A guide to your Elite **Health Plan**

Sukoon Insurance PJSC ("Sukoon") is the insurer and local administrator in the UAE. Plans are internationally administered by Bupa Global.

SUKOON INSURANCE



International Private Health Insurance 23 March 2024



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Hello

With a health plan from Sukoon, you benefit from the combined experience of Sukoon, the insurer for this plan, and Bupa Global, the international administrator, a partnership that's designed to fill you with confidence.

This health plan meets all of the requirements of the local health regulator, the Dubai Health Authority (DHA). With clearly segmented benefits designed to suit **our** global customers, **our** range brings simplicity and freedom to healthcare so that globally minded people can choose the plan that's right for them.

On behalf of **Sukoon** and **Bupa Global**, we'd like to wish you and your family the very best health for the future.

Within this guide, you'll find easy to understand information about your Elite Health plan, including:

- guidance on what to do when **you** need **treatment**
- simple steps to understanding the claims process
- a 'Table of benefits' and list of 'General exclusions' which outline what is and isn't covered along with any benefit limits that might apply
- a 'Glossary' to help understand the meaning of some of the terms used

To make the most of your health plan, please read the 'Table of benefits' and 'General exclusions' sections carefully to get a full understanding of your cover, along with your 'Terms and Conditions' also enclosed in your welcome pack.

BEFORE WE GET STARTED, THERE ARE A FEW THINGS WE WOULD LIKE TO BRING TO YOUR ATTENTION...

As long as it treatment a the world. To view a su www.sukoo
www.sukoo
Any words of cover. You cover.
Your Elite G illness or inj recovery or includes tre that may be
Your treatm
 covered at least of practice clinically frequence
Your Elite G help keep y

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t is covered by your health plan, you can have your at any **recognised medical practitioner, hospital or clinic** in

Immary of **hospitals** visit Facilities Finder at on.com/bupaglobal/facilityfinder

written in bold are defined terms that are relevant to your can check their meaning in the 'Glossary'.

Global Health Plan covers the treatment cost for a disease, jury that leads to the conservation of **your** condition, **your** you getting back to your previous state of health. This eatment for chronic, congenital and hereditary conditions e covered, subject to underwriting.

nent is covered if it is:

under the **health plan**

consistent with generally accepted standards of medical in the country in which **treatment** is being received appropriate in terms of type, duration, location and

Global Health Plan also provides preventive benefits to **Jou** healthy. **You** can find these in the 'Table

GET IN TOUCH USING THE DETAILS PRINTED ON YOUR INSURANCE CARDS.

When you're awake, we're awake

You can call at any time of the day or night for healthcare people who understand **your** situation.

You can ask for help with*:

- general medical information
- finding local medical facilities
- arranging medical second opinions travel information
- security information
- emergency message transmission
- interpreter and embassy referral

You can ask to arrange evacuations and repatriations, including:

- air ambulance transportation
- commercial flights, with or without medical escorts
- stretcher transportation
- transportation of mortal remains
- travel arrangements for relatives and escorts

for you. Your case will be handled from start to finish, so you always talk to someone who knows what is happening.

Contact details: **you** can get in touch by telephone on 800 0444 0492 or by email on emergency.uae@bupaglobal.com

* The above health, travel and security information is obtained from third parties. You should check this information as it cannot be verified, and so we or our partners cannot be held responsible for any errors or omissions, or any loss, damage, illness and/or injury that may occur as a result of this information.



Need treatment?

We want to make sure everything runs as smoothly as possible when **you** need **treatment**, so we help take care of the practicalities so **you** can focus on getting better.

If you call the number on your insurance card or write via www.sukoon.com/bupaglobal/membersworld before going for **treatment**, **you** can have **your** benefits explained to you and check that your treatment is covered by your health plan. If needed, help can be provided with suggesting **hospitals**, clinics and **doctors**. In cases where **you** need **hospital treatment**, it may also be possible for the service team to contact **your hospital** or clinic on **your** behalf and make sure they have everything they need to go ahead with **your treatment**. If possible, it can be arranged to pay them directly too.

Please be aware that there are certain benefits for which **you** must receive pre-authorisation. These are detailed in **your** 'Table of benefits'. Benefit <u>may not</u> be paid unless pre-authorisation has been provided.

Of course there are times when **you** simply cannot get pre-authorisation, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** ask the **hospital** to call the number on **your** insurance card or write via www.sukoon.com/bupaglobal/membersworld within 48 hours of **your** admission. This way the **hospital** can be provided with all the relevant information and, if possible, we can arrange to pay them directly.

The pre-authorisation process

You can pre-authorise your treatment by phone or email. Inside the UAE. Sukoon will normally manage pre-authorisation and directly settle the payment with the provider if within the **network**. Outside the **UAE**, we will send through **Bupa Global** a pre-authorisation. To confirm if a provider is in **network** please visit Facilities Finder at www.sukoon.com/bupaglobal/facilityfinder.

Inside the UAE inside the network, Sukoon will normally manage direct payments and pre-authorisation directly with the provider. Inside the **UAE** outside the **network**, refer to the pay and claim section of this guide. Outside the UAE, we will send through **Bupa Global** a pre-authorisation statement to your hospital or clinic once they have all the necessary details. A pre-authorisation statement will also be sent to you. This can be used as a claim form to send back to us if **you** receive any invoices or are asked to pay for any aspect of your treatment yourself. Further information is provided on the claims process on the next page.



From time to time **you** may be asked for more detailed medical information, for example to determine whether a loading should be applied to **your policy** for a **pre-existing condition**.

Remember you can ask for a second medical opinion service

The solution to health problems isn't always black and white. That's why **you** have the opportunity to get another opinion from an independent specialist.

Our approach to costs

When you are in need of a **benefits provider**, a dedicated team can help you find a Recognised medical practitioner, hospital or healthcare facility within network. Alternatively, you can view a summary of benefits providers on Facilities Finder at www.sukoon.com/bupaglobal/facilityfinder. Where **you** choose to have **your treatment** and services with a **benefits provider** in **network**, all eligible costs of any **covered benefits** will be covered, once any applicable **co-insurance** or deductible amount which **you** are responsible to pay has been deducted from the total claimed amount.

Should you choose to have covered benefits with a benefits **provider** who is not part of **network**, only costs that are Reasonable and Customary will be covered. This means that the costs charged by the **benefits provider** must be no more than they would normally charge, and be similar to other **benefits providers** providing comparable health outcomes in the same geographical region. These may be determined by our experience of usual, and most common, charges in that region. Government or official medical bodies will sometimes publish guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure). In such cases, or where published insurance industry standards exist, these global guidelines may be referred to when assessing and paying claims. Charges in excess of published guidelines or Reasonable and Customary made by an 'out-of-network' benefits provider will not be paid.

Pre-authorisation complete and now going for treatment? Always remember to keep **your** insurance cards with **you** and present the appropriate card to **your benefits provider** when you arrive.

This means that, should **you** choose to receive **covered** benefits from an 'out-of-network' benefits provider:

- **you** will be responsible for paying any amount over and above the amount reasonably determined to be **Reasonable and Customary** – this will be payable by you directly to your chosen 'out-of-network' benefits provider;
- the amount your chosen 'out-of-network' benefits **provider** will seek to charge **you** directly cannot be controlled.

There may be times when it is not possible for **you to** be treated at a **benefits provider** in **network**, for example, if you are taken to an 'out-of-network' benefits provider in an **emergency**. If this happens, **we** will cover eligible costs of any **covered benefits** (after any applicable **co-insurance** or deductible has been deducted).

If **vou** are taken to an 'out-of-**network**' **benefits provider** in an **emergency**, it is important that **you**, or the **benefits provider**, call the number on **your** insurance card within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. If it is the best thing for **you, you** may be moved to a **benefits provider** in **network** to continue **your** treatment once you are stable. Should you decline to transfer to a **benefits provider** in **network** only the **Reasonable and Customary** costs of any **covered benefits** received following the date of the transfer being offered will be paid (after any applicable **co-insurance** or deductible has been deducted).

Additional rules may apply in respect of **covered benefits** received from an 'out-of-network' benefits provider in certain countries.

Wellbeing services

At **Sukoon** and **Bupa Global**, we understand wellbeing means more than simply **your** physical health. **Our** wellbeing programmes support **you** and **your** family in all the moments that matter including **your** physical and mental health. **You** can start using these wellbeing programmes right away!

Your wellbeing

Explore the ever-growing health and lifestyle webpages at www.sukoonglobalhealth.com/your-wellbeing

Find a wealth of inspiring articles, practical information and easy to follow tips to help **you** and **your** family live longer, healthier, happier lives.

Second medical opinion*

As a **Sukoon** and **Bupa Global** customer, **you** can access a second medical opinion from leading international **specialists**.

This virtual service can give **you** added reassurance and confidence in **your** diagnosis or **treatment** recommendation to help **you** take the most appropriate steps with regards to **your** health. An independent team of **doctors** will review **your** previous medical history, along with any proposed **treatment** and issue **you** with a detailed report including recommendations for the best approach towards optimal recovery. Access to an online portal and dedicated case manager enables you to review **your** case every step of the way.

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact Customer Services on **800 0444 0492** (toll free from inside the **UAE**) or **+44(0) 1273 323 563** (from outside the **UAE**).

Global Virtual Care*

Sukoon and Bupa Global's virtual consult app provides you and your dependants with on demand access to a network of highly qualified international doctors. The doctor can help you and your family to better understand your symptoms and how to get the best care available - wherever you are in the world.

Features include (subject to local regulations):

- Video and telephonic consults
- **Doctors** notes
- Selfcare
- Referrals
- Prescriptions

Logging into the app is easy, **you** can sign in using **your** MembersWorld email address and password.

Download Global Virtual Care from either App Store or Google Play.



Sukoon and Bupa Global retain the right to change the scope of these services.

These services^{*} are provided to **you** directly by independent third parties, as service providers for **Sukoon** and **Bupa Global**, for and on behalf of **your insurer**. These services are subject to third party availability.

Sukoon and Bupa Global are not responsible for any actions or omissions carried out by these third parties in the provision of these services. By availing any of these services, **you** hereby also agree to hold harmless **Sukoon** and **Bupa Global** from any costs/damages/ liabilities arising from **your** usage of any of these services.



How to claim inside the UAE

Whether you choose direct payment or 'pay and claim' please follow the quick and easy claims process. Some benefits need to be pre-authorised so make sure to check **your** 'Table of benefits' and the 'Need treatment' section of this guide.

Sometimes you may be asked to provide further medical information to be able to process **your** claim.

This is a summary of the claiming process. Please refer to your 'Table of benefits', 'Terms and Conditions' and insurance certificate for full details on how claims will be paid. Claims for **treatments** received inside the **UAE** through the **Sukoon** direct billing arrangement will be directly settled by **Sukoon** with the provider.

Sukoon has a large network of benefits providers in the UAE, and Bupa Global has expertise in health insurance administration all around the world. This working relationship between the two companies ensures that **you** get full access to eligible medical treatment around the world.

Claims for treatment received inside the UAE within your purchased level of **Sukoon** network, will be directly settled by **Sukoon** with the benefits provider.

If you claim for treatment received with a benefits provider outside of your purchased level of Sukoon network, you will need to pay for your treatment and submit a claim for reimbursement. A mandatory 20% co-insurance will apply.

If you need assistance with a claim call us on 800 0444 0492

or go online at www.sukoon.com/bupaglobal/membersworld

These details can also be found on **your** insurance card.



Your claim payment statement is sent to **you**

When **your** claim is settled, your benefits are paid in line with the limits shown in **your** the 'Table of benefits', 'General Exclusions' and 'Terms and Conditions' of **your** plan.

How to claim outside the UAE

Whether **you** choose direct payment or 'pay and claim' **you** are provided with a quick and easy claims process. Some benefits need to be pre-authorised by **us** so make sure to check **your** 'Table of benefits' and the 'Need **treatment**' section of this **guide**.

