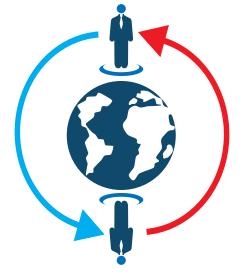
Expatriates may need more guidance on where to go for appropriate treatment, and a familiar voice on the end of the phone when things go wrong can be all the reassurance they need to provide the

feeling of security.

There is also a need for additional information for e**xpatriates** such as information about an unfamiliar health care system, and increased risks while living abroad.

We have recently launched Safe Travel by **Cigna** - a new **Apple** and **Android App** which helps expats mitigate the risks of living abroad and provides tools and **information** to make their journey smoother.

Read more like this at ipmimagazine. com, the leading international health insurance news platform.





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WHAT ARE THE IMPLICATIONS FOR PROVIDERS OFFERING TOP-UP COVER/WHAT ISSUES DO PROVIDERS FACE WHEN OFFERING 'TOP-UP' COVER?

GREGOR SCHULTE: The principal implication is operational – how do we assess claims and apportion liability between the two insurers?

This is generally not a problem in domestic markets where insurers routinely liaise in such cases to assess contribution.

However contracting with an insurer in a foreign country can be challenging, in which case we take a common sense approach on a market-by-market basis to ensure that any administration difficulties are overcome whilst the client continues to benefit from a simple and hassle-free claiming process. **ANDREW APPS:** With an increasing number of countries introducing a requirement for expatriates to demonstrate that they have medical insurance in place as part of the residency visa requirements, local regulatory authorities are starting to demand that a basic level cover be bought locally.

Whilst these products may be inexpensive – having to be affordable to blue as well as white collar workers – the scope of cover by default will be highly restrictive and rarely offer anything close to the level of benefits demanded by today's expatriate.

As a result, international plans can in a sense be seen as a 'top-up' to these basic compulsory plans giving the expatriate and indeed 'home country' senior and executives, filling in the gaps and providing a fully rounded solution.

However for an increasing number of expatriates, these local compulsory plans are bought simply as a means to fulfil visa



issuance requirements, and where there is no intention to use the product in the event of having to seek medical care, but rather relying on their international policy to meet their costs. However, in certain regions, there can be a genuine need for a tailored top up solution and this is a philosophy

shared by ALC, as mentioned in question 4. **PHIL AUSTIN:** Top-up cover, or 'two-tier' health care is important in countries where a basic level of local health care is required by the local regulator.

Expatriates are often required to purchase this cover in order to meet visa requirements, but in reality the level of benefits is likely to be insufficient for their needs.

Expatriate health care plans can be used to 'top-up' this basic cover and provide a level of benefits similar to those available in the home country.

SHIRLEY PUCCINO: Most in-country topup plans are designed assuming certain costs based on the utilisation patterns of locals.

When adding global benefits it is difficult to factor in the behaviour of an expat who may want to access health care services outside the host county. This behaviour is a function of the local provider community and contracted network, if any, and the medical condition that arises.

There is often no coordination of benefits between the base plan and the top-up. Insurers have to make assumptions regarding utilization in terms of how the expat will expect to access care in-country and out-ofcountry.

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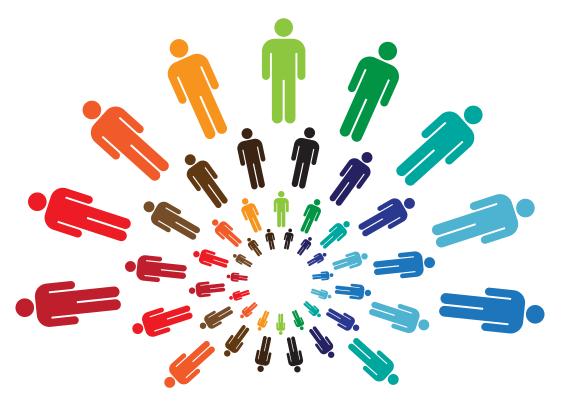


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GLSBALITY

ARE LOCAL PLANS EVOLVING TO MEET THIS NEED? IS THIS AN OPPORTUNITY FOR IPMI PROVIDERS?



GREGOR SCHULTE: We are seeing local insurers in some markets offering domestic IPMI. At the lower end these are domestic plans with enhanced benefits and some international/travel cover included.

Elsewhere domestic insurers are competing head on with old-school **International Private Medical Insurance** providers with benefit and service offers that aim to closely match offshore and **International Private Medical Insurance**.

ANDREW APPS: As markets evolve, so too do insurance products and this is particularly true in those countries where private medical insurance forms part of residency visa insurance.

