

A guide to your Premier Health Plan





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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.

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

- o guidance on what to do when **you** need **treatment**
- o simple steps to understanding the claims process
- o 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
- o 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...

YOUR GEOGRAPHICAL AREA FOR COVERAGE IS WORLDWIDE EXCLUDING U.S.

As long as it is covered by **your health plan**, you can have your **treatment** at any **recognised medical practitioner, hospital** or clinic in the world, excluding the U.S.

BOLD WORDS

Any words written in bold are defined terms that are relevant to **your** cover. **You** can check their meaning in the 'Glossary'.

TREATMENT THAT WE COVER

Your Premier Global **Health Plan** covers the **treatment** cost for a disease, illness or injury that leads to the conservation of **your** condition, **your** recovery or **you** getting back to **your** previous state of health. This includes treatment for chronic, congenital and hereditary conditions that may be covered, subject to underwriting.

Your treatment is covered if it is:

- o covered under the **health plan**
- o at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received
- o clinically appropriate in terms of type, duration, location and frequency

Your Premier Global **Health Plan** also provides a range of preventive benefits to help keep **you** healthy. **You** can find these in the 'Table of benefits'.

ANY QUESTIONS? **WE'LL** BE HAPPY TO HELP. 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 advice, support and assistance by medically trained 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
- information on inoculation and visa requirements
- **emergency** message transmission
- interpreter and embassy referral

You can ask to arrange evacuations, including:

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

Every person and situation is different and the focus is on finding answers and solutions that work specifically 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 may not 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.

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.

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**, **our** 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.



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 **you** 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 **Suko** 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 **Suko** 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**).

Suko 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 **Suko** and **Bupa Global**, for and on behalf of **your insurer**. These services are subject to third party availability.

Suko 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 **Suko** and **Bupa Global** from any costs/damages/liabilities arising from **your** usage of any of these services.

Global Virtual Care*

Suko 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.



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.

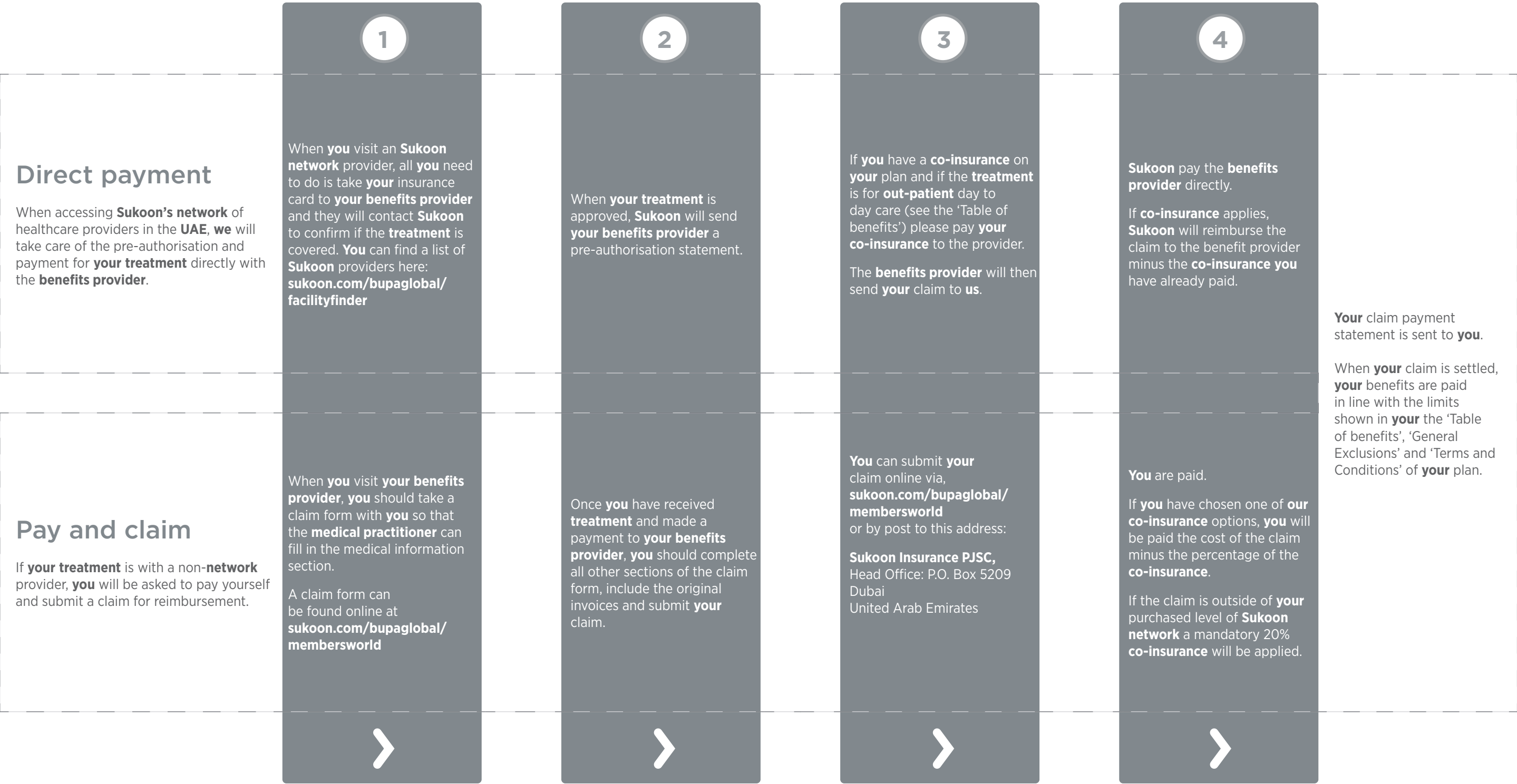
If **you** need assistance with a claim call us on

800 0444 0492

or go online at

www.sukoon.com/bupaglobal/membersworld

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



How to claim outside 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-authorized 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.