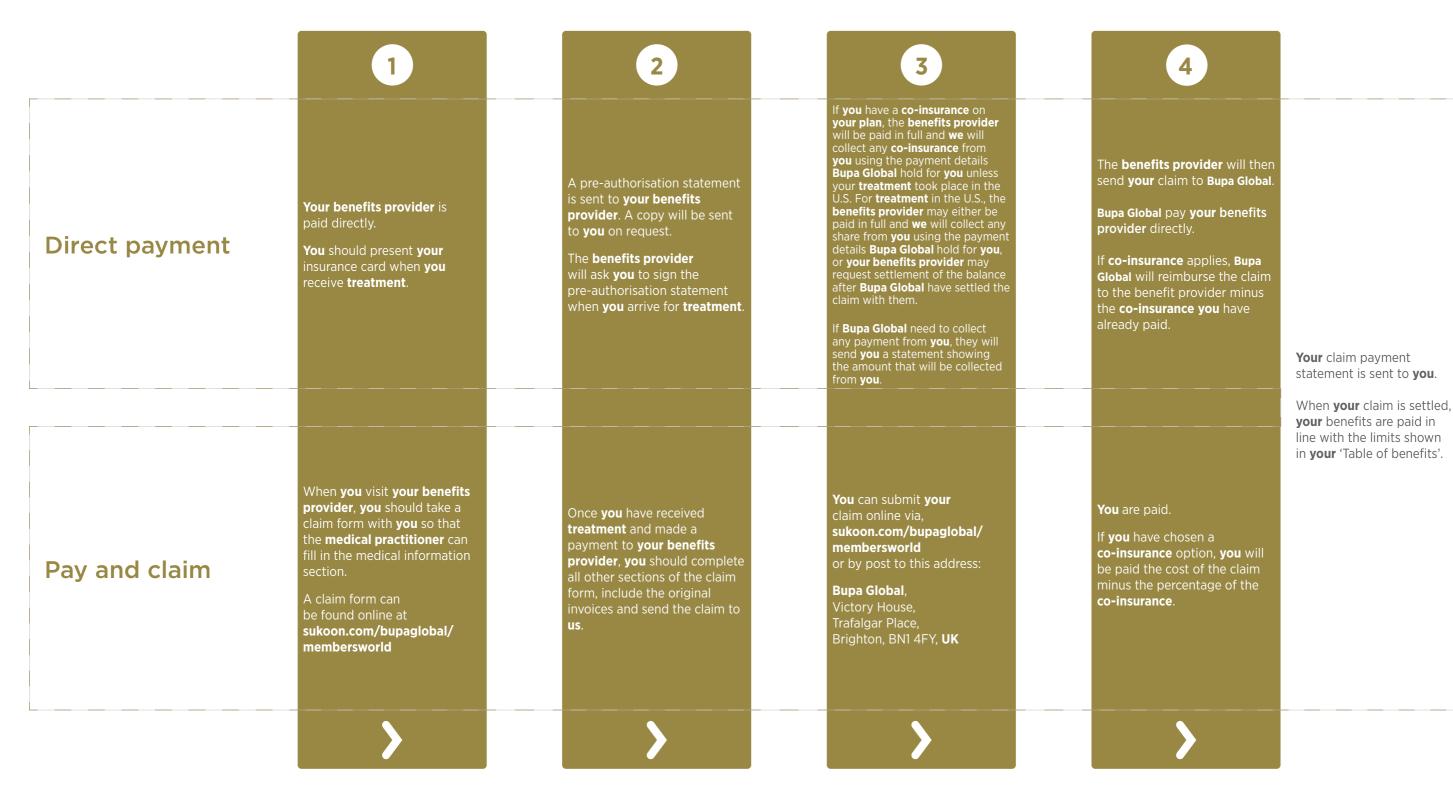
Sometimes you may be asked to provide further medical information to be able to process your claim.

This is a summary of the claiming process. Please refer to **your** 'Table of benefits', 'Terms and Conditions' and insurance certificate for full details on how claims will be paid. For claims for **treatment** received outside the **UAE**, members can either submit a reimbursement request on a 'pay and claim' basis or **Bupa Global** as the international administrator will arrange direct payment where possible.

If you need assistance with a claim call us on 800 0444 0492

or go online at www.sukoon.com/bupaglobal/membersworld

These details can also be found on **your** insurance card.





Want to add more people to your health plan?

You, the **policyholder**, can apply to include **dependants**, including newborn children, to this **health plan** by filling in an application form. You can download this easily from www.sukoon.com/bupaglobal/membersworld. If you are adding your newborn child please complete the 'newborn application form' or you can get in touch and one will be sent to you.

When you apply, the **dependant's** medical history will be reviewed by the internal medical team which may result in a loading for **pre-existing conditions**. These are personal to the person **you** add and will be shown on **your** insurance certificate. The cover will start on the date **our** medical team accept **your** application to join.

Only newborn children can have their cover backdated for up to 7 days from the date of birth.

Children covered at no additional cost

With your Elite Health plan up to two children, per insured parent or insured legal guardian, who are under 10 years of age, can be insured at no additional cost subject to underwriting. The child being added must reside at the same address as the parent or guardian who is insured and who has legal custody of the child.

Adding your newborn child?

Congratulations on your new arrival!

Neo-natal cover will be provided for 30 days on this health plan without underwriting. You will need to provide the child's name and date of birth. You can apply to extend this cover from day 31 without completing an application form and will be covered regardless of any health conditions when:

- at least one parent has been covered on this health plan for 10 months or more prior to the child's birth, and
- a copy of the birth certificate or official birth notification document is submitted within 30 days of the birth

In this instance your baby will not be subject to any medical underwriting.

If your baby is born in the U.S., the baby's medical history will be reviewed by the internal medical team from the date of birth, which may result in cover for **pre-existing** conditions, special restrictions or exclusions, or cover may be declined. This means that if the baby has medical conditions that need treatment, these might not be covered by the **health plan**. If **you** and **your** baby return from the U.S. to UAE within 30 days of the birth and neo-natal care is required in that time, this will be provided with no underwriting until the baby is 30 days old, as defined by DHA guidelines. Any previous medical underwriting applied while your baby was outside the UAE will then be re-applied from day 31, which may result in cover being provided, applying special restrictions or exclusions, or cover may be declined from day 31 onward.

Example of how our underwriting works for babies born in the U.S. and returning to UAE

Baby is born in the U.S.	Underwriting conditions may be applied from birth (day 1) as baby is born outside UAE
Parent and baby return to UAE 7 days after the birth	No underwriting applied from day 7 to day 30, as defined by DHA guidelines
Baby turns 31 days old within UAE	Underwriting conditions from day 1-6 are re-reviewed and may be re-applied from day 31, as defined by DHA guidelines

If these criteria are not met **you** will need to provide a completed newborn application form and medical underwriting will apply as described when adding a **dependant**. The cover start will be the date the internal medical team accept **your** application to join.

If there are any changes to the information **you** provided in the application form after you or your dependants sign it and before the application is accepted, please confirm this straight away.



Your health plan benefits

The 'Table of benefits' provides an explanation of what is covered on **your health plan** and the associated limits.

Benefit limits

There are three kinds of benefit limits shown in this table:

1. The 'overall annual maximum' – the maximum amount to be paid in total for all benefits, for each person, in each policy year.

2. Annual limits for a group of benefits – the maximum amount to be paid in total for all of the benefits in that group, such as **out-patient** day to day care.

3. Individual benefit limits – the maximum amount to be paid for individual benefits such as rehabilitation.

All benefit limits apply per person. Some apply each **policy** year, which means that once a limit has been reached, the benefit will no longer be available until **you** renew **your** health plan. Others apply per lifetime, which means that once a limit has been reached, no further benefits will be paid, regardless of the **renewal** of **your health plan** or if **you** terminate **your policy** and rejoin.

Waiting periods

You will notice that waiting periods apply to some of the benefits. This means that you cannot make a claim for that particular benefit until **you** have been covered continuously for the full duration of the waiting period stated.

How does the co-insurance work?

If you have chosen a co-insurance this will be shown on your insurance certificate and your insurance card.

The **co-insurance** on this **health plan** is the percentage of all out-patient day to day care expenses that you share with us - please refer to **your** 'Table of benefits'.

Please note that the benefit limits shown in the 'Table of benefits' is the maximum to be paid.

EXAMPLE

If **you** have chosen a 20% **co-insurance** this means that you always pay 20% of your out-patient day to day care.

your doctor which costs **AED 800**

You have a consultation with 20% out-patient day to day care **co-insurance** applied is AED 160

Amount we pay is AED 640

Later in the year **you** stay in hospital for 5 days which costs AED 80,000

As this is **In-patient** care the **co-insurance** applied is AED 0

Amount we pay is AED 80,000

If you use direct payment, you will pay the co-insurance directly to the **benefits provider**.

If **you** pay and claim, the **co-insurance** will be deducted from the amount you are paid when your claim is settled.

Please refer to 'how to claim' for more details.

TABLE OF BENEFITS ELITE HEALTH PLAN

BENEFIT AND EXPLANATION

LIMITS

maximum

Overall annual policy

ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL POLICY MAXIMUM LIMIT

ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL **POLICY** MAXIMUM LIMIT

The Table of Benefits below shows all the benefits and limits that are applicable for **your treatment** inside the **UAE** and elsewhere in the world, in accordance with **your** geographical coverage purchased. The membership can only be purchased in USD, GBP and EUR. AED limits have been pegged against USD at an exchange rate of AED 3.6725 to USD 1 and rounded up to the nearest dirham GBP 3,000,000, EUR 3,750,000 [AED 18,717,000]

Mandatory pre-authorisation required for:

- obesity surgery
- prophylactic surgery
- internal cardiac defibrillator
- reconstructive surgery
- rehabilitation
- cancer treatment
- advanced therapy medicinal products (ATMPs)
- transportation (evacuation and repatriation)
- all **in-patient** stays over 5 days
- complications of maternity and childbirth
- home nursing
- maternity out-patient treatment in Dubai

Pre-authorisation is also required on treatment and services above AED 1,000 in Dubai.

OUT-PATIENT DAY TO DAY CARE

*PAID IN FULL UP TO THE ANNUAL MAXIMUM OF **OUT-PATIENT** DAY TO DAY CARE LIMIT OF GBP 60,000, EUR 75,000, OR USD 102,000 (AED 374,000)

Annual maximum GBP 60,000, EUR 75,000 or USD 102,000 [AED 374,000)

Co-insurance Options:

No **co-insurance** as standard Optional 20%

Please see **your** insurance certificate for details of any **co-insurance** that applies to **your out-patient** day to day care benefits. Please note that **co-insurance** may not apply if a follow up consultation is made within 7 days, where the provider agreement allows for it. The follow up consultation must be for the same reason for visit, with the same consultant and applies from the date of first visit. Physiotherapy **treatment** is not a consultation.

OUT-PATIENT SURGICAL OPERATIONS

When carried out by a specialist or a doctor.

Paid in full*

BENEFIT AND EXPLANATION

PATHOLOGY, SCANS, X-RAY AND DIAGNOSTIC TESTS

When recommended by **your specialist** or **doctor** to help dia condition:

- pathology such as blood test(s)
- radiology such as ultrasound or X-ray(s)
- diagnostic tests such as electrocardiograms (ECGs)

SPECIALIST CONSULTATIONS AND DOCTOR'S FEES

Consultations with your specialist or doctor, for example to:

- receive or arrange **treatment**
- follow up on **treatment** already received
- receive routine baby/childhood check-ups
- receive pre- and post-hospital consultations/treatment
- receive prescriptions for medicines, or
- diagnose **your** symptoms

Any vaccinations/immunisations given along with the consultativaccinations benefit.

Such consultations may take place in the **specialist's** or **docto** using the internet.

MENTAL HEALTH

Consultation fees with psychiatrists, **psychologists** and **psych** medical **emergencies** to:

- receive or arrange **treatment**
- receive pre- and post-hospital treatment, or
- diagnose your illness

A medical **emergency** for the purposes of this benefit is a situal immediate medical intervention by a health services provider for life or the elimination of the danger threatening that person's life be an **acute condition**.

QUALIFIED NURSES

Costs for nursing care, for example injections or wound dressing

PHYSIOTHERAPISTS, OSTEOPATHS AND CHIROPRACT

Consultations and **treatment** with **physiotherapists**, **osteop** (including spinal subluxation) for physical therapies aimed at res function.

** a minimum of 6 physiotherapy sessions

OCCUPATIONAL THERAPIST AND ORTHOPTIST

Consultations and treatment with occupational therapists an

Note: Occupational therapy for developmental issues, including covered.

FOOTCARE

Treatment by a podiatrist, orthopaedic **specialist**, or chiropod **Treatment** for corns, calluses or thickened misshapen nails will have diabetes.

	LIMITS
agnose or assess your	
r.	
tion are paid for from the or's office, by telephone or	Paid in full*
hotherapists in the case of	
uation which calls for or the rescuing of a person's fe. This will be determined to	
igs by a qualified nurse .	
TORS paths, chiropractors estoring your normal physical	
nd orthoptists. g sensory deficits, is not	Paid in full* Up to 60 consultations each policy year **
odist. <mark>ill only be covered if you</mark>	

BENEFIT AND EXPLANATION	LIMITS	
COMPLEMENTARY THERAPIES: ACUPUNCTURE AND REFLEXOLOGY		
Consultations and treatment with acupuncturists and reflexologists when the practitioners are appropriately qualified and registered to practice in the country where treatment is received.	Please see previous page for shared limit.	
Note: treatments supplied or carried out on a separate date to a consultation will be considered as a separate consultation.		
We only pay for these complementary therapies and those below.		
MENTAL HEALTH - CHRONIC CONDITIONS		
Consultation fees with psychiatrists, psychologists and psychotherapists to:		
 receive or arrange treatment receive pre- and post-hospital treatment, or diagnose your illness 		
These benefits include covering treatment for, but not limited to:	Paid in full*	
• Stress		
 Depression Anxiety 		
 Self-inflicted injuries Eating disorders 		
In emergency cases as defined by DHA guidelines, healthcare services outside the scope of health insurance must be covered until stabilization as a minimum.		
COMPLEMENTARY MEDICINES: NATUROPATHY AND CHINESE MEDICINE		
Consultations and treatment with naturopaths and Chinese medicine practitioners when the practitioners are appropriately qualified and registered to practise in the country where treatment is received.	Up to 20 visits each policy year	
Note: should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate consultation.		
We only pay for the complementary medicines and therapies above. <mark>Exclusions apply to</mark> some Chinese medicines as detailed in the General exclusions section.		
COMPLEMENTARY MEDICINES: HOMEOPATHY AND AYURVEDA		
Consultations and treatment with homeopaths and ayurvedic physicians when the	Up to GBP 1,040, EUR 1,230 or	
practitioners are appropriately qualified and registered to practise in the country where treatment is received.	USD 1,360 (AED 5,000)	
We only pay for the complementary medicines and therapies above.	each policy year	
PRESCRIBED MEDICINES		
Medicines prescribed by your medical practitioner required to treat a disease, illness or injury.	Paid in full	
Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit above.		
DURABLE MEDICAL EQUIPMENT		
Durable medical equipment that:		
 can be used more than once is not disposable is used to serve a medical purpose is not used in the absence of a disease, illness or injury and is fit for use in the home 	Paid in full	
For example oxygen supplies or wheelchairs.		

