A guide to your Premier Health Plan



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

International Private Health Insurance 1 November 2026



Contents

3 Introduction

4 When **you're** awake, **we**'re awake

6 Need **treatment**?

8 Wellbeing Services

10 How to claim inside the **UAE**

12 How to claim outside the **UAE**

15 Want to add more people to **your health plan**?

17 **Your health plan** benefits

18 Table of benefits

34 Exclusions

40 Terms and Conditions

51 Glossary

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:

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

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

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

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:

- covered under the **health plan**
- at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received
- 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 hospita**l 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.

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.

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



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

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

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

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

Your Wellbeing

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

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

Second Medical Opinion*

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

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

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

Global Virtual Care*

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

Features include (subject to local regulations):

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

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

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

Virtual Care

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

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

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



How to claim inside the UAE

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

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

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

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

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

If you 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.

Direct payment

When accessing **Sukoon's network** of healthcare providers in the **UAE**, **we** will take care of the pre-authorisation and payment for **your treatment** directly with the **benefits provider**.

1

When **you** visit an **Sukoon network** provider, all **you** need to do is take **your** insurance card to **your benefits provider** and they will contact **Sukoon** to confirm if the **treatment** is covered. **You** can find a list of **Sukoon** providers here: **sukoon.com/bupaglobal/facilityfinder**

2

When **your treatment** is approved, **Sukoon** will send **your benefits provider** a pre-authorisation statement.

3

If **you** have a **co-insurance** on **your** plan and if the **treatment** is for **out-patient** day to day care (see the 'Table of benefits') please pay **your co-insurance** to the provider.

The **benefits provider** will then send **your** claim to **us**.

4

Sukoon pay the **benefits provider** directly.

If **co-insurance** applies, **Sukoon** will reimburse the claim to the benefit provider minus the **co-insurance you** have already paid.

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

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

Pay and claim

If **your treatment** is with a non-**network** provider, **you** will be asked to pay yourself and submit a claim for reimbursement.

When **you** visit **your benefits provider**, **you** should take a claim form with **you** so that the **medical practitioner** can fill in the medical information section.

A claim form can be found online at **sukoon.com/bupaglobal/membersworld**

Once **you** have received **treatment** and made a payment to **your benefits provider**, **you** should complete all other sections of the claim form, include the original invoices and submit **your** claim.

You can submit **your** claim online via, **sukoon.com/bupaglobal/membersworld** or by post to this address:

Sukoon Insurance PJSC,
Head Office: P.O. Box 5209
Dubai
United Arab Emirates

You are paid.

If **you** have chosen one of **our co-insurance** options, **you** will be paid the cost of the claim minus the percentage of the **co-insurance**.

If the claim is outside of **your** purchased level of **Sukoon network** a mandatory 20% **co-insurance** will be applied.

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-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. 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.

	1	2	3	4	
Direct payment	**Your benefits provider** is paid directly. **You** should present **your** insurance card when **you** receive **treatment**.	A pre-authorisation statement **is sent to your benefits provider. A copy will be sent to you** on request. The **benefits provider** will ask **you** to sign the pre-authorisation statement when **you** arrive for **treatment**.	If **you** have a **co-insurance** on **your plan**, the **benefits provider** will be paid in full and **we** will collect any **co-insurance** from **you** using the payment details **Bupa Global** hold for **you** unless **your treatment** took place in the U.S. For **treatment** in the U.S., the **benefits provider** may either be paid in full and we will collect any share from **you** using the payment details **Bupa Global** hold for **you**, or **your benefits provider** may request settlement of the balance after **Bupa Global** have settled the claim with them. If **Bupa Global** need to collect any payment from **you**, they will send **you** a statement showing the amount that will be **collected** from **you**.	The **benefits provider** will then send **your** claim to **Bupa Global**. **Bupa Global** pay **your benefits provider** directly. If **co-insurance** applies, **Bupa Global** will reimburse the claim to the benefit provider minus the **co-insurance you** have already paid.	**Your** claim payment statement is sent to **you**. When **your** claim is settled, **your** benefits are paid in line with the limits shown in **your** the 'Table of benefits', General Exclusions' and 'Terms and Conditions' of **your plan**.
Pay and claim	When **you** visit **your benefits provider**, **you** should take a claim form with **you** so that the **medical practitioner** can fill in the medical information section. A claim form can be found online at **sukoon.com/bupaglobal/membersworld**	Once **you** have received **treatment** and made a payment to **your benefits provider**, **you** should complete all other sections of the claim form, include the original invoices and send the claim.	**You** can submit **your** claim online via, **sukoon.com/bupaglobal/membersworld** or by post to this address: **Bupa Global**, Victory House, Trafalgar Place, Brighton, BN1 4FY, **UK**	**You** are paid. If **you** have chosen a **co-insurance** option, **you** will be paid the cost of the claim minus the percentage of the **co-insurance**.	



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**
Amount **we** pay is **AED 640**	
Later in the year **you** stay in **hospital** for 5 days which costs **AED 80,000**	As this is **in-patient** care the **co-insurance** applied is **AED 0**
Amount **we** pay is **AED 80,000**	

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

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

Please refer to ‘how to claim’ for more details.

TABLE OF BENEFITS
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 When carried out by a **specialist** or a **doctor**.	Paid in full*

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**.	Paid in full* Up to 30 consultations each **policy year****
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	
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**.	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**.	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.	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	Paid in full
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**.	
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**	10 days each **policy year** up to GBP 100, EUR 120 or USD 170 (AED 620) per day

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 immnunomodulators 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 Insitute for Health and Care Excellence) (excluding medicines approved though 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.
Multiple consultations with consultants inside the **UAE**	More than one consultation or follow up with a consultant in a single day unless referred by a physician. This exclusion is specific to **treatment** in the **UAE** only.

Non-medical **treatments** and supplies	All supplies which are not considered as medical **treatments** including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions) and all equipment not primarily intended to improve a medical condition or injury, including but not limited to air conditioners or air purifying systems, arch supports, convenience items/options, exercise equipment and sanitary supplies.
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.

Travel costs for **treatment**	Any travel costs related to receiving **treatment**, unless otherwise covered by: ◦ local air ambulance benefit ◦ local road ambulance benefit ◦ medical evacuation ◦ medical repatriation ◦ non-medical evacuation ◦ travel cost for an accompanying person ◦ travel cost for the transfer of children ◦ compassionate visit transport costs and compassionate visit living allowance, or ◦ compassionate **emergency** repatriation Examples: ◦ **we** do not pay for taxis or other travel expenses for **you** to visit a **medical practitioner** ◦ **we** do not pay for travel time or the cost of any transport expenses charged by a **medical practitioner** to visit **you**
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**: ◦ **sukoon**.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/Ipromes, 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

UAE-PREM-MEMB-EN-XXXX-2607-0065807