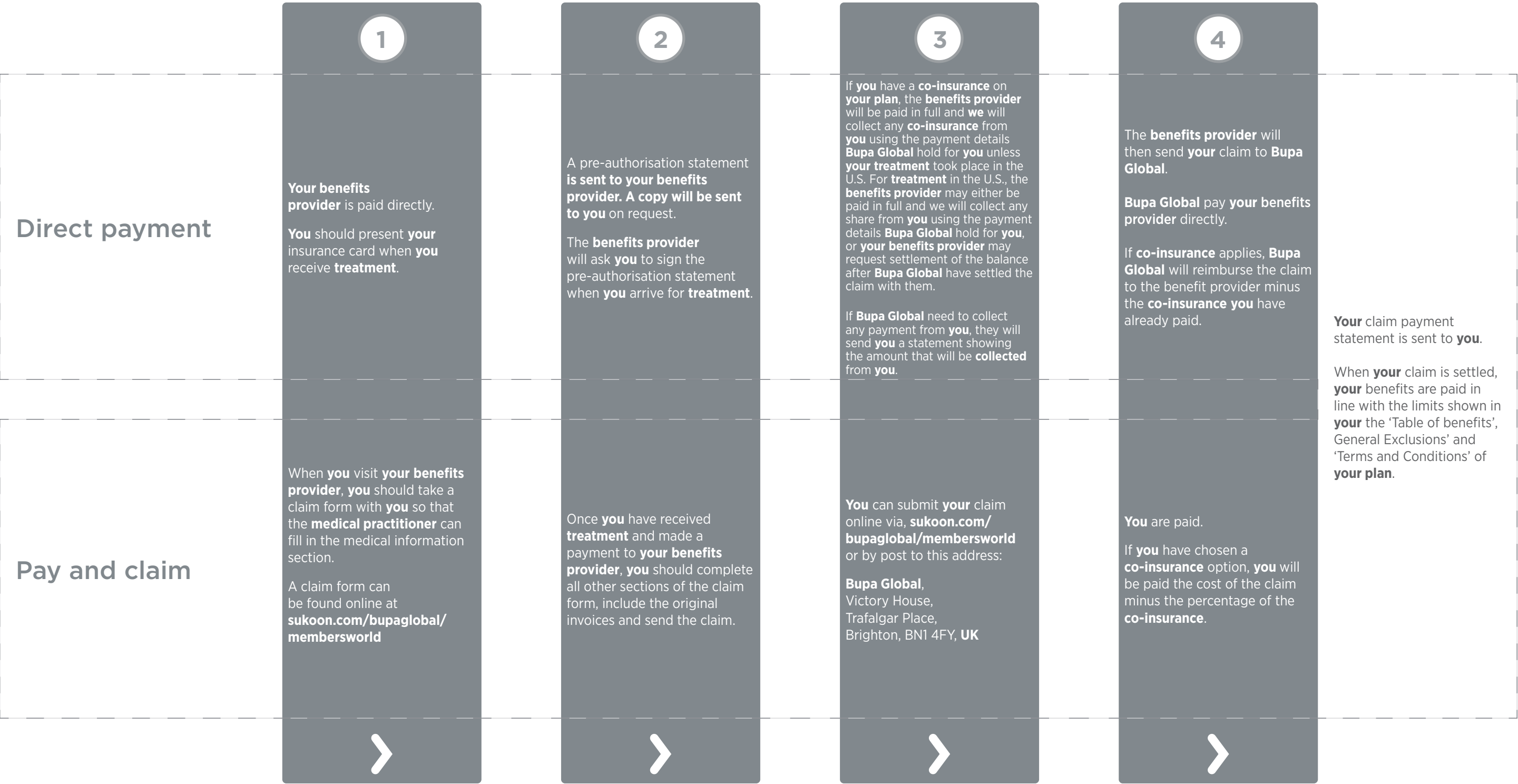
If **you** need assistance with a claim call us on

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.

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

You have a consultation with your doctor which costs AED 800	20% out-patient day to day care co-insurance applied is AED 160
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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
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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

PREMIER HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
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	Overall annual policy maximum GBP 1,000,000 EUR 1,250,000 USD 1,700,000 (AED 6,239,000)
Mandatory pre-authorisation required for: ◦ obesity surgery ◦ prophylactic surgery ◦ internal cardiac defibrillator ◦ reconstructive surgery ◦ rehabilitation ◦ cancer treatment ◦ advanced therapy medicinal products (ATMPs) ◦ transportation (evacuation) ◦ all in-patient stays over five days ◦ complications of maternity and childbirth ◦ 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 40,000, EUR 50,000 OR USD 68,000 (AED 250,000)	Annual maximum GBP 40,000, EUR 50,000 or USD 68,000 (AED 250,000)
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. Follow up out-patient consultation on the same medical condition and at the same provider is free within seven days from first consultation date. This rule applies for treatment in the UAE only.	
OUT-PATIENT SURGICAL OPERATIONS	Paid in full*
When carried out by a specialist or a doctor .	

BENEFIT AND EXPLANATION	LIMITS
PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS When recommended by your specialist or doctor to help diagnose or assess your condition: ◦ pathology such as blood test(s) ◦ radiology such as ultrasound or X-ray(s) ◦ diagnostic tests such as electrocardiograms (ECGs)	Paid in full*
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 Follow up out-patient consultation on the same medical condition and at the same provider is free within seven days from first consultation date. This rule applies for treatment in the UAE only. Any vaccinations/immunisations given along with the consultation are paid for from the vaccinations benefit. Such consultations may take place in the specialist's or doctor's office, by telephone or using the internet.	
MENTAL HEALTH Consultation fees with psychiatrists, psychologists and psychotherapists in the case of medical emergencies to: ◦ receive or arrange treatment ◦ receive pre- and post-hospital treatment, or ◦ diagnose your illness Follow up out-patient consultation on the same medical condition and at the same provider is free within seven days from first consultation date. This rule applies for treatment in the UAE only. 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. This will be determined to be an acute condition.	
QUALIFIED NURSES Costs for nursing care, for example injections or wound dressings by a qualified nurse.	
PHYSIOTHERAPISTS, OSTEOPATHS AND CHIROPRACTORS Consultations and treatment with physiotherapists, osteopaths, chiropractors (including spinal subluxation) for physical therapies aimed at restoring your normal physical function. **a minimum of six physiotherapy sessions	Paid in full* Up to 30 consultations each policy year **
FOOTCARE Treatment by a podiatrist, orthopaedic specialist, or chiropodist. Treatment for corns, calluses or thickened misshapen nails will only be covered if you have diabetes.	