DIETETIC GUIDANCE

We pay for consultations with a **dietician**, required for dietary diagnosed disease or illness, such as diabetes.

This benefit will be on a pay and claim basis only in the UAE.

PREVENTIVE TREATMENT

HEALTH SCREENING AND WELLNESS

A health screen generally includes various routine tests perform health and could include tests to check cholesterol and blood su and kidney function tests, a blood pressure check, and a cardiac also have the specific screening tests for breast, cervical, prosta bone densitometry. The actual tests **you** have will depend on the **provider** where **you** have **your** screening.

This benefit will be on a pay and claim basis only in the **UAE**. Ple your insurance card or write via **sukoon**.com/bupaglobal/men eligible screening tests.

DIABETES SCREENING

Costs for one diabetes screening, each **policy year**, from age 1 additional regulated screening as part of the preventative service the Dubai Health Authority.

INFLUENZA VACCINE

We pay the cost of the influenza vaccine

VACCINATIONS

The following are covered:

- Vaccinations which are recommended as part of the nationa programme in the country of residency
- Human papilloma virus (HPV) vaccination to protect against

The following are covered under Adult pneumococcal vaccination

- PCV 13
- PPSV 23

Travel vaccinations are not covered under this benefit.

HEPATITIS

Inside the UAE: We pay in full for any healthcare services, inv treatments related to any types of Hepatitis and associated co

Outside the UAE: Any **treatment** or healthcare services, inverse related to any types of Hepatitis and associated complications to as part of normal benefits i.e. same as any general condition or so limit.

HIV / AIDS DRUG THERAPY INCLUDING ART

 \boldsymbol{We} pay for HIV / AIDS drug therapy

	LIMITS
y advice relating to a	Up to 4 visits each policy year
ned to assess your state of sugar (glucose) levels, liver ic risk assessment. You may ate, colorectal, skin cancer or shose supplied by the benefit Please call the number on mbersworld for a list of	Up to GBP 1,000, EUR 1,250 or USD 1,700 (AED 6,200) each policy year
18. This benefit will also cover ices programme required by	Paid in full each policy year from age 18
	1 vaccine each policy year
al childhood immunisation at cervical cancer ion*:	Paid in full for newborns from age 31 days following birth and children up to and including 6 years old Then up to GBP 1,000, EUR 1,250 or USD 1,700 (AED 6,200) each policy year *Paid in full for adults aged 19 years and above either at risk or with high risk
ivestigations and complications vestigations and treatments taking place will be covered sickness, up to the benefit	Inside the UAE : Paid in full Outside the UAE : Same as any general condition or sickness, up to any applicable benefit limit.
	Up to GBP 31,100, EUR 36,750 or USD 40,850 (AED 150,000) each policy year

BENEFIT AND EXPLANATION	LIMITS
DENTAL TREATMENT AND HEARING AIDS/OPTICAL	
**PAID IN FULL UP TO THE ANNUAL MAXIMUM OF DENTAL TREATMENT / HEARING AIDS/ OPTICAL LIMIT OF GBP 2,500 OR EUR 3,100 OR USD 4,200 (AED 15,600)	Annual maximum GBP 2,500, EUR 3,100 or USD 4,200 (AED 15,600) each policy year
DENTAL TREATMENT	
ACCIDENT RELATED DENTAL TREATMENT	
We pay for accident-related dental treatment that you receive from a dental practitioner for treatment during an emergency visit following accidental damage to any tooth.	
We only pay any accident related dental treatment taking place within 3 days after the accident, where a medical emergency has arisen. A medical emergency for the purposes of this benefit is a situation which calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of the danger threatening that person's life.	Paid in full**
Please note that within the UAE , if the cost of treatment exceeds the benefit limit, the benefit will be paid in line with the overall annual policy maximum.	
PREVENTIVE DENTAL (WAITING PERIOD 6 MONTHS)	
Once you have been covered on this health plan for 6 months:	
 check-ups/exams X-rays/bitewing/single view/Orthopantomogram (OPG) scale and polish/ tooth cleaning gum shield/mouth guard 	Paid in full** 2 visits each policy year
Treatment must be provided by a dental practitioner	
ROUTINE DENTAL (WAITING PERIOD 6 MONTHS)	
Once you have been covered on this health plan for 6 months:	
 fillings root canal treatment 	
 x-ray tooth extraction anaesthesia 	
Treatment must be provided by a dental practitioner	Up to GBP 2,500,
This benefit will be on a pay and claim basis only in the UAE .	EUR 3,100 or USD 4,200
MAJOR RESTORATIVE (WAITING PERIOD 6 MONTHS)	(AED 15,400) each policy year
Once you have been covered on this health plan for 6 months:	
 bridges crowns dental implants dentures 	
Treatment must be provided by a dental practitioner This benefit will be on a pay and claim basis only in the UAE .	

ORTHODONTICS (WAITING PERIOD 12 MONTHS)

Once **you** have been covered on this **health plan** for 12 month up to the age of 19:

- consultations and monthly check-ups
- removal of deciduous/baby teeth/milk teeth/primary teeth
- treatment planning
- models/gum impressions
- extractions
- anaesthesia
- X-rays including single/bitewing/periapical (root X-ray)/fullrays/Orthopantomogram (OPG) and Cephalometric (CEPH)
- digital photography, and
- metal braces/retainers

Treatment must be provided by a dental practitioner

This benefit will be on a pay and claim basis only in the UAE.

HEARING AIDS/OPTICAL

HEARING AIDS

Costs for prescribed hearing aids.

This benefit will be on a pay and claim basis only in the UAE.

SPECTACLE FRAMES AND LENSES AND CONTACT LENSES

Spectacle and contact lenses which are prescribed to correct a short or long sight.

This benefit will be on a pay and claim basis only in the UAE.

EYE TEST

One eye test each **policy year**, which includes the cost of **you** sight/vision testing.

In the **UAE**, we only offer this benefit by direct billing with a lic ophthalmology clinic.

HEARING AND VISION AIDS, AND VISION CORRECTION BY SUF

We pay for hearing and vision aids, and vision correction by sur of medical emergencies, such as laser iridotomy, laser trabecu

A medical **emergency** for the purposes of this benefit is a situal immediate medical intervention by a health services provider for life or the elimination of the danger threatening that person's life

Please note that within the **UAE**, if the cost of **treatment** excerbenefit will be paid in line with the overall annual **policy** maxim

LIMITS
Please see previous page for shared limit.
Paid in full** 1 test each policy year
Paid in full**

BENEFIT AND EXPLANATION	LIMITS
IN-PATIENT CARE: FOR ALL IN-PATIENT AND DAY-PATIENT TREATMENT COSTS	
HOSPITAL ACCOMMODATION, ROOM AND BOARD When:	
 there is a medical need to stay in hospital the treatment is given or managed by a specialist, and the length of your stay is medically appropriate 	
We will not pay the extra costs of a deluxe, executive or VIP suite. If the cost of treatment is linked to the type of room, we pay the cost of treatment at the rate which would be charged if you occupied a room type appropriate for your level of cover.	Paid in full Standard private room
For in-patient stays of 5 nights or more, you or your specialist must send a medical report before the fifth night, confirming your diagnosis, treatment already given, treatment planned and discharge date.	
We will also pay up to GBP 10/ EUR 13/ USD 17 (AED 62) each day for personal expenses such as newspapers, television rental and guest meals when you have had to stay overnight in hospital . These personal expenses will be on a pay and claim basis only in the UAE .	
PARENT ACCOMMODATION IN HOSPITAL	
We pay room and board costs for a parent staying in hospital with their child when:	
 the costs are for one parent or legal guardian only the parent or guardian is staying in the same hospital as you, the child is under the age of 18 years old, and the child is receiving treatment that is covered 	Paid in full
ROOM AND BOARD FOR ACCOMPANYING PERSON	Up to GBP 150, EUR 200 or
Room and board for one accompanying person, in the same room as the patient	USD 250 (AED 920) per night
OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS	
Costs of the:	
 operating room recovery room medicines and dressings used in the operating or recovery room medicines and dressings used during your hospital stay 	
INTENSIVE CARE	
Costs for treatment in an intensive care unit when it is medically necessary or an essential part of treatment .	Paid in full
SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES	
Surgery, including surgeons' and anaesthetists' fees, as well as treatment needed immediately before and after the surgery on the same day.	
PHYSICIANS CONSULTATION FEES	
When you require medical treatment during your stay in hospital.	

PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS:

- pathology such as blood test(s)
- radiology such as ultrasound or X-ray(s)
- diagnostic tests such as electrocardiograms (ECGs)

when recommended by **your specialist** to help diagnose or assess **your** condition when **you** are in **hospital**.

MENTAL HEALTH

Mental health treatment, where it is medically necessary is day-patient or in-patient to include room, board and all treat mental health condition. Any mental health treatment overni day-patient for 5 days or more will need pre-authorisation. Ber pre-authorisation has been provided.

This benefit will be on a pay and claim basis only in the UAE.

PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS, SPE DIETICIANS

Treatment provided by therapists (such as occupational ther dietician or speech therapy if it is needed as part of your treat meaning this is not the sole reason for your hospital stay.

OBESITY SURGERY (WAITING PERIOD OF 24 MONTHS)

Once **you** have been covered on this **health plan** for 24 month internal medical **policy** criteria, for bariatric surgery, if **you**:

- have a body mass index (BMI) of 40 or over and have been or obese
- can provide documented evidence of other methods of weightried over the past 24 months and
- have been through a psychological assessment which has con appropriate for you to undergo the procedure

The bariatric surgery technique needs to be evaluated by interna subject to internal medical **policy** criteria.

In some cases, **you** may qualify for weight-loss surgery if **your** I and **you** have a serious weight-related health problem, such as t decision to cover this will be entirely made by internal medical to

Please call the number on **your** insurance card or write via **suko** .com/bupaglobal/membersworld for pre-authorisation before pr Benefit will not be paid unless preauthorisation has been provide

PROPHYLACTIC SURGERY

We may pay subject to internal medical **policy** criteria, for exampler there is a significant family history and/or **you** have a positive re

Please call the number on **your** insurance card or write via **sukoon** .com/bupaglobal/membersworld for pre-authorisation before proceeding with **treatment**. Benefit will not be paid unless preauthorisation has been provided.

PROSTHETIC DEVICES

The initial prosthetic device needed as part of **your treatment**. This means an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of **your** surgical procedure. We do not pay for any replacement prosthetic devices for adults including any replacement USD 6,800 (AED 25,000)

We do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a **pre-existing condition**. We will pay for the initial and up to two replacements per device for children under the age of 18.

LIMITS

-	
for you to be treated as a Itment costs related to the ight in hospital and as a nefit will not be paid unless	
ECH THERAPISTS AND	
rapists), physiotherapy and tment in hospital ,	
	Paid in full
ns, we may pay, subject to	
diagnosed as being morbidly	
ht loss which have been	
onfirmed that it is	
al medical teams and is	
BMI is between 35 and 40 type 2 diabetes. The eams.	
Don roceeding with treatment . ed.	
mple, a mastectomy when esult from genetic testing.	
DON roceeding with treatment	

PROSTHETIC IMPLANTS AND APPLIANCES

Eligible prosthetic implants and appliances shown in the following lists.

Prosthetic implants:

- \circ $\;$ to replace a joint or ligament
- to replace a heart valve
- \circ $\;$ to replace an aorta or an arterial blood vessel
- to replace a sphincter muscle
- to replace the lens or cornea of the eye
- \circ $\;$ to control urinary incontinence or bladder control $\;$
- to act as a heart pacemaker (internal cardiac defibrillator may be available subject to internal medical **policy** criteria. Please call the number on **your** insurance card or write via **sukoon**.com/bupaglobal/membersworld for pre-authorisation)
- to remove excess fluid from the brain
- cochlear implant provided the initial implant was provided when you were under the age of five, we will pay ongoing maintenance and replacements
- to restore vocal function following surgery for cancer

Appliances:

- a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament
- a spinal support which is an essential part of a **surgical operation** to the spine
- an external fixator such as for an open fracture or following surgery to the head or neck

RECONSTRUCTIVE SURGERY

Treatment to restore **your** appearance after an illness, injury or surgery. **We** may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during **your** current continuous cover.