As one country introduces new legislation requiring compulsory medical insurance for expatriates, so other governments take note of the good and bad points when creating their own legislation.

Local insurance markets are often extremely competitive and as competing companies

vie with each other to offer the cheapest product, inevitably the end result is lower benefit levels, which means there is even more opportunity for **International Private Medical Insurance** providers.

Plans that are designed to tick a box on a visa application or to offer only a token level of health insurance benefits certainly fall short of what most expatriates require. Therefore there is undoubtedly an opportunity for IPMI providers to bridge the divide.

PHIL AUSTIN: Local health care markets are invariably competitive, and as a result particularly price driven.

This often has the effect of reducing the level of benefits, creating a greater opportunity for **International Private Medical Insurance** providers to bridge the gap. As we said, expatriates are demanding a higher level of benefits in order to provide a sense of security in their new country, and this is where the opportunity lies for **International Private Medical Insurance** •



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WHAT ROLE DOES 'TOP-UP' COVER HAVE IN MEETING LOCAL COVER SHORTFALLS?

GREGOR SCHULTE: We believe top-up cover has an important role to play, but that it requires careful administration and presents some unique operational challenges.

ANDREW APPS: As we have discussed local insurance plans tend to be low in cost and restrictive in benefits. Where the expat needs to access to full private cover, rather than limited benefits, or state-run facilities, local plans may fall short.

As a result the 'top-up' or International Private Medical Insurance plan fulfils an important role in meeting the inevitable shortfall, not only in terms of cover benefits but also the flexibility in use.

Most expats want to have a safety cushion allowing them to 'return home' in the event of a serious medical condition or the ability to select where they are treated, by whom and at their convenience.

There is also the financial aspect to consider. In the UK we are fortunate to have the **National Health Service (NHS)** which for all its faults still delivers an amazing service with little or no cost to the patient.

Throughout the rest of the world, certainly outside Europe and one or two other highly developed countries, medical treatment is expensive and has to be paid for, usually at the patient's cost, so sorting out a means of covering these costs is an obvious solution.

A local plan which fulfils a visa requirement or offers only a token level of cover for a basic range of illnesses, simply will not fulfil the full gamut of illnesses and accidents suffered by people around the world. An **International Private Medical Insurance** top-up scheme is a perfect solution, especially if there is an element of bespoking to allow the two plans to 'dovetail'. **PHIL AUSTIN:** As mentioned before, local plans are usually more restrictive in benefits than **International Private Medical Insurance** cover, and are often a 'tick-box' in order to satisfy visa requirements.

There is significant opportunity for International Private Medical Insurance plans to make up the shortfall in local cover, allowing the expatriate to take out the most basic level of local 'tick box' cover with no real intention of using it, but instead utilising their **International Private Medical Insurance** plan if they need to.

The global nature of an **International Private Medical Insurance** plan means the expatriate can often move their plan with them when they move, meaning much greater flexibility than a traditional local insurance plan.

SHIRLEY PUCCINO: It's the main purpose of top-up cover: to bring in-country cover up to international standards and to add global or regional coverage outside the host county.

In some areas, local cover may not be an option because of local regulations.



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IS THERE A DIFFERENCE BETWEEN AN OFFSHORE INSURANCE COMPANY AND AN INTERNATIONAL INSURANCE COMPANY?



GREGOR SCHULTE: International Private Medical Insurance companies are experts in what they do: International Private Medical Insurance is their core business. Whilst benefit tables will likely be similar, the international player will provide sound knowledge and service based on market knowledge and experience.

ANDREW APPS: In essence the product design, the service and the support provided should be the same, however the **international private medical provider** (iPMI) is very much the specialist.

This is what we do day-in, day-out and with many years of experience we understand the market and the hurdles that have to be overcome and can deliver a quality of service that few can match.

PHIL AUSTIN: In short, yes. There are a number of legal and regulatory challenges to underwriting international health insurance policies given that they have to work across the globe. Different insurers take different

approaches to how they handle this, and some may choose to write some business on an offshore licence.

At Cigna, we serve our customers using a combined approach. We have in-market licences in some countries where we can write expatriate polices, and in order to extend the availability of our services to customers across the globe, supplement this with an offshore licence.

In broad terms, an international insurance company provides cover for expatriates globally, an offshore insurance company refers more to where the business is written. **SHIRLEY PUCCINO:** Yes, these are two different concepts. **Offshore** denotes that the carrier is not licensed in a specific country while an **international insurance company** implies that an **insurer** is doing business in multiple countries and often is providing a regional and/or global plan as part of the portfolio.