BENEFIT AND EXPLANATION	LIMITS
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 Follow up out-patient consultation on the same medical condition and at the same provider is free within seven days from first consultation date. This rule applies for treatment in the UAE only. These benefits include covering treatment for, but not limited to: ◦ 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 stabilisation as a minimum.	Paid in full*
DIETETIC GUIDANCE We pay for consultations with a dietician, required for dietary advice relating to a diagnosed disease or illness, such as diabetes. This benefit will be on a pay and claim basis only in the UAE.	Up to four visits each policy year
PRESCRIBED MEDICINES Medicines prescribed by your medical practitioner required to treat a disease, illness or injury.	Up to GBP 4,700, EUR 5,900 or USD 8,000 (AED 29,000) each policy year
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 For example, hearing aids (non-emergency situations), oxygen supplies or wheelchairs. Please note we do not pay for: ◦ hearing amplifiers ◦ replacement hearing aids ◦ batteries	Up to GBP 1,200, EUR 1,500 or USD 2,000 (AED 7,300) each policy year
COMPLEMENTARY MEDICINES: HOMEOPATHY AND AYURVEDA Consultations and treatment with homeopaths and ayurvedic physicians when the practitioners are appropriately qualified and registered to practise in the country where treatment is received. We only pay for the complementary medicines and therapies above.	Up to GBP 520, EUR 615 or USD 680 (AED 2,500) each policy year

BENEFIT AND EXPLANATION	LIMITS
PREVENTIVE TREATMENT	
HEALTH SCREENING AND WELLNESS A health screen generally includes various routine tests performed to assess your state of health and could include tests to check cholesterol and blood sugar (glucose) levels, liver and kidney function tests, a blood pressure check, and a cardiac risk assessment. You may also have the specific screening tests for breast, cervical, prostate, colorectal, skin cancer or bone densitometry. The actual tests you have will depend on those supplied by the benefit provider where you have your screening. This benefit will be on a pay and claim basis only in the UAE. Please call the number on your insurance card or write via sukoon.com/bupaglobal/membersworld for a list of eligible screening tests.	Up to GBP 500, EUR 620 or USD 850 (AED 3,100) each policy year
DIABETES SCREENING Costs for one diabetes screening, each policy year, from age 18. This benefit will also cover additional regulated screening as part of the preventative services programme required by the Dubai Health Authority.	Paid in full each policy year from age 18
VACCINATIONS The following are covered: ◦ Vaccinations which are recommended as part of the national childhood immunisation programme in the country of residency ◦ Human papilloma virus (HPV) vaccination to protect against cervical cancer The following are covered under Adult pneumococcal vaccination*: ◦ PCV 13 ◦ PPSV 23 Travel vaccinations are not covered under this benefit.	Paid in full for newborns from age 31 days following birth and children up to and including 6 years old Then up to GBP 500, EUR 620 or USD 850 (AED 3,100) each policy year *Paid in full for adults aged 19 years and above either at risk or with high risk
INFLUENZA VACCINE We pay the cost of the influenza vaccine	1 vaccine each policy year
HEPATITIS Inside the UAE: We pay in full for any healthcare services, investigations and treatments related to any types of Hepatitis and associated complications Outside the UAE: Any treatment or healthcare services, investigations and treatments related to any types of Hepatitis and associated complications taking place will be covered as part of normal benefits i.e. same as any general condition or sickness, up to the benefit limit.	Inside the UAE: Paid in full Outside the UAE: Same as any general condition or sickness, up to any applicable benefit limit.
HIV / AIDS DRUG THERAPY INCLUDING ART We pay for HIV / AIDS drug therapy	Up to GBP 31,100, EUR 36,750 or USD 40,850 (AED 150,000) each policy year

BENEFIT AND EXPLANATION	LIMITS
DENTAL AND OPTICAL TREATMENT	
DENTAL TREATMENT	
**PAID UP TO THE ANNUAL MAXIMUM OF DENTAL TREATMENT Follow up out-patient consultation on the same medical condition and at the same provider is free within seven days from first consultation date. This rule applies for treatment in the UAE only.	Annual maximum GBP 700, EUR 840 or USD 1,000 (AED 4,000) each policy year
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 three 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. 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.	Paid in full** up to dental annual maximum
PREVENTIVE DENTAL Includes: ◦ check-ups/exams ◦ X-rays/bitewing/single view/Orthopantomogram (OPG) ◦ scale and polish/ tooth cleaning ◦ gum shield/mouth guard Treatment must be provided by a dental practitioner	Paid in full** up to dental annual maximum
ROUTINE DENTAL Includes: ◦ fillings ◦ root canal treatment ◦ X-ray ◦ tooth extraction ◦ anaesthesia Treatment must be provided by a dental practitioner This benefit will be on a pay and claim basis only in the UAE.	70%** up to dental annual maximum
MAJOR RESTORATIVE (WAITING PERIOD SIX MONTHS) Once you have been covered on this health plan for six 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	50%** up to dental annual maximum

BENEFIT AND EXPLANATION	LIMITS
OPTICAL TREATMENT	
***PAID UP TO THE ANNUAL MAXIMUM OF OPTICAL TREATMENT	Annual maximum GBP 300, EUR 360 or USD 500 (AED 1,800) each policy year
SPECTACLE FRAMES AND LENSES AND CONTACT LENSES Spectacle and contact lenses which are prescribed to correct a sight/vision problem such as short or long sight. This benefit will be on a pay and claim basis only in the UAE.	50%*** up to optical annual maximum
EYE TEST One eye test each policy year, which includes the cost of your consultation and sight/vision testing. In the UAE, we only offer this benefit by direct billing with a licensed ophthalmologist or ophthalmology clinic.	Paid in full for one eye test each policy year *** up to optical annual maximum
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 ◦ 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 this health plan. For in-patient stays of five 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.	Paid in full Standard private room
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 Room and board for one accompanying person, in the same room as the patient	Up to GBP 150, EUR 200 or USD 250 (AED 920) per night

BENEFIT AND EXPLANATION	LIMITS
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.	
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 for you to be treated as a day-patient or in-patient to include room, board and all treatment costs related to the mental health condition. Any mental health treatment overnight in hospital and as a day-patient for five days or more will need pre-authorisation. Benefit will not be paid unless pre-authorisation has been provided. This benefit will be on a pay and claim basis only in the UAE.	Paid in full
PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND DIETICIANS Treatment provided by therapists (such as occupational therapists), physiotherapy and dietician or speech therapy if it is needed as part of your treatment in hospital, meaning this is not the sole reason for your hospital stay.	

BENEFIT AND EXPLANATION	LIMITS
OBESITY SURGERY (WAITING PERIOD OF 24 MONTHS) Once you have been covered on this health plan for 24 months, we may pay, subject to internal medical policy criteria, for bariatric surgery, if you: ◦ have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese ◦ can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and ◦ have been through a psychological assessment which has confirmed that it is appropriate for you to undergo the procedure The bariatric surgery technique needs to be evaluated by internal medical teams and is subject to internal medical policy criteria. In some cases, you may qualify for weight-loss surgery if your BMI is between 35 and 40 and you have a serious weight-related health problem, such as type 2 diabetes. The decision to cover this will be entirely made by internal medical teams. 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.	Paid in full
PROPHYLACTIC SURGERY We may pay subject to internal medical policy criteria, for example, a mastectomy when there is a significant family history and/or you have a positive result from genetic testing. 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 needed at the time of your surgical procedure. We do not pay for any regular maintenance or replacement prosthetic devices for adults including any replacement devices or regular maintenance needed for a pre-existing condition. We will pay for the initial and up to two replacements per device for children under the age of 18.	Per device up to GBP 2,500, EUR 3,100 or USD 4,200 (AED 15,400)
PROSTHETIC IMPLANTS AND APPLIANCES Eligible prosthetic implants and appliances shown in the following lists. Prosthetic implants: ◦ to replace a joint or ligament ◦ to replace a heart valve ◦ to replace an aorta or an arterial blood vessel ◦ to replace a sphincter muscle ◦ to replace the lens or cornea of the eye ◦ 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	Paid in full