Please call the number on **your** insurance card or write via **sukoon** .com/bupaglobal/membersworld for pre-authorisation before proceeding with any reconstructive surgery. Benefit will not be paid unless pre-authorisation has been provided.

ACCIDENT RELATED DENTAL TREATMENT

We pay for dental **treatment** that is required in **hospital** after a serious accident.

HEARING AND VISION AIDS, AND VISION CORRECTION BY SURGERIES AND LASER

We pay for hearing and vision aids, and vision correction by surgeries and laser in the case of medical emergencies in hospital, such as laser iridotomy, laser trabeculoplasty or detached retina

A medical **emergency** for the purposes of this benefit is a situation which calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of the danger threatening that person's life.

HOSPICE AND REHABILITATION

HOME NURSING

Following treatment in hospital which is covered under this health plan, when it:

- $\circ~$ is prescribed by your specialist
- starts immediately after **you** leave **hospital**
- reduces the length of **your** stay in **hospital**
- is provided by a **qualified nurse** in **your** home and
- is needed to provide medical care, not personal assistance

Please call the number on **your** insurance card or write via **sukoon** .com/bupaglobal/membersworld for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.

BENEFIT AND EXPLANATION

HOSPICE AND PALLIATIVE CARE

Hospice and palliative care services if **you** have received a termi longer have **treatment** which will lead to **your** recovery:

- hospital or hospice accommodation
- nursing care
- prescribed medicines
- physical, psychological, social and spiritual care

REHABILITATION (MULTIDISCIPLINARY REHABILITAT

We pay for **rehabilitation**, including room, board and a comb physical, occupational and speech therapy after an event such a for room and board for **rehabilitation** when the **treatment** be physiotherapy.

We pay for rehabilitation; only when you have received pretreatment starts, for up to 60 days treatment per policy ye hospital one day is each overnight stay and for day-patient a one day is counted as any day on which you have one or more rehabilitation treatment.

We only pay for multidisciplinary rehabilitation where it:

- starts within 6 weeks of in-patient treatment which is cov (such as trauma or stroke), and
- arises as a result of the condition which required the hospita result of such treatment given for that condition

Note: in order to give pre-authorisation, full clinical details must **specialist**; including **your** diagnosis, **treatment** given and pla date if **you** stayed in **hospital** to receive **rehabilitation**.

IN-PATIENT AND/OR OUT-PATIENT CARE

ADVANCED IMAGING

Such as:

- magnetic resonance imaging (MRI)
- computed tomography (CT)
- positron emission tomography (PET)

when recommended by your specialist to help diagnose or as

CANCER TREATMENT

Once it has been diagnosed, including fees that are related spec carrying out **treatment** for cancer. This includes tests, diagnost and prescribed medicines.

If your treatment involves advanced therapy medicinal p be paid from the ATMP benefit.

Please call the number on **your** insurance card or write via **sukc** .com/bupaglobal/membersworld for pre-authorisation before pr Benefit will not be paid unless pre-authorisation has been provide

Paid in full Up to 30 days each **policy year**

LIMITS

Paid in full

LIMITSninal diagnosis and can noUp to GBP 25,000, EUR 31,000 or USD 42,000 (AED 154,000) per litTION)Dination of therapies such as as a stroke. We do not pay peing given is solelyPaid in full Up to 60 days each policy year-authorisation before the ear. For treatment in and out-patient treatment, e appointments forPaid in full Up to 60 days each policy year-overed by your membership alisation or is needed as a at be received from your anned and proposed dischargePaid in full up to 60 days each policy year		
Up to GBP 25,000, EUR 31,000 or USD 42,000 (AED 154,000) per lit TION) Distation of therapies such as as a stroke. We do not pay being given is solely authorisation before the ear. For treatment in and out-patient treatment , e appointments for Divered by your membership alisation or is needed as a t be received from your anned and proposed discharge	I	
A series your condition. Paid in full Up to 60 days each policy year Paid in full Paid in full Paid in full Paid in full Paid in full		EUR 31,000 or
As a stroke. We do not pay being given is solely authorisation before the ear. For treatment in and out-patient treatment, and out-patient treatment, e appointments for 	(NC	
ear. For treatment in and out-patient treatment, e appointments forPaid in full Up to 60 days each policy yearovered by your membership alisation or is needed as a at be received from your anned and proposed discharge	a stroke. <mark>We</mark> do not pay	
alisation or is needed as a t be received from your anned and proposed discharge sesses your condition. Paid in full	r. For treatment in d out-patient treatment , ppointments for	Up to 60 days
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anned and proposed discharge assess your condition. Paid in full	sation or is needed as a	
Paid in full		
Paid in full		
products (ATMP), this will coon proceeding with treatment. ided.	ically to planning and ; imaging, consultations oducts (ATMP), this will on oceeding with treatment.	Paid in full

ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPS)

We pay for ATMP treatment if it is:

- administered by a **specialist** in the country where **you** receive it, and;
- approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of treatment that you have, and;
- endorsed by an independent specialist appointed by Bupa Global who confirms it:
 - as medically appropriate, based on established medical practice, or
 - is provided under a registered and ethically approved study (in this case we will not apply the 'experimental or unproven treatment' exclusion).

Please contact **us** for pre-authorisation before proceeding with **treatment**.

TRANSPLANT SERVICES

All medical expenses, including consultations with a **doctor** or **specialist** and medical **treatments** whether staying in **hospital** overnight, as a **day-patient** or an **out-patient** for the following transplants, if the organ has come from a relative or a certified and verified source of donation:

- cornea
- small bowel
- kidney
- kidney/pancreas
- liver
- heart
- lung, or
- heart/lung transplant

Costs for anti-rejection medicines and medical expenses for bone marrow transplants and peripheral stem cell transplants, with or without high dose chemotherapy when treating cancer, are covered under the cancer **treatment** benefit.

Donor expenses, for each condition needing a transplant whether the donor is insured or not, including:

- the harvesting of the organ, whether from a live or deceased donor
- all tissue matching fees
- **hospital**/operation costs of the donor, and
- any donor complications, but to a maximum of 30 days post-operatively only, unless they develop into an **emergency**

KIDNEY DIALYSIS

Provided as an **in-patient**, **day-patient** or as an **out-patient**.

Paid in full

MATERNITY/CHILDBIRTH (10 MONTH WAITING PERIOD FOR TREATMENT OUTSIDE UAE):

Pregnancy and childbirth including pregnancy and childbirth complications. No waiting period applies to these maternity benefits for **treatment** inside the **UAE**. For **treatment** outside of the **UAE**, these benefits can only be used after the mother has been covered on this **health plan** for 10 months.

Treatment for conditions such as hydatiform mole and ectopic pregnancy and other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered from the maternity/childbirth benefit but will be covered under **your** other benefits, for example, **out-patient** day to day care or **in-patient** care.

BENEFIT AND EXPLANATION

NORMAL DELIVERY/**BIRTHING CENTRE**/HOME DELIVERY (FOR **TREATMENT** OUTSIDE **UAE**):

Once **you** have been covered on this **health plan** for 10 month **UAE**.

Maternity treatment and childbirth, including:

- hospital charges, obstetricians and midwives fees for norm
- post-natal care required by the mother immediately followin stitches

CAESAREAN SECTION (10 MONTH WAITING PERIOD FOR TRE

Once **you** have been covered on this **health plan** for 10 month **UAE**:

Hospital, obstetricians' and other medical fees for the cost of t Caesarean section, when it is medically essential for a Caesarean result of non-progression during labour (for example dystocia, f haemorrhage).

Note: if it has not been possible to determine that **your** Caesare essential, it will be paid from **your** normal delivery benefit limit.

MATERNITY **OUT-PATIENT TREATMENT** (10 MONTH WAITE **TREATMENT** OUTSIDE **UAE**):

Once **you** have been covered on this **health plan** for 10 month **UAE**.

Maternity care and **treatment** before and after the birth, includ antenatal ultrasound scans.

Pre-authorisation is required in Dubai.

COMPLICATIONS OF MATERNITY AND CHILDBIRTH

Once **you** have been covered on this **health plan** for 10 month **UAE**.

Treatment which is medically necessary as a result of any of which becomes life threatening to either the mother or the new

This benefit is subject to internal medical **policy** criteria. Please insurance card or write via **sukoon**.com/bupaglobal/membersw where possible. If **you** require an **emergency** admission as a d childbirth complications, please call the number on **your** insurar .com/bupaglobal/membersworld within 48 hours of **your** admis

NEONATAL / NEWBORN COVER

This benefit is paid instead of any other benefit for all **treatmen** child.

We pay for any any treatment for your baby for up to and ind birth. This includes routine vaccinations, screening tests for cong BCG, Hepatitis B and other neo-natal screening tests.

A newborn child is covered for 30 days from their date of birth of a claim to be paid the invoice must state the mother's name, **po** of birth. If the newborn child is enrolled on their own **policy**, be of birth, their **treatment** costs will be taken from their 'Neonata Children older than 30 days must be enrolled as a new **depend** 'Neonatal / Newborn cover' benefit' will no longer be used.

For adding **your** newborn please also see the 'Want to add mor **plan**?' section.

Each condition up to GBP

600.000.

EUR 750.000 or

USD 1,020,000

(AED 3,743,000)

LIMITS

	LIMITS
10 MONTH WAITING PERIOD	
hs for treatment outside of nal childbirth ng normal childbirth, such as	Up to GBP 10,000, EUR 12,500 or USD 17,000 (AED 62,000) each per delivery
EATMENT OUTSIDE UAE)	
hs for treatment outside of	
the delivery of your baby by In section for example as a foetal distress,	Up to GBP 20,000, EUR 25,000 or USD 34,000 (AED 125,000) per delivery
ean section was medically t.	
TING PERIOD FOR	
hs for treatment outside of	
ding a minimum of 3	Paid in full
hs for treatment outside of	
condition that develops vborn.	Paid in full
e call the number on your world for pre-authorisation direct result of pregnancy and ance card or write via sukoon ission.	
ent required for a newborn	
ncluding 30 days following ngenital illness, for example	
on their mother's policy . For olicy number and child's date efore 30 days from their date tal / Newborn cover' benefit. dant on the policy and the	Paid in full for up to 30 days from birth.
pre people to your health	

TRANSPORTATION/TRAVEL

Evacuation covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**, when the **treatment you** need is not available nearby. Repatriation gives **you** the added option of returning to **your specified country of residence** or **specified country of nationality**, to be treated in familiar surroundings, when the **treatment you** need is not available nearby.

LIMITS

Paid in full

For all medical transfers either evacuation or repatriation:

- **you** must call the number on **your** insurance card or write via **sukoon**.com/bupaglobal/membersworld for preauthorisation before **you** travel
- the treatment must be recommended by your specialist or doctor
- the treatment is not available locally
- the treatment must be covered under your health plan
- the arrangements must be agreed with you, and benefit is applicable for hospital treatment, either overnight or as a day-patient, not out-patient treatment

Evacuation may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.

We will only pay if all arrangements are agreed and approved in advance. Should **you** arrange transportation covered under the **health plan** yourself **you** shall only be compensated for **your** expenses to the equivalent cost if **Sukoon** inside the **UAE** or **Bupa Global**, the international administrator outside the **UAE**, had arranged **your** transportation. Note:

- We do not pay for extra nights in hospital when you are no longer receiving active treatment which requires you to be hospitalised, for example when you are awaiting your return flight.
- A transfer which is reasonably considered to be inappropriate based on established clinical and medical practice, and a review of **your** case will be conducted, when it is reasonable for to do so. Evacuation or repatriation will not be authorised if it is against the advice of the relevant medical team.
- Evacuation or repatriation will not be arranged in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon and is subject to local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of **our** reasonable control or influence or of **our service partners'**.
- We cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.
- We are not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on your behalf. In some countries service partners may be used to arrange these services locally, but you will always be supported.

EVACUATION

Transport costs for evacuation:

- to the nearest appropriate place where the required **treatment** is available. (This could be to another part of the country that **you** are in or to another country), and
- for the return journey to the place **you** were transferred from only when **you** have received pre-authorisation.

The costs **we** pay for the return journey will be either:

- the reasonable cost of the return journey by land or sea, or
- the cost of an economy class air ticket whichever is the lesser amount

We do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for **you** to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, **we** will pay for taxi fares.

BENEFIT AND EXPLANATION

REPATRIATION

Transport costs for repatriation: to your specified country of your application form, or your specified country of resider

- the return journey to the place you were transferred from
 - this is authorised in advance, and
 - the return journey is within 14 days of the end of the treatment

The costs we pay for the return journey will be either:

- the reasonable cost of the return journey by land or sea, or
- the cost of an economy class air ticket whichever is the lesse

We do not pay any other costs related to the repatriation such accommodation.

In some cases, it may be more appropriate for **you** to travel to means of transport, such as an ambulance. In these cases, and it will pay for taxi fares.

In some cases **you** may request a medical repatriation when se may not be medically appropriate. In these cases, **you** will first appropriate place where **treatment** is available. Once **you** hav then be repatriated to **your specified country of nationality country of residence**.