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IN THE MARITIME BUSINESS EXECUTIVES TALK ABOUT HYBRID INSURANCE. THE INSURER COVERS ONSHORE, THE P AND I CLUB OFFSHORE. CAN INTERNATIONAL PRIVATE MEDICAL INSURANCE PLANS COMPLIMENT LOCAL INSURANCE PLANS?



GREGOR SCHULTE: "Hybrid" insurance between a local provider and an international provider can allow the client the best of both companies if administered correctly.

With the local provider taking care of local claims and the international provider taking care of international claims, it allows maximisation of each company's strengths and expertise.

ANDREW APPS: As the global markets change, international medical insurance plans have begun to adapt.

Whether it be to act in a top-up role or to continue as a full blown bells and whistles solution, **International Private Medical Insurance** has learnt that it needs to deliver what the market wants rather than what it thinks it needs.

Both regional and industry based products have emerged and where the old fashioned 'one product fits all' approach is fast disappearing in favour of more flexible, modular structured plans. The à la carte menu driven approach has arrived. Policyholders demand and have a greater say in the design of their cover, getting more of what they want and less of what they don't!

PHIL AUSTIN: To a certain extent: yes. A local plan, or state provision, may provide the expatriate with a basic level of cover in one country.

In order to be fully covered, and add on additional benefits such as medical evacuation and repatriation, the individual may wish to obtain an **international health care plan**, which will supplement the basic cover.

Whilst this can work, there may be some issues of subrogation (i.e. will the two insurers pay a proportion of the cost of eligible treatment?), and there will undoubtedly be some overlap in the cover purchased.







HOW CAN JOINT VENTURES AND PARTNERSHIPS LOCALISE AN INTERNATIONAL INSURER'S PRODUCTS AND SERVICES?

GREGOR SCHULTE: We see partnering as a key strength of our business, firstly by leveraging the strength and depth of **Munich RE's** many subsidiaries around the world through our programme of internal partnering.

Secondly, our joint ventures enable us to enter new markets on a fully admitted basis and are integral to our **compliance strategy** objectives.

ANDREW APPS: As the world becomes more regulated and governments start to demand that only 'on-shore' products are sold in their territories, the importance of **joint ventures and local partnership** has become particularly important. But of course with any relationship, both sides need to bring something to the table for it to work.

Some International Private Medical Insurance providers feel that they can 'go it alone' perhaps because of their size and footprint, others see a local partnership or joint venture as the best way forward, but which ever route is taken, it is important to 'know your market' and avoid the syndrome of 'well it worked in that part of the world, so it should in this'. An attitude that is doomed to failure.

International products are designed to offer a global solution, but often there can be specific issues that need to be addressed when localizing a product or service.

For instance, there may be a legal requirement for certain **medical conditions** to be covered regardless of whether they are pre-existing. There may be a need to work within an administrative structure in order to meet specific process requirements (data transfer) laid down by the local authorities.

Whatever the issue, understanding what the market requires is important and having

a partner on the ground that has a real understanding of what is happening is key. **PHIL AUSTIN:** Undoubtedly partnerships and JVs bring a high degree of value to an **international insurer** as they can instantly gain local 'on the ground' expertise and experience.

For the expatriate, this could mean that they can speak to someone locally when they need to contact their insurer and it may give them the reassurance of a brand they are already familiar with.

Brand awareness is another big bonus, particularly if the partnership is in a country where the **international insurer** is not well known.

This helps with things like speed of access to treatment in the hospital if the treatment provider can easily identify the **insurer** and enhanced recognition by the general population base.

SHIRLEY PUCCINO: Companies such as Bupa and **GeoBlue** engage subsidiaries and partners with local products and leverage their cover and local capabilities into a global product.

Partial ownership arrangements and partnerships may be legally required to operate within a country and additionally can help to ensure alignment of objectives and operational efficiencies.

This is one effective way to "insure globally" and "deliver locally".







WILL MORE INSURERS START OPERATING THEIR OWN LOCAL TPA SERVICES IN MEMBER HOT SPOTS?

GREGOR SCHULTE: Definitely. Our Globalites service network has been a great success and shown the increasing importance of local knowledge and services to our clients. **ANDREW APPS:** I think this is inevitable. The cost of healthcare continues to rise well above normal **inflation** and something that is unlikely to change in the near future.

Policyholders demand value for money and are no longer shy in moving their cover to another **insurer** if they feel that the terms being offered are no longer competitive. Indeed there are a number of insurers who offer transfers of underwriting on 'no worse terms' including ALC.

Medical insurance is a tight margin business and if future premiums are to be sustainable there needs to be greater **control** over claims.

In the hot spots of the world such as the Gulf, China and South East Asia, costs need to be managed better.