BENEFIT AND EXPLANATION	LIMITS
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.	Paid in full
ACCIDENT RELATED DENTAL TREATMENT We pay for dental treatment that is required in hospital after a serious accident.	
EMERGENCY 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, 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	
HOSPICE AND PALLIATIVE CARE Hospice and palliative care services if you have received a terminal diagnosis and can no longer have treatment which will lead to your recovery: ◦ hospital or hospice accommodation ◦ nursing care ◦ prescribed medicines ◦ physical, psychological, social and spiritual care	Up to GBP 25,000, EUR 31,000 or USD 42,000 (AED 154,000) per lifetime
REHABILITATION (MULTIDISCIPLINARY REHABILITATION) We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy. We pay for rehabilitation; only when you have received pre-authorisation before the treatment starts, for up to 30 days treatment per policy year. For treatment in hospital one day is each overnight stay and for day-patient and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment. We only pay for multidisciplinary rehabilitation where it: ◦ starts within six weeks after the end of your treatment in hospital for a condition which is covered by your health plan (such as trauma or stroke), and ◦ arises as a result of the condition which required the hospitalisation or is needed as a result of such treatment given for that condition Note: in order to give pre-authorisation, full clinical details must be received from your specialist; including your diagnosis, treatment given and planned and proposed discharge date if you stayed in hospital to receive rehabilitation. Please contact Bupa Global for pre-authorisation before proceeding with treatment outside the UAE. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full Up to 30 days each policy year

BENEFIT AND EXPLANATION	LIMITS
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 assess your condition.	Paid in full
CANCER TREATMENT If you are diagnosed with cancer, we will pay for costs related specifically to planning and carrying out treatment for the cancer. This includes: ◦ surgery (including any prostheses needed) ◦ specialists' fees ◦ diagnostic tests ◦ consultations with a specialist ◦ chemotherapy ◦ radiotherapy ◦ treatment you need to relieve the side effects of cancer treatment ◦ examples include antibiotics, anti-sickness drugs, pain relief, blood transfusions, cold cap treatment needed as a result of cancer treatment. ◦ bone marrow and peripheral blood stem cell transplants (see the 'transplant services' benefit for details of what we cover) ◦ one wig ◦ consultations and diagnostic tests to monitor your condition after your cancer treatment has finished and you are still under the care of your cancer specialist We will also pay for you to have a chemotherapy at home where this is possible. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided. Treatment for cancer using ATMPs will be covered separately from the ATMP benefit.	
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 Sukoon or 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.	Paid in full, one course of treatment for each condition per lifetime

BENEFIT AND EXPLANATION	LIMITS
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	Each condition up to GBP 400,000, EUR 500,000 or USD 680,000 (AED 2,496,000)
KIDNEY DIALYSIS Provided as an in-patient, day-patient or as an out-patient.	Paid in full
MATERNITY/CHILDBIRTH	
Maternity/Childbirth (10 month waiting period for treatment outside UAE): In compliance with the Dubai Health Authority (DHA) regulations, Maternity benefits within the UAE are covered for married females only who at the time of buying insurance or addition to an existing policy or effective date of insurance coverage is/are accepted with marital status as 'Married'. For the purpose of insurance, all females who are 'Single', 'Divorced' or are insured as 'Dependent daughter' shall not be eligible for maternity benefits unless a change in marital status or dependency status is notified to and accepted by us in writing. 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.	
NORMAL DELIVERY/BIRTHING CENTRE/HOME DELIVERY (10 MONTH WAITING PERIOD FOR TREATMENT OUTSIDE UAE): Once you have been covered on this health plan for 10 months for treatment outside of UAE. Maternity treatment and childbirth, including: ◦ hospital charges, obstetricians and midwives fees for normal childbirth ◦ post-natal care required by the mother immediately following normal childbirth, such as stitches	Up to GBP 2,650, EUR 3,300 or USD 4,500 (AED 16,500) per delivery

BENEFIT AND EXPLANATION	LIMITS
CAESAREAN SECTION (10 MONTH WAITING PERIOD FOR TREATMENT OUTSIDE UAE) Once you have been covered on this health plan for 10 months for treatment outside of UAE: Hospital, obstetricians' and other medical fees for the cost of the delivery of your baby by Caesarean section, when it is medically essential for a Caesarean section for example as a result of non-progression during labour (for example dystocia, foetal distress, haemorrhage). Note: if it has not been possible to determine that your Caesarean section was medically essential, it will be paid from your normal delivery benefit limit.	Up to GBP 2,650, EUR 3,300 or USD 4,500 (AED 16,500) per delivery if medically necessary
MATERNITY OUT-PATIENT TREATMENT (10 MONTH WAITING PERIOD FOR TREATMENT OUTSIDE UAE): Once you have been covered on this health plan for 10 months for treatment outside of UAE. Maternity care and treatment before and after the birth, including a minimum of 3 antenatal ultrasound scans. Pre-authorisation is required in Dubai.	Paid in full
COMPLICATIONS OF MATERNITY AND CHILDBIRTH Once you have been covered on this health plan for 10 months for treatment outside of UAE. Treatment which is medically necessary as a result of any condition that develops which becomes life threatening to either the mother or the newborn. This benefit is subject to internal medical policy criteria. Please call the number on your insurance card or write via sukoon.com/bupaglobal/membersworld for pre-authorisation where possible. If you require an emergency admission as a direct result of pregnancy and childbirth complications, please call the number on your insurance card or write via sukoon.com/bupaglobal/membersworld within 48 hours of your admission.	Paid in full
NEONATAL / NEWBORN COVER This benefit is paid instead of any other benefit for all treatment required for a newborn child. We pay for any any treatment for your baby for up to and including 30 days following birth. This includes routine vaccinations, screening tests for congenital illness, for example BCG, Hepatitis B and other neo-natal screening tests. A newborn child is covered for 30 days from their date of birth on their mother's policy. For a claim to be paid the invoice must state the mother's name, policy number and child's date of birth. If the newborn child is enrolled on their own policy, before 30 days from their date of birth, their treatment costs will be taken from their 'Neonatal / Newborn cover' benefit. Children older than 30 days must be enrolled as a new dependant on the policy and the 'Neonatal / Newborn cover' benefit' will no longer be used. For adding your newborn please also see the 'Want to add more people to your health plan?' section.	Paid in full for up to 30 days from birth