TRAVEL COST FOR AN ACCOMPANYING PERSON

Reasonable travel costs for up to three close relatives (spouse/ or sister) to accompany **you** if there is a reasonable need for **y** 'Reasonable need' means that **you** need someone to accompany following reasons:

- \circ ~ you need assistance to board or disembark from transport
- you need to be transferred over a long distance (over at least
- there is no medical escort
- in the case of **serious acute illness**

The accompanying person may travel in a different class from the treatment depending on medical requirements.

Reasonable travel costs for the return journey to the place **you** this is authorised in advance.

The costs we pay for the return journey will be either:

- the reasonable cost of the return journey by land or sea, or
- the cost of an economy air ticket whichever is the lesser am

TRAVEL COST FOR THE TRANSFER OF CHILDREN

Reasonable travel costs for children to be transferred with **you** or repatriation, provided they are under the age of 18 when:

- it is medically necessary for you as their parent or guard repatriated
- your spouse, partner, or other joint guardian is accompany
- they would otherwise be left without a parent or guardian

	LIMITS
of nationality as given on ence, and when: ment	
ser amount a as travel costs or hotel the airport by taxi, than other if approved in advance, we eeking authorisation, but this be evacuated to the nearest ve been stabilised, you may ity or your specified	
[/] partner, parent, child, brother r ou to be accompanied. ny you for one of the east 1000 miles or 1600 KM)	Paid in full
the person receiving I were transferred from when	
nount I in the event of an evacuation dian to be evacuated or	
ving you , and	

COMPASSIONATE VISIT TRANSPORT COSTS AND COMPASSIONATE VISIT LIVING ALLOWANCE

The cost of economy class travel costs for a close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when you have a sudden accident or illness and are going to be hospitalised for at least five days or **you** have received a shortterm terminal prognosis. This includes economy class costs of **your** relative's return journey to their home country. This benefit is only paid when authorised in advance.

- a maximum of five trips per lifetime
- only when authorised in advance

BENEFIT AND EXPLANATION

Costs towards living expenses for your relative:

- following an eligible compassionate visit only, and
- for up to 10 days whilst away from their usual **specified country of residence**

This benefit is not paid when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no further benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of children' or 'Living allowance' will be payable.

LIVING ALLOWANCE

For:

Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with you:

- following an authorised evacuation, and
- for up to 10 days, or **your** date of discharge whichever is the earlier, whilst away from their usual specified country of residence

LOCAL AIR AMBULANCE:

- from the location of an accident to a **hospital**, or
- for a transfer from one hospital to another

When a local air ambulance is:

- medically necessary
- used for short distances of up to 100 miles/160 KM, and
- related to treatment that is covered that you need to receive in hospital

A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil Paid in full rig or within a war zone. We do not pay for mountain rescue.

LOCAL ROAD AMBULANCE:

- from the location of an accident to a **hospital**
- for a transfer from one **hospital** to another, or
- from **your** home to the **hospital**

When a local road ambulance is:

- medically necessary, and
- related to treatment that is covered that you need to receive in hospital

BENEFIT AND EXPLANATION

REPATRIATION OF MORTAL REMAINS

Reasonable costs for the transportation of your body or crema home country or to your specified country of residence:

- in the event of **your** death while **you** are away from home,
- subject to airline requirements and restrictions

We will only pay statutory arrangements, such as cremation ar zinc coffin, if this is required by the airline authorities to carry ou

We do not pay for any other costs related to the burial or cren caskets or the transport costs for someone to collect or accom

This healthcare plan is an 'enhanced' plan which is compliant with the 'Health Insurance Law for the Emirate of Dubai (No.11 of 2013)'. In addition to the benefits detailed in the 'Table of Benefits' above, the following benefits are also covered under this health plan:

- Chronic conditions any **treatment** for a disease, illness or injury which has a characteristic of chronic condition is covered. These will be covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit. Please refer to the description of Chronic conditions in the Glossary section
- Hospital-acquired infections any infections acquired during a pre-authorised in-patient stay will be covered from your standard benefits as with any other treatment.
- **Treatment** for epidemics All healthcare services for internationally and/or locally recognized epidemics will be covered from your standard benefits as with any other treatment.
- Healthcare services outside the scope of health insurance In **emergency** cases as defined by DHA Guidelines, 0 healthcare services outside the scope of health insurance are covered until stabilization as a minimum
- Pre-existing conditions any treatment for a pre-existing condition, related symptom, or any condition that results from or is related to a pre-existing condition is covered, subject to Exclusions. This will be covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit.
- In **emergency** cases as defined by DHA Guidelines, healthcare services outside the scope of health insurance are covered until stabilization as a minimum
- Injuries resulting from road traffic accidents treatment for injuries from road traffic accidents are covered. This will be covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit
- Healthcare services for work-related illnesses and injuries treatment for illnesses and injuries resulting from workrelated activities are covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit
- Injuries resulting from sports activities treatment for illnesses and injuries resulting from sports activities that are not classified as professional sports activities.
- Temporomandibular joint (TMJ) disorders this will be covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit, inside the UAE only

LIMITS

lifetime

GBP 1,000,

USD 1,700

GBP 100, EUR 120 or

USD 170

year

up to

GBP 100,

USD 170

EUR 120 or

(AED 620) per day

EUR 1,250 or

(AED 6,200) per trip

Visit living allowance:

(AED 620) per day

Up to 10 days each policy

10 days each policy year

Visit and return: 5 trips per

	LIMITS
ated mortal remains to your	
, and	Paid in full
nd an urn or embalming and a out the transportation.	
nation, the cost of burial pany your mortal remains.	

YOUR EXCLUSIONS

In the 'General exclusions' section below, there is a list of specific **treatments**, conditions and situations that are not covered as part of **your health plan**.

Do you have cover for pre-existing conditions?

When **you** applied for **your health plan you** were asked to provide all information about any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms before **you** became a customer – these are called **pre-existing conditions**.

Internal medical team reviewed **your** medical history to decide the terms on which **we** offered **you** this **health plan**. We may have offered to cover any **pre-existing conditions**, possibly for an extra premium. We will not cover any **pre-existing conditions** that **you** did not disclose in **your** application.

If we have not applied a personal exclusion or restriction to your insurance certificate, this means that any preexisting conditions that you disclosed in your application are covered under your health plan.

General exclusions

The exclusions in this section apply in addition to and alongside any personal exclusions and restrictions explained above.

For all exclusions in this section, and for any personal exclusions or restrictions shown on **your** insurance certificate, **we** do not pay for conditions which are directly related to:

- excluded conditions or treatments
- additional or increased costs arising from excluded conditions or treatments
- complications arising from excluded conditions or treatments

Important note: our global health plans are non-US insurance products and accordingly are not designed to meet the requirements of the **US** Patient Protection and Affordable Care Act (the Affordable Care Act). **Our** plans may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and we are unable to provide tax reporting on behalf of those **US** taxpayers and other persons who may be subject to it. The provisions of the Affordable Care Act are complex and whether or not **you** or your dependants are subject to its requirements will depend on a number of factors. You should consult an independent professional financial or tax advisor for guidance. For customers whose coverage is provided under a group health plan, you should speak to your health **plan** administrator for more information.

Please note that, should **you** choose to have **treatment** or services with a **benefit provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Additional rules may apply in respect of **covered benefits** received from an 'out-of-**network**' **benefit provider** in certain specific countries.

GENERAL EXCLUSIONS	
Birth control	Contraception, sterilisation, vasectomy or other attempt to correct a state of sterility, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting your doctor to discuss becoming pregnant or contraception.
Chinese medicine	Any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.

	incurred as a result caused by you put conflict (as listed I have displayed a b of conflict. In eme services outside th stabilisation as a r • nuclear or che • war, invasion, • civil war, rebel • terrorist acts • military or usu • martial law • civil commotio • hostilities, arm declared or no
Convalescence and admission for treatment that could take place as a day- case or out-patient , general care, or staying in hospital for	 convalescence receiving only therapist or of domestic/livin
Cosmetic treatment	Non-medically essincluding abdomir removal or addition We do not pay for contract of a scar revision nasal septum of nasal conchar For example: All of replacement of an operations which when the primary involved part of th for cancer are cov
Desensitisation and neutralisation	 Treatment to define the including immunimedically necessive with the including immunimedically necessive with the including treatment of the including treatment of the including treatment of the including the incl
Developmental problems	 Treatment for, o learning difficution developmenta support education

Conflict and disaster

We shall not be liable for any claims which concern, are due to or are incurred as a result of **treatment** for sickness or injuries directly or indirectly caused by **you** putting yourself in danger by entering a known area of conflict (as listed below) and/or if **you** were an active participant or **you** have displayed a blatant disregard for **your** personal safety in a known area of conflict. In **emergency** cases as defined by DHA guidelines, healthcare services outside the scope of health insurance must be covered until stabilisation as a minimum:

> emical contamination acts of a foreign enemy Ilion, revolution, insurrection

urped power

on, riots, or the acts of any lawfully constituted authority ny, naval or air services operations whether war has been ot

e, pain management, supervision, or general nursing care, or **complementary therapist** services, or ng assistance such as bathing and dressing

sential surgery and **treatment** to alter **your** appearance noplasty or **treatment** related to or arising from the on of non-diseased or surplus or fat tissue is not covered. or

f keloid scars

deviation (unless medically necessary) resection (unless medically necessary

cosmetic healthcare services and services associated with n existing breast implant will be excluded. Cosmetic are related to an injury, sickness or congenital anomaly r purpose is to improve physiological functioning of the he body and breast reconstruction following a mastectomy vered.

e-sensitise or neutralise any allergic condition or disorder, nomodulators and immunotherapy, unless deemed ssary.

<mark>over:</mark>

r allergies toward medications or medical supplies used

nent

psychiatric or psychological examinations or investigations examinations.

or related to developmental problems, including:

ulties, such as dyslexia al problems treated in an educational environment or to ational development

Experimental or unproven treatment	Clinical tests, treatments , equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.	Harmful or hazardous use of alcohol, drugs and/or medicines	Treatment
	 We do not pay for any test, treatment, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. We do not pay for any tests, treatment, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by Bupa Global in line with its criteria for standard clinical use. 		 directly of have disponent in any superior of any
	Standard clinical use includes:	Health hydros, nature cure clinics or any	Treatment
	 treatment agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Insitute for Health and Care Excellence) (excluding medicines approved though the UK Cancer Drugs 	establishment that is not a hospital	result in a ch hydro, natur <mark>hospital.</mark>
	 Fund), Royal Colleges or equivalent national specialist bodies in the country of treatment; the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the treatment is safe and effective; where the treatment has received full regulatory approval by the licensing authority (e.g. US Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the member has requested treatment, and is duly 	Health related services which do not seek to improve or which do not result in a change in the medical condition of the patient	We will no mechanica expected t previous si maintenan independe (PEG) or n pay for tre neurologic
	 licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or tests, treatments, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which treatment is requested. 	Infertility treatment	Treatment•in-vitro f•gamete•zygote in•artificial•prescribe
	Notes:		 embryo donor ov
	 Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, treatment, equipment, medicine, device or procedure should be used in standard clinical use. Where licensing authority approval to market tests, treatment, equipment, medicines, devices or procedures does not, in Bupa's reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail. 		Note: • we pay the set of the se
Eyesight	Treatment , equipment or surgery for correction of vision, such as laser treatment , refractive keratotomy (RK) and photorefractive keratotomy (PRK).	Injuries resulting from criminal acts	Treatment reckless part including roa
	Note: we may cover costs associated with eyesight as detailed in the 'Table of benefits', subject to internal medical policy criteria.		In emerger outside the s minimum.
Genetic testing	Genetic tests which are not medically necessary , when such tests are performed to determine whether or not you may be genetically likely to develop a medical condition. Example: We do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.	Mechanical or animal donor organs	Mechanical of temporarily purchase of cells when a

3

nt for or arising:

y or indirectly, from the deliberate, reckless (including where **you** lisplayed a blatant disregard for **your** personal safety or acted in a er inconsistent with medical advice), harmful and/or hazardous use substance including alcohol, drugs and/or medicines; and event, from the illegal use of any such substance

ency cases as defined by DHA guidelines, healthcare services e scope of health insurance must be covered until stabilisation as a

nt or services which does not seek to improve or which do not change in the medical condition of the patient received in a health cure cure clinic, spa, or any similar establishment that is not a

not pay for artificial life maintenance – including cal ventilation, where such treatment will not or is not d to result in your recovery or restore you to your state of health. Example: We will not pay for artificial life ance when you are unable to feed and breathe dently and require percutaneous endoscopic gastrostomy masal feeding except in the cases of cancer. We will not reatment while staying in hospital for permanent gical damage or if you are in a persistent vegetative state.

nt to assist reproduction, or to correct a state of infertility such as:

o fertilisation (IVF) e intrafallopian transfer (GIFT) e intrafallopian transfer (ZIFT) al insemination (AI) ibed drug **treatment** o transport (from one physical location to another), or ovum and/or semen and related costs

y for reasonable investigations into the causes of infertility if: ad not been aware of any problems before joining, and **you** have member of this Plan for a continuous period of two years before estigations start"

cause is confirmed, **we** will not pay for any additional investigations

nt which arises, directly or indirectly, as result of **your** deliberate or articipation (whether actual or attempted) in any illegal act, road traffic offenses and resisting authority.

ency cases as defined by DHA guidelines, healthcare services e scope of health insurance must be covered until stabilization as a

I or animal organs, except where a mechanical appliance is y used to maintain bodily function whilst awaiting transplant, of a donor organ from any source or harvesting or storage of stem a preventive measure against possible future disease.