Whether this means bringing these services in house or working smarter with **TPA providers**, insurers must control the cost base better or see the year on year premium increase in spiral out of control.

PHIL AUSTIN: Undoubtedly, yes. Local TPAs give insurers greater local capabilities, particularly in markets where there are regulatory challenges to trading - for example some countries in the Gulf. This provides a better service to expatriates living in these regions as local market nuances are taken into account.

There is also significant cost advantage. Medical inflation is a real issue unless it is properly managed, and using in-market TPAs can help to moderate costs given the local provider arrangements which will be in place, which in turn can be passed as a saving to the customer.

SHIRLEY PUCCINO: The decision to build, buy or rent varies greatly depending on regulations, country medical delivery systems, the quality of available providers and the **insurer's licensing** and local expertise.

In more urban areas much of this infrastructure already exists but in more remote areas this will have to be developed. This can be challenging as local options may not be available because of the limited number of quality alternatives.

For example, through GeoBlue's partnership with **Bupa**, we are able maintain market strength and presence through a solution for companies with **employees** in Dubai. This provides us with a compliant solution through an admitted carrier and provides our members with access to a strong **network** with full language support capabilities and the expertise to manage **cultural** sensitivities.

A BIG THANK YOU to all of our round table members for their participation and dedication to educational cross-border dialog and debate. Look out for the next *iPMIM RT* coming soon with a focus on Glocalisation.





DMCC LAUNCHES EXCLUSIVE HEALTH INSURANCE SOLUTION FOR ALL FREE ZONE MEMBERS

THE DMCC HEALTH INSURANCE SOLUTION IS OFFERING A SELECTION OF PLANS TO CATER TO ALL FREE ZONE MEMBER COMPANIES.

ealth insurance solution launched in collaboration with Insure Direct (Brokers) LLC, underwritten by Daman; Tailor-made for DMCC's members companies of all sizes so startups and SMEs can avail of insurance solutions usually only available to large corporates.

DMCC, the global gateway for commodity trade and enterprise in Dubai and the region, in conjunction with Insure Direct (Brokers) LLC, a Jardine Lloyd Thompson Group company and National Health Insurance Company - Daman, launched an exclusive health insurance solution for all DMCC's Free Zone member companies this morning.

Gautam Sashittal, Chief Executive Officer, DMCC, said, "A key element of DMCC's long-term Free Zone strategy is our commitment to provide member companies with the products and services they require to innovate, grow and succeed here in Dubai."

"We are pleased to announce that the DMCC Free Zone are able to offer all members - whether a startup, SME or large corporation - in collaboration with Insure Direct (Brokers) LLC, a Jardine Lloyd Thompson Group company and Daman, access to an exclusive health insurance solution usually only available to large corporates. There are several packages to choose from with some benefits included such as pre-existing conditions coverage and fixed premiums for all age categories", added **Krysta Fox, Director of Free Zone, DMCC**.

Providing this exclusive health insurance solution for its member companies has been high on the DMCC's agenda especially as the new Emirate-wide health strategy governed by the Dubai Health Authority is set to take effect next month.

The health insurance solution has been tailor-made exclusively for DMCC's members so that startups and SMEs can avail of worldclass insurance solutions and comprehensive benefits that are usually only available to large corporates. While there are several options to choose from, all policy holders will benefit from pre-existing conditions coverage and fixed premiums for all age categories.

Kenneth Maw, Managing Director, Insure Direct (Brokers) LLC, said, "As a part of the Jardine Lloyd Thompson group of companies, we are one of the world's largest providers of insurance, reinsurance and employee benefits related advice, brokerage and associated services. Partnering with DMCC and Daman allows us to broaden our network to offer comprehensive and cost-effective solutions that complies with the DMCC Free Zone regulations as well as the forthcoming health insurance law of Dubai."

Dr. Sven Rohte, Chief Commercial Officer, Daman, commented, "We are pleased to collaborate with DMCC and Insure Direct (Brokers) LLC to offer our award-winning holistic, and comprehensive health insurance plans to DMCC Free Zone member companies of all sizes. This new collaboration will provide members with health insurance solutions that are bespoke and relevant to their needs."

The DMCC health insurance solution is offering a selection of plans to cater to all Free Zone member companies.

Find out more visit ipmimagazine.com

DAMAN ISSUES FIRST ESSENTIAL **BENEFITS PLAN UNDER DUBAI** MANDATORY HEALTH **SCHEME**

THE NATIONAL HEALTH INSURANCE COMPANY – DAMAN, ISSUED THE FIRST HEALTH INSURANCE POLICY UNDER THE DUBAI MANDATORY HEALTH SCHEME. THE POLICY WITH GINCO GENERAL CONTRACTING, A PROMINENT REGIONAL CONTRACTING FIRM, WILL PROVIDE HEALTH INSURANCE COVER FOR ITS DUBAI-BASED STAFF.