BENEFIT AND EXPLANATION	LIMITS
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. For all medical transfers: you must call the number on your insurance card or write via sukoon.com/bupaglobal/membersworld for pre-authorisation 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 in their reasonable opinion is inappropriate based on established clinical and medical practice will not be approved, and a review of your case will be conducted, when it is reasonable to do so. Evacuation or repatriation will not be authorised if it is against the advice of the relevant medical team. Evacuation or repatriation of mortal remains 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 an 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.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
REPATRIATION Transport costs for repatriation: - to your specified country of nationality as given on your application form, or your specified country of residence, and - the return journey to the place you were transferred from when: - 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 lesser amount We do not pay any other costs related to the repatriation 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. In some cases you may request a medical repatriation when seeking authorisation, but this may not be medically appropriate. In these cases, you will first be evacuated to the nearest appropriate place where treatment is available. Once you have been stabilised, you may then be repatriated to your specified country of nationality or your specified country of residence.	Paid in full
TRAVEL COST FOR AN ACCOMPANYING PERSON Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany you if there is a reasonable need for you to be accompanied. 'Reasonable need' means that you need someone to accompany you for one of the following reasons: you need assistance to board or disembark from transport you need to be transferred over a long distance (over at least 1000 miles or 1600 KM) - there is no medical escort - in the case of serious acute illness The accompanying person may travel in a different class from the person receiving treatment depending on medical requirements. Reasonable travel costs for the return journey to the place you were transferred from when 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 amount	
TRAVEL COST FOR THE TRANSFER OF CHILDREN Reasonable travel costs for children to be transferred with you in the event of an evacuation, provided they are under the age of 18 when: - it is medically necessary for you as their parent or guardian to be evacuated your spouse, partner, or other joint guardian is accompanying you, and - they would otherwise be left without a parent or guardian	
LIVING ALLOWANCE 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	

BENEFIT AND EXPLANATION	LIMITS
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 rig or within a war zone. We do not pay for mountain rescue.	Paid in full
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	
REPATRIATION OF MORTAL REMAINS Reasonable costs for the transportation of your body or cremated mortal remains to your home country or to your specified country of residence: ◦ in the event of your death while you are away from home, and ◦ subject to airline requirements and restrictions We will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is required by the airline authorities to carry out the transportation. We do not pay for any other costs related to the burial or cremation, the cost of burial caskets or the transport costs for someone to collect or accompany your mortal remains.	

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, 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 work-related 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

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 **pre-existing 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**. Other rules may apply in respect of **covered benefits** received from an 'out-of-network' **benefit provider** in certain specific countries. This applies whether **we** pay the **benefit provider** directly, or **you** pay the costs and claim this back from **us**.

GENERAL EXCLUSIONS	
Antenatal classes	We will not pay for antenatal classes from your maternity benefits or any other benefits.
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.
Complementary therapists	Treatment and medicine by Complementary therapists and Chinese medicine practitioners – except homeopaths and ayurvedic physicians

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. ◦ nuclear or chemical contamination ◦ war, invasion, acts of a foreign enemy ◦ civil war, rebellion, revolution, insurrection ◦ terrorist acts ◦ military or usurped power ◦ martial law ◦ civil commotion, riots, or the acts of any lawfully constituted authority ◦ hostilities, army, naval or air services operations whether war has been declared or not
Convalescence and admission for treatment that could take place as a day-case or out-patient , general care, or staying in hospital for	◦ convalescence, pain management, supervision, or ◦ receiving only general nursing care, or ◦ therapist or complementary therapist services, or ◦ domestic/living assistance such as bathing and dressing
Cosmetic treatment	Non-medically essential surgery and treatment to alter your appearance including abdominoplasty or treatment related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. We do not pay for: ◦ treatment of keloid scars ◦ scar revision ◦ nasal septum deviation (unless medically necessary) ◦ nasal concha resection (unless medically necessary) For example: All cosmetic healthcare services and services associated with replacement of an existing breast implant will be excluded. Cosmetic operations which are related to an injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body and breast reconstruction following a mastectomy for cancer are covered.
Desensitisation and neutralisation	Treatment to de-sensitise or neutralise any allergic condition or disorder, including immunomodulators and immunotherapy, unless deemed medically necessary. We also do not cover: ◦ any testing for allergies toward medications or medical supplies used during treatment ◦ any physical, psychiatric or psychological examinations or investigations during these examinations.
Developmental problems	Treatment for, or related to developmental problems, including: ◦ learning difficulties, such as dyslexia ◦ developmental problems treated in an educational environment or to support educational 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. ◦ 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. Standard clinical use includes: ◦ 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 Institute for Health and Care Excellence) (excluding medicines approved through the UK Cancer Drugs 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 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. Notes: ◦ 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.
Eyesight	Treatment, equipment or surgery for correction of vision, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK). Note: we may cover costs associated with eyesight as detailed in the 'Table of benefits', subject to internal medical policy criteria.
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.

Harmful or hazardous use of alcohol, drugs and/or medicines	Treatment for or arising: ◦ directly or indirectly, from the deliberate, reckless (including where you have displayed a blatant disregard for your personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ◦ in any event, from the illegal use of any such substance In emergency cases as defined by DHA guidelines, healthcare services outside the scope of health insurance must be covered until stabilisation as a minimum.
Health hydros, nature cure clinics or any establishment that is not a hospital	Treatment or services which does not seek to improve or which do not result in a change in the medical condition of the patient received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a hospital.
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 not pay for artificial life maintenance - including mechanical ventilation, where such treatment will not or is not expected to result in your recovery or restore you to your previous state of health. Example: We will not pay for artificial life maintenance when you are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding except in the cases of cancer. We will not pay for treatment while staying in hospital for permanent neurological damage or if you are in a persistent vegetative state.
Infertility treatment	Treatment to assist reproduction, or to correct a state of infertility such as: ◦ in-vitro fertilisation (IVF) ◦ gamete intrafallopian transfer (GIFT) ◦ zygote intrafallopian transfer (ZIFT) ◦ artificial insemination (AI) ◦ prescribed drug treatment ◦ embryo transport (from one physical location to another), or ◦ donor ovum and/or semen and related costs Note: we pay for reasonable investigations into the causes of infertility if: ◦ you had not been aware of any problems before joining, ◦ and you have been a member of this Plan for a continuous period of two years before the investigations start Once the cause is confirmed, we will not pay for any additional investigations in the future.
Injuries resulting from criminal acts	Treatment which arises, directly or indirectly, as result of your deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses and resisting authority. In emergency cases as defined by DHA guidelines, healthcare services outside the scope of health insurance must be covered until stabilization as a minimum.
Mechanical or animal donor organs	Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when 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 and weight management	Treatment for or as a result of obesity and weight management such as: ◦ slimming aids or drugs, 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.
Professional sports activities	Treatments and services arising as a result of professional sports activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other professional sports activities.
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.
Treatment outside the area of cover	Treatment in the USA.
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 sukoon.com/bupaglobal/facilityfinder.