Note: **we** may cover costs associated with transplant services as detailed in the 'Table of benefits', subject to internal medical **policy** criteria.

Obesity	Treatment for or as a result of obesity (including morbid obesity) such as: slimming aids or drugs, weight control programs or slimming classes. Note: We may cover costs associated with obesity surgery as detailed in the 'Table of benefits', subject to internal medical policy criteria.		
Sexual problems/gender issues	We do not cover treatment of any sexual problem, including impotence (whatever the cause). We also do not cover any treatment related to gender re-assignment, gender dysphoria or any other gender-related treatment		
Sleep disorders	Treatment for sleep related disorders, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.		
Stem cells	Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage. Note: We pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the treatment for cancer. This is covered under the cancer treatment benefit.		
Surrogacy	Treatment directly related to surrogacy. This applies to you if you act as a surrogate, or to anyone else acting as a surrogate for you .		
Temporomandibular joint (TMJ) disorders	This exclusion is specific to treatment outside the UAE only Disorders of the Temporomandibular joint (TMJ) and related complications. This is defined as any medically necessary operative procedure or portion of a procedure performed to treat diseases, injuries and defects in the head, neck, face, jaws and the hard and soft tissues of the oral (mouth) and Maxillofacial (jaws and face). Such costs will be covered in the UAE for TMJ medical conditions and it's management by medical practitioners . This may include TMJ disorders and neoplasm of the salivary glands.		
Unrecognised medical practitioner, hospital or healthcare facility	 Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. Self treatment or treatment provided by anyone with the same residence, family members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. Treatment provided by a medical practitioner, hospital or healthcare facility which have been sent a written notice that they are no longer recognised for the purposes of our health plans. You can call the number on your insurance card for details of benefit providers who have received such written notice or visit Facilities Finder at sukcon .com/bupaglobal/facilityfinder. 		

TERMS AND CONDITIONS

CLAUSE
our policy
he definitions set out in the "Glossary" in the Guide t o nd are marked in bold.
his policy is an insurance contract between you the the policy is renewed a new insurance contract is for yith a new premium and any amendments notified to y
lo other persons, including any dependants , may enf Dependants may use the complaints process set out i
his insurance contract is set out in:
 these Terms and Conditions; the Guide to your health plan; the information and declarations in your application the insurance certificate.
you the policyholder add dependants to this po rom the date shown on the updated insurance certifica
'our cover
ukoon will pay for the cost of any covered benefit tated in, this policy .
Your health plan may include a mandatory annual de ealth plan. You may also have an optional annual d policyholder in your application form. Your deductil insurance card.
Il annual deductibles apply to you the policyholder policyholder and each dependant may have differe eductible if this policy renews.
an annual deductible applies, you must pay the cost ntil you have reached the level of your annual deduct
osts in excess of the maximums shown in the Guide t eductible.
he cost of any covered benefits you receive which xcess of the maximums shown in the Guide to your hown in the Guide to your health plan .
ven if the amount you are claiming is less than the am laim so that there is a record of when you have reache
is this is an annual deductible, if your first claim is tow enefits continue over your renewal date, the annua enefits received in each policy year .
Your health plan may include a mandatory co-insur plan . You may also have an optional co-insurance, in pplication form. Your co-insurance will be shown on You must pay for the co-insurance proportion of the insurance applies directly to the benefit provider.

to your health plan apply to these Terms and Conditions

e policyholder and Sukoon for each policy year. ormed on the same terms as the previous policy year but you the policyholder of at the time of renewal.

nforce any legal rights under this insurance contract. : in clause 15 below.

on form; and

olicy, those dependants will be covered by this policy cate sent to you the policyholder.

ts in accordance with the terms of, and up to the limits as

leductible, which will be shown in the **Guide to your** deductible, if available and selected by **you the** tibles will be shown on **your** insurance certificate and **your**

er and each of the **dependants** separately. You the ent annual deductible amounts. You will have a new annual

t of any **covered benefits** received directly to the provider ctible.

to your health plan will not count towards your annual

n are covered by **your** annual deductible (excluding costs in **r health plan**), count towards the maximum cover limits

mount of **your** annual deductible, **you** should still submit a hed the level of **your** annual deductible.

wards the end of the **policy year** and **your covered** al deductible is payable separately for the **covered**

irance, which will be shown in the **Guide to your health** if available and selected by **you the policyholder** in **your** on **your** insurance certificate and **your** insurance card.

e cost of any covered benefits to which the co-

No	CLAUSE
2.4	Should an amount be required to be paid for any reason to a benefit provider which is covered by any annual deductible or co-insurance the amount will then be collected from you .
	You authorise us to take this payment from you under the direct debit agreement or credit card authority you have given in your application form or as updated.
	If this policy has an annual deductible or co-insurance you must ensure that we always have a valid direct debit agreement or credit card authority that enables us to take payment of any annual deductible or co-insurance we have paid.
	You must update the direct debit agreement or credit card authority you have given to us when necessary or when requested. Otherwise it may cause delays in the payment of claims. Claims may not be paid until any outstanding annual deductible or co-insurance payments are received.
2.5	You must obtain pre-authorisation for any covered benefits where it is stated that this is required in the Guide to your Bupa Global health plan .
	Details of how to pre-authorise covered benefits are available in the Guide to your health plan.
2.6	Before pre-authorising any covered benefits or paying any claim, you may be asked additional information, such as medical reports, and you may be required to have a medical examination by an independent medical practitioner (at our cost) who will then provide a medical report.
	If this information is not provided in a timely manner once requested this may result in a delay in pre-authorisation and to your claims being paid. If this information is not provided to us at all this may result in your claims not being paid.
2.7	In certain situations we may pay for medical services or benefits which are not covered by this policy . This is called a discretionary or ex gratia payment and may include, should we determine not to seek to recover it, a payment made at Sukoon or Bupa Global's error. Any payment that we may make on this basis will still count towards the overall annual maximum limit that applies to this policy . If we make a payment like this it does not mean that we are required to pay identical or similar costs in the future.
3.	Premium and Payment
3.1	The premium is exclusive of VAT for which you are liable.
3.2	You should pay your premiums and applicable VAT direct to us. If you pay these sums to anyone else, such as an intermediary or insurance broker, Sukoon is not responsible for ensuring those persons pass the funds on to Sukoon.
3.3	If your premium (including applicable taxes) (or any instalment) or any other payment you owe us under this policy is not received by the due date, you the policyholder will be written to requesting payment by a specific date, which will be not less than 30 days after the date the letter or email was issued to you .
	If payment is not received by that date, you will be notified of the proposed cancellation date 30 days in advance.
	We will not pay any claims until all overdue payments have been paid, unless the reason for non-payment is an error outside of your control, such as a bank error.
3.4	If any payment is incorrectly made to either a benefit provider for treatment or benefits received by you but not covered by this policy , or to you , we reserve the right to deduct the amount incorrectly paid from your future claims or seek repayment from you .
4.	Where another person has caused your condition or you hold other insurance cover
4.1	If any person is to blame for any injury, disease, illness, condition or other event in relation to which you receive any covered benefits , a claim may be made in your name.
	You must provide any assistance reasonably required to help make such a claim, for example:
	 providing any documents or witness statements; signing court documents; and submitting to a medical examination.
	The right to bring a claim in your name may be exercised before or after making any payment under the policy .
	You must not take any action, settle any claim or otherwise do anything which adversely affects the right to bring a claim in your name.

No	CLAUSE
4.2	If you have other insurance which also covers your co of the other insurance company, including on pre-autho
	We will only pay for our share of the cost of any cove
5.	Making a claim
5.1	We aim to pay the benefit provider directly for any possible.
	Otherwise you must pay the benefit provider and the invoices, relevant letters and other documents relating requested, original invoices must be provided.
	We are not obliged to pay for any covered benefits covered benefits were provided to you, unless there the claim earlier.
	Original documents cannot be returned to you , but cop
5.2	Where you have paid the benefit provider and you paid. A dependant would only be paid where the dep and they have provided current bank details
	Payments shall only be made by electronic transfer dire
	We pay the administration costs for making electronic fee, we will refund you on receipt of proof you have p currency exchange, are your responsibility, unless you
5.3	You will be reimbursed in the currency:
	 in which the premium is received, or of the invoices you send, or of your bank account.
	Sometimes banking rules may not allow you to be paid currency the premium is received in.
	Very rarely, paying in a certain currency may be illegal sanctions. If so:
	 you may not be paid immediately, or you will be paid in a currency that is permitted
	The exchange rate used will be Reuters closing spot rat invoice date. If there is no invoice date, your treatme
5.4	We will not provide cover nor pay claims under this pc UAE, United Kingdom, European Union, the United doing so. You will normally be told if this is the case un reasonable security measures.
6.	Renewal
6.1	We will write to let you know if this policy will renew
	Each policy year we may change how we calculate y have to pay and the method of payment. We may also covered benefits are covered and the limits for cove
	A notice will be issued to you in advance of the renew the renewed policy and the reasons for those changes number on your insurance card or write via sukoon .co start of the renewed policy .
	Unless you contact us to tell us not to, we will continu VAT using the payment details you have given us .
6.2	We reserve the right not to renew this policy at our of least 30 days before the end of the policy year .

covered benefits you must let **us** know and provide details horisation and when making a claim.

vered benefits.

covered benefits covered by this policy whenever

then send a completed claim form, with copies of all valid to the **covered benefits you** are claiming for. Where

s if the claim form is received more than 3 years after the re is a good reason why it was not possible for **you** to make

ppies can be sent to **you** on request

have made a valid claim, you the policyholder will be pendant received the covered benefits, they are over 18

rect to **your** bank account or by cheque payable to **you**.

c transfers. If **your** local bank charges **you** an administration paid such fees. All other bank charges or fees, such as **u** are charged because **we** made a mistake.

id in the currency **you** would like. So, **you** will be paid in the

or expose **us** (or the **Bupa Group**) to United Nations

ate set at 16.00 **UK** time on the **UK** working day before the **ent** date will be used.

policy if the laws of any relevant jurisdiction, including the States of America, or international law, prevent **us** from inless this would be unlawful or would compromise **our**

w for the next year in advance of the **renewal** date.

e your premiums, how we determine premiums, what you so change the Guide to your health plan (including which vered benefits) and the terms this policy.

wal date, with details of the new premium, any changes to es. If **you** do not want to renew this **policy you** must call the com/bupaglobal/membersworld within 30 days following the

ue to take payment of the new premium plus any applicable

discretion for any reason. If so, we will issue you a notice at

No	CLAUSE			
6.3	If we decide to renew this policy , we won't add any new personal restrictions (those that appear on your insurance certificate) to your renewed policy . However, should you move to a different health plan , we may add new personal restrictions.			
6.4	Please call the number on your insurance card or write via sukoon .com/bupaglobal/membersworld all before your renewal date if you or your dependants have personal exclusion(s) or cover for pre-existing conditions and would like to review this.			
	Your exclusion or the additional premium applied for the pre-existing condition may be removed if, in our opinion, no further treatment will be either directly or indirectly required for the condition, or for any related condition. There are some personal exclusions that, due to their nature, will not be reviewed.			
	To carry out a review, you may be asked for an up to date medical report from your family doctor or consultant. Any costs incurred in obtaining these details are not covered under your plan and are your responsibility			
7.	Changes to your policy			
7.1	Only Sukoon and the policyholder can agree to make changes. Changes will take effect only when they are confirmed in writing.			
7.2	This policy lasts one year:			
	 the policyholder can only make changes at renewal any waiting periods would not re-start. 			
7.3	Sukoon may make changes to the policy before renewal:			
	 if required by laws or regulators, or to improve cover for all members with the same product. 			
	If so, you will be informed in writing about the changes.			
7.4	If it is reasonably considered that by continuing this policy we or you may breach any:			
	 law regulation code or court order the policy can end immediately.			
	This policy does not provide cover if this would expose Sukoon (or the Bupa group) to any:			
	 sanction, prohibition or restriction under United Nations resolutions or trade or economic sanctions, laws or regulations of the UAE, European Union, UK or U.S. 			
7.5	If you ask to add a new dependant to this policy , we will review that person's medical history. We may not agree to add the person to this policy , or we may add special restrictions or exclusions to the cover for that new dependant . We may, at our discretion, agree to provide cover for certain pre-existing conditions of the new dependant . You must pay any additional premium. Children may be added without medical history or additional premium being required where this is provided for (and in accordance with any relevant requirements) in your Guide to your Bupa Global health plan . For certain health plans , we may not be able to add dependants who are over a certain age at the time we receive the request for them to be added to this policy .			
7.6	Sukoon is in compliance with UAE Federal Law No. 20 of 2018 on Combatting Money Laundering Crimes, the Financing of Terrorism and the Financing of Unlawful Organisations and its amendments in UAE and other respective anti-money laundering laws in the jurisdictions where we transact business.			
8.	Your country of residence			
8.1	You must tell us straight away if you move to a different country, Emirate or State, or your specified country of residence or specified country of nationality changes.			
	This policy will terminate if the law of the country (or Emirate or State, as the case may be) in which you are located, or your country of residence or nationality, or any other law which applies to us or this policy , prohibits the provision of healthcare cover by us to local nationals, residents or citizens.			
8.2	You must tell us straight away if you change your correspondence address or other contact details as we will use the last address and contact details you gave us until you tell us otherwise.			