Daman will provide health insurance cover to GINCO employees via its **Essential Benefits Plan [EBP]**, which is the basic health insurance package of **Dubai Health Authority's (DHA) mandatory insurance** scheme designed for workers earning AED 4,000 or less a month.

The EBP covers a range of necessary healthcare procedures such as: access to all essential health services, access to general physicians, referral to specialists, tests and investigations, surgical procedures and maternity care.

Dr. Michael Bitzer, Daman's CEO, said, "Today's announcement marks an important milestone in Daman's history. We are pleased to be one of the participating insurers which allow us to serve the whole Dubai community. We also welcome GINCO employees to **Daman** and look forward to serving them."

In April, Dubai Health Authority announced that Daman was **one of the seven insurers** who successfully passed the additional qualification criteria to attain '**Participating Insurer**' (PI) status.

This status, in addition to the Health Insurance Permit, allows Daman to provide health insurance plans, including the EBP, to employees earning AED 4,000 or less a month.

GINCO expects that more

than 1,500 employees would be enrolled in the policy by the end of the year as a result of its successful growth.

GINCO General Contracting GM, Eng. Jamal Abdullfattah said, "Our employees are our most valuable asset and it is essential that we are able to offer them a secure health insurance scheme. We are delighted to sign up with Daman; a company with an excellent reputation and a strong track-record of success in the UAE. We are confident that the new partnership with Daman will prove beneficial to the well-being of our employees and help with the success of our company."

EXPECT more news from Daman in the near future.

DUBAI'S HEALTH INSURANCE LAW PAVES WAY FOR UNIVERSAL HEALTH COVERAGE

HIS HIGHNESS SHEIKH MOHAMMAD BIN RASHID AL MAKTOUM, UAE VICE PRESIDENT AND PRIME MINISTER AND RULER OF DUBAI APPROVED THE HEALTH INSURANCE LAW WHICH STIPULATES RULES AND REGULATIONS FOR ALL PARTIES INVOLVED WITH THE PROVISION AND IMPLEMENTATION OF HEALTH INSURANCE IN THE EMIRATE.



The fundamental basis of the law is to ensure that every national, resident and visitor in **Dubai** has essential health insurance coverage and access to essential health services. This stems from the government's fundamental goal to provide happiness and security to the people of the country and is in line with Dubai Strategic Plan 2015.

His Excellency **Engineer Essa Al Maidoor, Director-General of the DHA** said during a press conference that was held at the DHA headquarters, "We would like to thank His Highness Sheikh Mohammed and we are committed to fulfil his vision and ensure that every individual in Dubai has access to essential health coverage. Health insurance is a form of security and it is important for every individual to know that if he needs access to healthcare, it is easily available. The law is fundamental to ensure smooth delivery of essential health insurance to everyone living in the Emirate, which roughly means over three million people, which includes nationals and residents with Dubai visas. The DHA has been working on the development of the Health Insurance Law for Dubai as a model for financing health services in the emirate. The law stipulates a number of regulatory tools to ensure two fundamental goals: universal access to quality

health care services and development of the competent health insurance system that is dynamic in nature, attracts investment and quality players that will further help drive the emirate's booming economy."

Dr Haidar Al Yousuf, Director of Health Funding at the DHA said that the law stipulates the roles and responsibilities of all the stakeholders involved with the provision and implementation of health insurance.

"In the case of UAE nationals, they shall receive insurance cards to replace the existing Dubai Health Authority (DHA) health cards that provides coverage for healthcare services and preventive care.





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TOTAL NUMBER OF EXPATRIATES Worldwide in 2013

52 MILLION More tourist arrivals in 2013 than 2012



They shall continue to have access to all current healthcare services provided by the **DHA** and various private healthcare providers. For residents, the health insurance law sets forth the employer's responsibility to secure insurance to cover the employees he sponsors. This applies to domestic employees as well, all of whom will receive essential **health coverage** and the cost will have to be borne by the employer. Several health insurance packages will be available for employers and while essential cover is a mandatory requirement as per the law, employers are highly encouraged to provide enhanced health coverage to their employees."

He added the law also chalks out the framework for insurance companies to abide by and as per the law only registered insurance companies will be able to provide insurance schemes and packages.

"The DHA will provide insurance companies with Health Insurance Permits and the move is aimed to ensure that every insurance company follows high standards as well as rules and regulations that are compliant with the DHA." •





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