TERMS AND CONDITIONS

No	CLAUSE
1.	Your policy
1.1	The definitions set out in the "Glossary" in the Guide to your health plan apply to these Terms and Conditions and are marked in bold.
1.2	This policy is an insurance contract between you the policyholder and Sukoon for each policy year . If the policy is renewed a new insurance contract is formed on the same terms as the previous policy year but with a new premium and any amendments notified to you the policyholder of at the time of renewal .
1.3	No other persons, including any dependants , may enforce any legal rights under this insurance contract. Dependants may use the complaints process set out in clause 15 below.
1.4	This insurance contract is set out in: ◦ these Terms and Conditions; ◦ the Guide to your health plan ; ◦ the information and declarations in your application form; and ◦ the insurance certificate.
1.5	If you the policyholder add dependants to this policy , those dependants will be covered by this policy from the date shown on the updated insurance certificate sent to you the policyholder .
2.	Your cover
2.1	Sukoon will pay for the cost of any covered benefits in accordance with the terms of, and up to the limits as stated in, this policy .
2.2	Your health plan may include a mandatory annual deductible, which will be shown in the Guide to your health plan . You may also have an optional annual deductible, if available and selected by you the policyholder in your application form. Your deductibles will be shown on your insurance certificate and your insurance card. All annual deductibles apply to you the policyholder and each of the dependants separately. You the policyholder and each dependant may have different annual deductible amounts. You will have a new annual deductible if this policy renews. If an annual deductible applies, you must pay the cost of any covered benefits received directly to the provider until you have reached the level of your annual deductible. Costs in excess of the maximums shown in the Guide to your health plan will not count towards your annual deductible. The cost of any covered benefits you receive which are covered by your annual deductible (excluding costs in excess of the maximums shown in the Guide to your health plan), count towards the maximum cover limits shown in the Guide to your health plan . Even if the amount you are claiming is less than the amount of your annual deductible, you should still submit so that there is a record of when you have reached the level of your annual deductible. As this is an annual deductible, if your first claim is towards the end of the policy year and your covered benefits continue over your renewal date, the annual deductible is payable separately for the covered benefits received in each policy year.
2.3	Your health plan may include a mandatory co-insurance, which will be shown in the Guide to your health plan . You may also have an optional co-insurance, if available and selected by you the policyholder in your application form. Your co-insurance will be shown on your insurance certificate and your insurance card. You must pay for the co-insurance proportion of the cost of any covered benefits to which the co-insurance applies directly to the benefit provider.

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 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.
4.2	If you have other insurance which also covers your covered benefits you must let us know and provide details of the other insurance company, including on pre-authorisation and when making a claim. We will only pay for our share of the cost of any covered benefits.

No	CLAUSE
5.	Making a claim
5.1	We aim to pay the benefit provider directly for any covered benefits covered by this policy whenever possible. Otherwise you must pay the benefit provider and then send a completed claim form, with copies of all valid invoices, relevant letters and other documents relating to the covered benefits you are claiming for. Where requested, original invoices must be provided. We are not obliged to pay for any covered benefits if the claim form is received more than 3 years after the covered benefits were provided to you, unless there is a good reason why it was not possible for you to make the claim earlier. Original documents cannot be returned to you, but copies can be sent to you on request.
5.2	Where you have paid the benefits provider and you have made a valid claim, we will pay you the policyholder. We may pay a dependant only where the dependant received the covered benefits, they are over 16 and we have their current bank details. Payments shall only be made by electronic transfer direct to your bank account or by cheque payable to you. We pay the administration costs for making electronic transfers. If your local bank charges you an administration fee, we will refund you on receipt of proof you have paid such fees. All other bank charges or fees, such as currency exchange, are your responsibility, unless you are charged because we made a mistake.
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 in the currency you would like. So, you will be paid in the currency the premium is received in. Very rarely, paying in a certain currency may be illegal or expose us (or the Bupa Group) to United Nations sanctions. If so: ◦ you may not be paid immediately, or ◦ you will be paid in a currency that is permitted We use the rate that is in place in the UK on the invoice date. If there is no invoice date, we will use your treatment date. The exchange rate we use will be from a leading market provider of rates. Please call us if you would like more details.
5.4	We will not provide cover nor pay claims under this policy if the laws of any relevant jurisdiction, including the UAE, United Kingdom, European Union, the United States of America, or international law, prevent us from doing so. You will normally be told if this is the case unless this would be unlawful or would compromise our reasonable security measures.
6.	Renewal
6.1	We will write to let you know if this policy will renew for the next year in advance of the renewal date. Each policy year we may change how we calculate your premiums, how we determine premiums, what you have to pay and the method of payment. We may also change the Guide to your health plan (including which covered benefits are covered and the limits for covered benefits) and the terms this policy. A notice will be issued to you in advance of the renewal date, with details of the new premium, any changes to the renewed policy and the reasons for those changes. If you do not want to renew this policy you must call the number on your insurance card or write via sukoon.com/bupaglobal/membersworld within 30 days following the start of the renewed policy. Unless you contact us to tell us not to, we will continue to take payment of the new premium plus any applicable VAT using the payment details you have given us.
6.2	We reserve the right not to renew this policy at our discretion for any reason. If so, we will issue you a notice at least 30 days before the end of the policy year.
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.

No	CLAUSE
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.
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 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	Neither Sukoon or Bupa Global will provide cover and will not pay any claim or provide any benefit under this insurance, if doing so would: break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to us (including those of the UAE, the European Union, the UK, and / or the U.S.), or put either Sukoon or Bupa Global at risk of being sanctioned by any relevant authority or competent body, or put either Sukoon or Bupa Global at risk of being involved (directly or indirectly) in something which any relevant authority, banks we use, or competent body would consider to be banned or restricted. If any resolutions, sanctions, laws, or regulations referred to in this clause apply (or start to apply), either Sukoon or Bupa Global can take any action considered necessary, to make sure Sukoon and/or Bupa Global continue to work within them. If this happens, you acknowledge that this may restrict, delay, or end Sukoon's or/and Bupa Global's obligations under your plan, and may not be able to pay any claim or refund any premiums already paid. Sukoon and Bupa Global is in compliance with Anti-Money Laundering & Combating Terrorist Financing laws (UAE Federal Decree-Law No. (20) of 2018 On Anti-Money Laundering and Combating the Financing of Terrorism and Financing of Illegal Organisations and implementing regulation, Cabinet Decision No. (10) of 2019 Concerning the Implementing Regulation of Decree Law No. (20) of 2018 On Anti-Money Laundering and Combating the Financing of Terrorism and Illegal Organisations, read with amendments to Cabinet decision No. 10 of 2019 issued through Cabinet resolution no. 24 of 2022.