	the month will be processed on ise of the following mo
	Claims submitted after the cancellation is confirmed to representative can be submitted for reimbursement pro- date.
	For Dubai Health Authority compliant policies: The pol terminated members as a termination date, based on w exit date from UAE or visa transfer date.
9.2	If the policyholder or a dependant dies we should
	Upon the death of the policyholder any adult depen of the policy in his or her own right and include the ot
	If the policyholder dies, and no adult dependant has claims have been made or covered benefits received which relates to the period after the policy ended.
	If a dependant dies then his/her cover under this pol made or covered benefits received under this polic part of the premium which relates to the dependant f
10.	Our role under this policy and appointment as
10.1	Our role under this policy is to provide you with insu your behalf) for you to receive any covered benefit covered benefits.
10.2	You the policyholder, on behalf of yourself and the appointments or arrangements for you to receive cov care when acting as your agent.
10.3	You the policyholder, on behalf of yourself and the you are not available to give us instructions with regar incapacitated), to:
	 take such action as we reasonably consider to be ir have under this policy); provide any information about you to your benef
	in the circumstances; and/or
	 take instructions from the person we reasonably co family member, your treating doctor or your e
10.4	When acting as your agent we may act via the Bupa as the international administrator.
11.	Our liability to you
11.1	We (and the Bupa group of companies and adm not be liable to you or anyone else for any loss, damag receiving any covered benefits, nor for any action or providing you with any covered benefits. You shou provider or other person.
11.2	Your statutory rights are not affected.
12.	Suspicious or Fraudulent Claims
12.1	In this clause 12, where reference is made to ' you ' or ' y behalf, where reference is made to ' dependant ' this ir

CLAUSE

No

9.1

Ending your policy or removing a dependant from cover

You the policyholder can choose to cancel this policy (which would also end the cover for all of your dependants), or remove any of your dependants from your cover, at any time, by calling the number on your insurance card or writing via **sukoon**.com/bupaglobal/membersworld.

Subject to compliance with local regulations on reporting, cancellation of your DHA policy, or the removal of dependant(s) from cover, will take effect on the date that the cancellation notification is received.

Please note that cancellations cannot be backdated. Cancellation requests received with between the 28th- 31st of the month will be processed on 1st of the following month with effective date as per the date of request.

> either the principal member or his authorised ovided the **treatment** date is not after the cancellation

licyholder must report one of the following dates for the whichever occurs first - 30 days from visa cancellation date,

be notified in writing within 30 days.

ndant may apply to Sukoon to become the policyholder ther dependants under their policy.

as taken over the **policy**, this **policy** will end and if no valid d under this **policy**, **we** will refund that part of the premium

licy will end and, provided that no valid claims have been :y by or on behalf of that dependant, we will refund that for the period after his/her cover ended.

your agent

rance cover and sometimes to make arrangements (on ts. It is not our role to provide you with the actual

dependants, appoint us to act as agent for you, to make vered benefits which you request. We will use reasonable

dependants, authorise us as your agent, if for any reason rd to any **covered benefits** (for example if **you** are

n **your** best interests (in accordance with the cover **you**

fit provider as we reasonably consider to be appropriate

onsider to be the most appropriate person (for example a employer).

group of companies and administrators, who may act

inistrators acting as the international administrator) shall ge, illness and/or injury that may occur as a result of **your** failure to act of any **benefit provider** or other person uld be able to bring a claim directly against such **benefit**

you the policyholder' this includes anyone acting on **your** ncludes anyone acting on behalf of any **Dependant**.

No	CLAUSE	No	
12.2	You the policyholder and any dependant must not:	13.6	Where only a dependant has failed to exercise rea apply, and we would have provided insurance cove
	• make a fraudulent or exaggerated or falsely stated claim under this policy ;		and complete information, then:
	 send fake or forged documents or other false evidence, or make a false statement in support of a claim(s); provide information which you the policyholder or any dependant knows would otherwise enable us to 		• We reserve the right to treat this policy as if it
	refuse to pay claim(s) under this policy ; and/or		premium). In such circumstances, a claim will be
	 refuse to cooperate or fail to provide information / documentation reasonably requested to validate your 		containing the different terms that we would have
	claim(s), whether pending or paid (including but not limited to proof of payment, medical reports and original		 We reserve the right to reduce the amount pay
	invoices).		dependent if we would have charged a higher r
			the claim will be reduced proportionally, based example, only half of the claim will be paid, if w
12.3	In the event of failure to comply with clause 12.2 above, we reserve the right to:		
	 refuse to pay the whole of the claim and any other claim(s) submitted since the date of that claim; and/or recover any payments we have already made in respect of the claim and/or other claim(s) submitted since 	14.	Incontestability
	that claim.	14.1	If you provided any medical information in order to
	In addition, if you the policyholder breach clause 12.2 then we reserve the right to notify you the		incontestable after a period of one (1) calendar year reason other than misrepresentation, fraud, or as ot
	policyholder that this policy has terminated from the date of the breach of clause 12.2, and not refund any		the avoidance of doubt, in the event you elect to up
	premium for the policy .		additional benefits, we reserve the right to request
	If only a particular dependant has breached clause 12.2 then we reserve the right to notify you the	15.	Complaints
	policyholder that the cover under this policy for that particular dependant has terminated from the date of the breach of clause 12.2 above, and not refund any premium for that cover under the policy.	15.1	How can I make a complaint?
17			• Call us :
13.	Misrepresentation		 800 0444 0492 (inside the UAE)
13.1	In this clause 13, where we refer to ' you ' or ' you the policyholder ' this includes anyone acting on your behalf, where we refer to any ' dependant ' this includes anyone acting on behalf of any dependant .		• +971 4 210 8004 (outside the UAE)
13.2	You the policyholder and any dependant must take reasonable care to make sure that all facts and		• write to us :
15.2	information that you provide are accurate and complete at the time you take out this policy and at each		 sukoon.com/bupaglobal/membersworld
	renewal, extension and variation of this policy. You must say if any of the answers to the questions in the		 information@sukoonglobalhealth.com
	application form change prior to this policy starting.		
	Please note that you the policyholder must exercise reasonable care when you (or anyone acting on your		For more details, please visit sukoonglobalhealth.co
	behalf) provide information about the dependants .	15.2	If you remain unhappy with our response, you can
13.3	If you the policyholder or any dependant:	13.2	 contact your complaint handler on uaecustome
	 deliberately or recklessly give inaccurate or incomplete information; and/or 		 contact your complaint handler on diaecustome refer your complaint to:
	 do not take reasonable care to give accurate and complete information (for example if you inadvertently or 		 the Dubai Health Authority - http://ipromes.
	carelessly answer a question incorrectly) in circumstances where we would not have renewed, extended,		 Central Bank UAE's Consumer Happiness Central Bank
	varied or issued this policy to you at all, had we known about such information, we reserve the right to		22823
	exercise our rights set out in clause 13.4 below.		• Pursue your case legally
13.4	Where clause 13.3 above applies:		· Fulsue you case legally
	• where it is you the policyholder who has failed to comply with clause 13.3 above, we reserve the right to	15.3	Following the complaints procedure does not affect
	avoid this policy . This means that we will treat it as if it had not existed from the start date, renewal date or		with the outcome, you may seek to raise your case
	 the date that any changes were made to the policy, as the case may be; or where it is only a dependant who has failed to comply with clause 13.3 above, we reserve the right to avoid 	16.	The law of this policy and where you can bri
	that part of this policy which applies to the dependant . This means that we will treat it as if the dependant	16.1	This policy is governed by and construed under the
	was not covered by this policy from the start date, renewal date or the date that any changes were made to		of the United Arab Emirates. Any dispute that cannot
	the policy , as the case may be.		United Arab Emirates.
17 5	Where you the policyholder has failed to average reasonable care in providing us with information, but clause	16.2	If any dispute arises as to the interpretation of this
13.5	Where you the policyholder has failed to exercise reasonable care in providing us with information, but clause 13.3 does not apply, and we would have provided insurance cover on different terms had you provided us with		version shall be deemed to be conclusive and take p
	accurate and complete information, then:		times by contacting the customer services helpline.
	• we reserve the right to treat this policy as if it had contained such terms (other than terms relating to your		Please note that future correspondence relating to t
	premium). In those circumstances, a claim will only be paid if the claim would have been covered by a policy		
	containing the different terms that we would have applied; and		
	• we reserve the right to reduce the amount payable on any claim if we would have charged you a higher		
	premium. In those circumstances the claim will be reduced proportionally, based on the amount of premium that we would have charged. For example, only half of the claim will be paid, if we would have charged double		
	the premium.		

dependant has failed to exercise reasonable care in providing information, but clause 13.3 does not **e** would have provided insurance cover on different terms had the **dependant** provided accurate

we the right to treat this **policy** as if it had contained such terms (other than terms relating to **your** . In such circumstances, a claim will be paid only if the claim would have been covered by a **policy** the different terms that **we** would have applied and

ve the right to reduce the amount payable on any claim for **covered benefits** received by that nt if **we** would have charged a higher premium for cover for that dependent. In those circumstances, will be reduced proportionally, based on the amount of premium that we would have charged. For only half of the claim will be paid, if we would have charged double the premium

led any medical information in order to be covered under this plan, this information will be e after a period of one (1) calendar year from the date set out in **your** membership certificate for any than misrepresentation, fraud, or as otherwise permitted under respective laws and regulations. For e of doubt, in the event **you** elect to upgrade **your** plan at the time of **renewal** and/or subscribe to nefits, we reserve the right to request additional medical information previously not provided.

ails, please visit sukoonglobalhealth.com/legal/complaints

our complaint handler on uaecustomerrelations@sukoonglobalhealth.com for internal escalation

ubai Health Authority - http://ipromes.eclaimlink.ae/ al Bank **UAE**'s Consumer Happiness Centre - consumerhappiness@cbuae.gov.ae or 800 (CBUAE)

complaints procedure does not affect your right to take legal action. If you are still not satisfied come, **you** may seek to raise **your** case with a relevant court.

his policy and where you can bring court action

s governed by and construed under the laws of the Emirate of Dubai or, where applicable, by the laws Arab Emirates. Any dispute that cannot otherwise be resolved may be dealt with by courts in the

arises as to the interpretation of this **policy** as between different language versions, then the Arabic be deemed to be conclusive and take precedence over any other versions. This can be obtained at all

hat future correspondence relating to this **policy** may be provided in English.

PRIVACY NOTICE

Privacy Notice of Sukoon Insurance PJSC ("Sukoon"), as your Insurer

Sukoon adheres to the legal and regulatory data protection requirements as is applicable to Sukoon. By accessing any of our contract channels including our website, downloading or filling or submitting any forms (proposal/claims etc.) / sending emails/ sending sms/ calling Sukoon's call center/ and/or by providing any data/ information to Sukoon (whether through the Website or otherwise and by any means) you hereby give your unconditional consent to Sukoon to:

- contact you anytime, through any means (email, sms, phone, etc.) and for any reason including for promoting its products;
- collect and store your personal information which you provide to us (including by way of cookies) for the time period as may be required by Sukoon;
- transfer your personal information to servers/our third party affiliates/service providers whether inside or outside the UAE;
- use your personal information as required by Sukoon for evaluating/ underwriting/ issuing/ administering/ processing your policy/claims etc;
- 5. disclose your personal information to third party partners as required to issue/ underwrite/ administer / process your policy/ claims, etc. including but not limited to third party administrators, medical providers, brokers, agents, service providers etc; within or outside the UAE
- 6. disclose and/or report **your** personal information to legal/regulatory agencies/bodies if and as required by law.

We will at all times treat all confidential information we hold about you as private and confidential and protect it in the same way we would protect our own confidential information and use that information in the ways contemplated. For the avoidance of any doubt, where you have not yet appointed us as your insurer, but in contemplation of such a possible appointment you pass to us information which is proprietary and/or confidential to you, the provisions of this section shall apply as regards such information.

We will however generally not disclose any confidential information we hold about you to others except:

- 1. to the extent **we** are required to do so by law or where requested or required to do so by a regulator;
- to reinsurers, surveyors, loss adjustors, loss assessors, IT service providers, claim administrators, medical providers, emergency support/assistance providers, additional administrative and/or support service providers, and other like entities or persons, whether inside or outside UAE, to the extent necessary;
- to professional advisors, consultants, lawyers, financial institutions, regulatory or government entities, and other like entities or persons, whether inside or outside UAE,

to the extent necessary; or

 to other Sukoon related Companies to the extent necessary to facilitate the effective management, administration, and/or operation of the businesses.