No	CLAUSE
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.
9.	Ending your policy or removing a dependant from cover
9.1	You, the main member, 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 www.sukoon.com/bupaglobal/membersworld You must give 30 days notice to cancel this policy or to remove a dependant from your cover. For example, this means that, if you tell us you want to cancel on 10 January, the change will take effect from 9 February. For Dubai Health Authority compliant policies: The main member must report one of the following dates for the terminated members as a termination date, based on whichever occurs first: ◦ 30 days from your visa cancellation date, ◦ your exit date from UAE, or ◦ your visa transfer date To cancel this policy or remove a dependant, you must provide supporting evidence that you or the dependant: 1. are no longer required to have medical insurance in Dubai, or 2. have alternative private medical insurance in place to allow continuous cover in Dubai Please note that cancellation cannot be backdated. Claims submitted after the cancellation is confirmed to either the main member or any authorised representative can be submitted for reimbursement if the treatment date is not after the cancellation date.
9.2	If the policyholder or a dependant dies we should be notified in writing within 30 days. Upon the death of the policyholder any adult dependant may apply to Sukoon to become the policyholder of the policy in his or her own right and include the other dependants under their policy. If the policyholder dies, and no adult dependant has taken over the policy, this policy will end and if no valid claims have been made or covered benefits received under this policy, we will refund that part of the premium which relates to the period after the policy ended. If a dependant dies then his/her cover under this policy will end and, provided that no valid claims have been made or covered benefits received under this policy by or on behalf of that dependant, we will refund that part of the premium which relates to the dependant for the period after his/her cover ended.
9.3	Sukoon and Bupa Global may decide to end your plan. If this happens, it will be at your next renewal. Sukoon and Bupa Global: ◦ will notify you of our decision at least 3 months before your next renewal; and ◦ may offer you membership of another of our plans with the current insurer. If you accept the proposed alternative plan, this new plan will take effect from your renewal date without a break in cover and without any new underwriting terms. You may wish to discuss this with us before your renewal date or you may decide not to continue your cover.
10.	Our role under this policy and appointment as your agent
10.1	Our role under this policy is to provide you with insurance cover and sometimes to make arrangements (on your behalf) for you to receive any covered benefits. It is not our role to provide you with the actual covered benefits.
10.2	You the policyholder, on behalf of yourself and the dependants, appoint us to act as agent for you, to make appointments or arrangements for you to receive covered benefits which you request. We will use reasonable care when acting as your agent.

No	CLAUSE
10.3	You the policyholder, on behalf of yourself and the dependants, authorise us as your agent, if for any reason you are not available to give us instructions with regard to any covered benefits (for example if you are incapacitated), to: ◦ take such action as we reasonably consider to be in your best interests (in accordance with the cover you have under this policy); ◦ provide any information about you to your benefit provider as we reasonably consider to be appropriate in the circumstances; and/or ◦ take instructions from the person we reasonably consider to be the most appropriate person (for example a family member, your treating doctor or your employer).
10.4	When acting as your agent we may act via the Bupa group of companies and administrators , who may act as the international administrator.
11.	Our liability to you
11.1	We (and the Bupa group of companies and administrators acting as the international administrator) shall not be liable to you or anyone else for any loss, damage, illness and/or injury that may occur as a result of your receiving any covered benefits , nor for any action or failure to act of any benefit provider or other person providing you with any covered benefits . You should be able to bring a claim directly against such benefit 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 ' you the policyholder ' this includes anyone acting on your behalf, where reference is made to ' dependant ' this includes anyone acting on behalf of any Dependant .
12.2	You the policyholder and any dependant must not: ◦ make a fraudulent or exaggerated or falsely stated claim under this policy; ◦ 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 refuse to pay claim(s) under this policy; and/or ◦ refuse to cooperate or fail to provide information / documentation reasonably requested to validate your claim(s), whether pending or paid (including but not limited to proof of payment, medical reports and original invoices).
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 that claim. In addition, if you the policyholder breach clause 12.2 then we reserve the right to notify you the policyholder that this policy has terminated from the date of the breach of clause 12.2, and not refund any premium for the policy. If only a particular dependant has breached clause 12.2 then we reserve the right to notify you the 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.
13.	Misrepresentation
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 .
13.2	You the policyholder and any dependant must take reasonable care to make sure that all facts and information that you provide are accurate and complete at the time you take out this policy and at each renewal, extension and variation of this policy. You must say if any of the answers to the questions in the 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 behalf) provide information about the dependants.

No	CLAUSE
13.3	If you the policyholder or any dependant: ◦ deliberately or recklessly give inaccurate or incomplete information; and/or ◦ do not take reasonable care to give accurate and complete information (for example if you inadvertently or carelessly answer a question incorrectly) in circumstances where we would not have renewed, extended, varied or issued this policy to you at all, had we known about such information, we reserve the right to exercise our rights set out in clause 13.4 below.
13.4	Where clause 13.3 above applies: ◦ where it is you the policyholder who has failed to comply with clause 13.3 above, we reserve the right to avoid this policy. This means that we will treat it as if it had not existed from the start date, renewal date or 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 that part of this policy which applies to the dependant. This means that we will treat it as if the dependant was not covered by this policy from the start date, renewal date or the date that any changes were made to the policy, as the case may be.
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 accurate and complete information, then: ◦ we reserve the right to treat this policy as if it had contained such terms (other than terms relating to your 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.
13.6	Where only a dependant has failed to exercise reasonable care in providing information, but clause 13.3 does not apply, and we would have provided insurance cover on different terms had the dependant provided accurate and complete information, then: ◦ We reserve the right to treat this policy as if it had contained such terms (other than terms relating to your premium). In such circumstances, a claim will be paid only 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 for covered benefits received by that dependent if we would have charged a higher premium for cover for that dependent. 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
14.	Incontestability
14.1	If you provided any medical information in order to be covered under this plan, this information will be incontestable after a period of one (1) calendar year from the date set out in your insurance certificate for any reason other than misrepresentation, fraud, or as otherwise permitted under respective laws and regulations. For the avoidance of doubt, in the event you elect to upgrade your plan at the time of renewal and/or subscribe to additional benefits, we reserve the right to request additional medical information previously not provided.
15.	Complaints
15.1	How can I make a complaint? ◦ Call us: ◦ 800 0444 0492 (inside the UAE) ◦ +971 4 210 8004 (outside the UAE) ◦ write to us: ◦ sukoonglobal.com/bupaglobal/membersworld ◦ information@sukoonglobalhealth.com For more details, please visit sukoonglobalhealth.com/legal/complaints

No	CLAUSE
15.2	If you remain unhappy with our response, you can: ◦ contact your complaint handler on uaecustomerrelations@sukoonglobalhealth.com for internal escalation ◦ refer your complaint to: ◦ the Dubai Health Authority - https://www.isahd.ae/Home/lpromes, or - Sanadak's Customer Happiness Centre on 800 (SANADAK) 7262325 or - Sanadak's Mobile Application or https://www.sanadak.gov.ae/ or - pursue your case legally
15.3	Following the complaints procedure does not affect your right to take legal action. If you are still not satisfied with the outcome, you may seek to raise your case with a relevant court.
16.	The law of this policy and where you can bring court action
16.1	This policy is governed by and construed under the laws of the Emirate of Dubai or, where applicable, by the laws of the United Arab Emirates. Any dispute that cannot otherwise be resolved may be dealt with by courts in the United Arab Emirates.
16.2	If any dispute arises as to the interpretation of this policy as between different language versions, then the Arabic version shall be deemed to be conclusive and take precedence over any other versions. This can be obtained at all times by contacting the customer services helpline. Please note that 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** contact 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:

1. contact **you** anytime, through any means (email, sms, phone, etc.) and for any reason including for promoting its products;
2. 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**;
3. transfer **your** personal information to servers/**our** third party affiliates/service providers whether inside or outside the **UAE**;
4. Collect, use, and process **your** personal information (i) as required by **Sukoon** for evaluating/ underwriting/ issuing/ administering/ processing **your policy**/claims etc., (ii) and also in accordance with **Sukoon's** privacy **policy** as published on <https://www.sukoon.com/privacy-policy>, and which has been duly read, understood, and agreed by all relevant stakeholders.
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;
2. 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;
3. 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
4. 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:

1. 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: December 2024

For the avoidance of doubt, it is clarified that this privacy notice is for **Bupa Global** and is only applicable to / governs **your** relationship with **Bupa Global**. This privacy notice does not apply to or govern **your** relationship with **Sukoon** Insurance PJSC ("**Sukoon**"), as **your insurer**.

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 1273 323563. 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**" mean 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 certain other organisation (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 anti-money-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 health-care 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

Active treatment	Treatment from a medical practitioner of a disease, illness or injury that leads to your recovery, conservation of your condition or to restore you to your previous state of health as quickly as possible.
Acute condition(s)	A disease, illness or injury that is likely to respond to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.
Advanced therapy medicinal products (ATMPs)	Treatments that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell treatment .
Artificial life maintenance	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
Assisted Reproduction Technologies	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
Benefit provider	The recognised medical practitioner, hospital or clinic, or any other service provider, which provides you with any covered benefits .
Bupa Global	Bupa Insurance Services Limited (the international administrator of the health plan), a company registered in England and Wales, with company no. 3829851, of Bupa, 1 Angel Court, London EC2R 7HJ, UK .
Bupa Group	Bupa Global , Bupa Insurance Limited and all other companies in the Bupa Group , and those companies which provide any administration of this policy on behalf of Sukoon .
Co-insurance	The percentage you have to pay towards those covered benefits to which co-insurance applies, as indicated in your insurance certificate and membership guide .
Complementary therapist	Such as an acupuncturist, homeopath, reflexologist, naturopath, ayurvedic physician or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the treatment is received.
Covered benefits	The treatment and benefits shown as covered in the Guide to your health plan .
Day-patient	Treatment which for medical reasons requires you to stay in a bed in hospital during the day only. We do not require you to occupy a bed for day-patient mental health treatment .

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 , 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 dependants , 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 cardiac monitoring. Special care baby unit: a unit that provides the highest 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 service or prescribed drugs/medication which is: (a) consistent with the diagnosis and medical treatment for the condition; (b) consistent with generally accepted standards of medical practice; (c) necessary for such a diagnosis or treatment ; (d) not being undertaken primarily for the convenience of the member or the treating medical practitioner
Mental health treatment	Treatment of mental conditions, including eating disorders.
Network	Hospitals, pharmacies , or similar facilities, or medical practitioner's that have an agreement in effect with Sukoon, Bupa Global or a service partner to provide you with eligible treatment . To confirm if a provider is in network please visit Facilities Finder at sukoon.com/bupaglobal/facilityfinder .
Out-patient	Treatment given at a hospital , consulting room, doctor's office or out-patient clinic where you do not stay overnight or as a day-patient to receive treatment .
Ovulation induction treatment	Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
Persistent vegetative state:	A state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Pharmacy	A facility where prescribed drugs are prepared or sold.
Physiotherapists, osteopaths and chiropractors	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the treatment is received.
Policy	Your contract of insurance with Sukoon as described in Clause 1 of the Terms and Conditions.
Policy year	The 12 month period for which this policy is effective, as first shown on your insurance certificate and, if this policy is renewed, each 12 month period which follows the renewal date.
Policyholder	The main applicant set out in the application form and who will be the first person named on the insurance certificate.
Pre-existing condition	- Any medical condition declared in your application for cover which has been noted on your insurance certificate as a 'personal exclusion' or covered pre-existing condition. - Any medical condition declared in your application for cover which has been accepted with no 'personal exclusion' or underwriting loading applied - Any disease illness or injury for which you received medication, advice or treatment, or you had experienced symptoms of Whether the condition was diagnosed or not, prior to becoming a member which was not disclosed on your application for cover Where we have accepted your transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall be deemed to mean your original application for cover under that previous insurance product.
Professional sports activities	Any sport the member takes part in and is compensated for, whether when participating in training practice or in competitive practice.

Prophylactic surgery	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development 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 provided 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 medical 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 therapist or orthoptist, who is legally qualified and is permitted to practise as such in the country where the treatment is received.
Treatment	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure disease, illness or injury.
UAE	United Arab Emirates
UK	Great Britain and Northern Ireland.
Unrecognised medical practitioner, provider or 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 who are 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 or write via sukoon.com/bupaglobal/facilityfinder for details of benefit providers who have received such written notice or visit Facilities Finder at sukoon.com/bupaglobal/facilityfinder
We/us/our/insurer	Sukoon
You the policyholder	Just the policyholder .
You/your	The policyholder and/or any dependants .

Sukoon Insurance PJSC

P.O. Box 5209, Dubai,
United Arab Emirates
Tel: 800 0444 0492
sukoon.com/bupaglobal

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

Your calls may be recorded and may be monitored.

Bupa Global

Victory House
Trafalgar Place
Brighton BN1 4FY
United Kingdom