By way of exception to the foregoing, **you** agree that **we** may:

- use any information you provide to us to create anonymised industry or sector-wide statistics which may be shared with third parties;
- 2. share information concerning your reinsurance arrangement with reinsurers or their agents/brokers where this is necessary to enable reinsurers to decide whether to participate in reinsuring your risk or to participate in any arrangement made by Sukoon whereby participating reinsurers agree to reinsure (wholly or partly) a portfolio of risks without necessarily making underwriting decisions on a case by case basis for individual risks within such portfolio; and
- 3. collect and use **your** risk, loss, reserve and claims data in the creation, marketing and commercial exploitation of loss databases, analytical or statistical reports, models and tools, (re)insurance and capital markets products, (any of which may or may not be used in the Services provided to **you** or in services provided to third parties).

Privacy Notice of Bupa Global, as your International Administrator

Last updated: May 2023

We are committed to protecting **your** privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: www.bupaglobal.com/privacypolicy. If you do not have access to the internet and would like a paper copy of the full privacy notice, or if you have any questions about how we handle your information, please contact the Bupa Global service team on +44 (0) 1273 323 563. Alternatively, **you** can email or write to the team via info@bupaglobal.com or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

Information about Bupa Global

In this privacy notice, "**we**" "**us**" and \"**our**\" means the Bupa companies trading as **Bupa Global**. For details of these companies visit www.bupaglobal.com/legal-notices

The Bupa companies that process **your** information will depend on which of **our** products and services **you** ask **us** about, buy or use. For **our** insurance policies, **your** information will be processed by the **insurer** and the lead administrator of **your policy** who may share it with other Bupa companies as set out in the 'Sharing **your** information section'. Please refer to **your policy** documentation for confirmation of the **insurer** and lead administrator.

1. What this privacy notice covers

This privacy notice applies to anyone who interacts with **us** about **our** products and services (\"**you**\", \"**your**\"), in any way (for example email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from other organisations (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or antimoney-laundering checks or other background screening activity).

4. What we use your personal information for and our legal reasons for doing so

We process your personal information for the purposes set out in **our** full privacy notice, including to deal with **our** relationship with **you** (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of **our** customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because **we** have **your** permission or as described in **our** full privacy notice. We may process information about **your** criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Profiling and automated decision making

Like many businesses, **we** sometimes use automation to provide **you** with a quicker, better, more consistent and fair service, as well as with marketing information **we** think will interest **you** (including discounts on **our** products and services). This may involve evaluating information about **you** and, in limited cases, using technology to provide **you** with automatic responses or decisions. **You** can read more about this in **our** full privacy notice. **You** have the right to object to direct marketing and profiling relating to direct marketing. **You** may also have rights to object to other types of profiling and automated decision-making.

6. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

7. International transfers

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

8. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice.

9. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

10. Data protection contacts

If **you** have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which **we** process information about **you**, please contact **us** at info@bupaglobal.com . **You** can also use this address to contact **our** Data Protection Officer.

You also have the right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner's Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

GLOSSARY

to your recovery, consprevious state of healthAcute condition(s)A disease, illness or injurgeturn you to the state disease, illness or injurgeturn you to the state for the state that are to Antigen Receptor (CAR Antigen Receptor (CAR Antigen Receptor (CAR Assisted Reproduction Technologies including intra-cytoplasmic sperver zygote intra-fallopiant ti (IU) with ovulation ind Benefit providerBenefit providerThe recognised med provider, which providerBupa GlobalBupa Global, Bupa In Bupa Group, and the policy on behalf of Bup Group, and the policy on behalf of Bup Group, and the policy on behalf of Bup Gupule, and and guide.Complementary therapistSuch as an acupuncturi or Chinese medicine pr permitted to practise b		
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Birthing centreA medical facility often homelike setting duringBupa GlobalBupa Insurance Service registered number 038 EC2R 7HJ, England., wh policy.Bupa GroupBupa Global, Bupa In Bupa Group, and thos policy on behalf of BuCo-insuranceThe percentage you ha insurance applies, as i guide.Complementary therapistSuch as an acupuncturi or Chinese medicine pro permitted to practise b treatment is received.Day-patientTreatment which for r during the day only. W		Technologies including intra-cytoplasmic spern zygote intra-fallopian ti (IUI) with ovulation indi
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Day-patient Treatment which for a during the day only. W	Complementary therapist	Such as an acupuncturi or Chinese medicine pra permitted to practise b treatment is received.
during the day only. W	Covered benefits	The treatment and be
	Day-patient	during the day only. W

edical practitioner of a disease, illness or injury that leads servation of your condition or to restore you to your th as quickly as possible.

ury that is likely to respond to **treatment** which aims to e of health **you** were in immediately before suffering the y, or which leads to **your** full recovery.

based on genes, tissues or cells, for example Chimeric R) T-cell **treatment**.

e, technique, medication or intervention delivered to a patient

g but not limited to in-vitro fertilisation (IVF) with or without m injection (ICSI) gamete intra-fallopian transfer (GIFT), transfer (ZIFT), egg donation and intra-uterine insemination duction.

lical practitioner, **hospital** or clinic, or any other service es **you** with any **covered benefits**.

n associated with a **hospital** that is designed to provide a g childbirth.

es Limited (a company incorporated in England with 329851 whose registered office is at 1 Angel Court, London, ho are the international administrators in relation to this

surance Services Limited and all other companies in the se companies which provide any administration of this **Ipa Global**.

ave to pay towards those **covered benefits** to which **co**indicated in **your** membership certificate and membership

ist, homeopath, reflexologist, naturopath, ayurvedic physician ractitioner who is fully trained and legally qualified and by the relevant authorities in the country in which the

enefits shown as covered in the Guide to your health plan.

medical reasons requires **you** to stay in a bed in **hospital** *I*e do not require **you** to occupy a bed for **day-patient ment**.

Dental practitioner	 A person who: is legally qualified to practice dentistry, is recognised by the relevant authorities in the country in which the treatment takes place as having a specialised qualification following attendance at a recognised dental school, and is permitted to practice dentistry by the relevant authorities in the country where the dental treatment takes place Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.
Dependants	Any other people covered by this policy , as named on the insurance certificate.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Dietician	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Doctor	A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment , does not need a specialist's training, and is licensed to practise medicine in the country where the treatment is received. Recognised medical school means a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Emergency	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgement of a medical practitioner , requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at risk.
Family Members	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Guide / Guide to your health plan	The booklet entitled "Guide to your health plan" for the health plan which is stated to apply to you on your insurance certificate. This sets out which treatments and benefits are included under and any exclusions that apply to this policy. Where you the policyholder have a different health plan to the dependents, a different "Guide to your health plan" will apply to each of you.
Health plan	Any insurance plans made available by Sukoon from time to time
Hospital	A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for carrying out major surgical operations , or providing treatment which only specialists can provide.
In-patient	Treatment which for medical reasons normally means that you have to stay in hospital bed overnight or longer.
Intensive care	Intensive care includes; High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. Intensive Therapy Unit/ Intensive Care Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of care for babies.
Medical practitioner	A specialist, doctor, psychologist, psychotherapist, physiotherapist, osteopath, chiropractor, dietician, speech therapist, complementary therapist or therapist who provides active treatment of a known condition.

Medically necessary:	treatment , medical servi (a) consistent with the dia (b) consistent with genera (c) necessary for such a d (d) not being undertaken treating medical practit
Mental health treatment	Treatment of mental con
Network	Hospitals, pharmacies, an agreement in effect wi provide you with eligible visit Facilities Finder at su
Out-patient	Treatment given at a hc clinic where you do not s
Ovulation induction treatment	Treatment including me including but not limited t
Persistent vegetative state:	A state of profound uncor mind, even if the person of does not respond to stimu have remained for at least reasonable attempts have
Pharmacy	A facility where prescribe
Physiotherapists, osteopaths and chiropractors	Practitioners must be fully the relevant authorities in
Policy	Your contract of insurance Conditions.
Policy year	The 12 month period for w insurance certificate and, follows the renewal date
Policyholder	The main applicant set ou named on the insurance c
Pre-existing condition	 Any medical condition noted on your membre existing condition. Any medical condition accepted with no 'pers Any disease illness or treatment, or you have Whether the condition way was not disclosed on you Where we have accepted product on a continuous of shall be deemed to mean insurance product.
Prophylactic surgery	Surgery to remove an org to prevent development o

vice or prescribed drugs/medication which is: liagnosis and medical **treatment** for the condition; erally accepted standards of medical practice; diagnosis or **treatment**; n primarily for the convenience of the member or the titioner

conditions, including eating disorders.

es, or similar facilities, or **medical practitioner's** that have with **Sukoon**, **Bupa Global** or a **service partner** to le **treatment**. To confirm if a provider is in **network** please **sukoon**.com/bupaglobal/facilityfinder.

nospital, consulting room, **doctor's** office or **out-patient** stay overnight or as a **day-patient** to receive **treatment**.

nedication to stimulate production of follicles in the ovary I to clomiphene and gonadotrophin therapy.

onsciousness, with no sign of awareness or a functioning can open their eyes and breathe unaided, and the person nuli such as calling their name, or touching. The state must ast four weeks with no sign of improvement, when all we been made to alleviate this condition.

bed drugs are prepared or sold.

Ily trained and legally qualified and permitted to practise by in the country where the **treatment** is received.

nce with **Sukoon** as described in Clause 1 of the Terms and

which this **policy** is effective, as first shown on **your** d, if this **policy** is renewed, each 12 month period which te.

but in the application form and who will be the first person certificate.

on declared in **your** application for cover which has been bership certificate as a 'personal exclusion' or covered **pren**.

on declared in **your** application for cover which has been ersonal exclusion' or underwriting loading applied or injury for which **you** received medication, advice or had experienced symptoms of

vas diagnosed or not, prior to becoming a member which **our** application for cover

ed **your** transfer to this plan from another insurance s cover basis, the above reference to 'application for cover' n **your** original application for cover under that previous

rgan or gland that shows no signs of disease, in an attempt t of disease of that organ or gland.

Psychologist and psychotherapist	A person who is legally qualified and is permitted to practice as such in the country where the treatment is received.	
Qualified nurse	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment is received	
Reasonable and Customary	the 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provide by benefit providers of comparable quality and experience.	
Recognised medical practitioner, hospital or healthcare facility	Any provider who is not an unrecognised medical practitioner , hospital or healthcare facility .	
Rehabilitation (Multidisciplinary rehabilitation)	Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.	
Renewal	Each anniversary of the date you joined the health plan .	
Serious acute illness	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending physician and internal medical consultants, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at serious risk.	
Service partner	A company or organisation that provides services on behalf of Sukoon or through Bupa Global . These services may include pre-authorisation of cover and location of local medical facilities.	
Specialist	A surgeon, anaesthetist or physician who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the treatment is received as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated. 'Recognised medical school' means a medica school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.	
Specified country of nationality	The country of nationality specified by you in your application form or as advised in writing, which ever is the later.	
Specified country of residence	The country of residence specified by you in your application and shown in your insurance certificate, or as advised in writing, whichever is the later. The country you specify must be the country in which the relevant authorities (such as tax authorities) consider you to be resident for the duration of the policy .	
Speech therapist	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.	
Sukoon	Sukoon Insurance PJSC, Paid up Capital AED 461,872,125, C.L. No. 203970, Regulated by the Central Bank of the UAE No. 9 dated 24/12/1984, TRN 100258594900003	
	Head Office: P.O. Box 5209, Dubai, United Arab Emirates. Tel: +971 4 2337777, Fax: +971 4 2337775, www. sukoon .com	
Surgical operation	A medical procedure that involves the use of instruments or equipment.	

Therapists	An occupational therapi s practise as such in the cou	
Treatment	Surgical or medical servic diagnose, relieve or cure o	
UAE	United Arab Emirates	
UK	Great Britain and Norther	
Unrecognised medical practitioner, provider or facility	 Treatment provided facility which are not where the treatment in, the treatment of the Self treatment or tree Family Members (p otherwise). A full list of available on request. Treatment provided facility who are sent purposes of our heal card or write via sukco benefit providers w Finder at sukoon.com 	
We/us/our/insurer	Sukoon	
You the policyholder	Just the policyholder .	
You/your	The policyholder and/o	

bist or orthoptist, who is legally qualified and is permitted to ountry where the **treatment** is received.

ices (including **diagnostic tests**) that are needed to e disease, illness or injury.

ern Ireland.

ed by a **medical practitioner**, **hospital or healthcare** ot recognised by the relevant authorities in the country **nt** takes place as having **specialist** knowledge, or expertise of the disease, illness or injury being treated. **Treatment** provided by anyone with the same residence, (pareness of a family, related to you by blood or by law or

(persons of a family, related to **you** by blood or by law or t of the family relationships falling within this definition are

ed by a **medical practitioner**, **hospital or healthcare** at a written notice that they are no longer recognised for the **alth plans**. **You** can call the number on **your** insurance **coon**.com/bupaglobal/membersworld for details of who have received such written notice or visit Facilities om/bupaglobal/facilityfinder

or any **dependants**.

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Your calls may be recorded and may be monitored.

Bupa Global

Victory House Trafalgar Place Brighton BN1 4FY United Kingdom