

Business Health Plan



Guide to your Business health plan

This **membership pack** explains the terms and conditions of the Business **Health Plan**. Detailed information such as pre-authorising **treatment**, making a claim and moving country can be found in this **membership pack**. It also explains **your** benefits, limits and exclusions with detailed rules on how to use them.

From 1 July 2023

sukoon.com/bupaglobal

Oman Insurance Company P.S.C. ("Sukoon") is the insurer and local administrator in the UAE. Plans are internationally administered by Bupa Global.



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The plan provides health insurance cover in the United Arab Emirates (**UAE**) and the rest of the world for employed residents of the Emirate of Dubai, holding a Dubai Residency Visa. Cover for the spouses and the **Dependants** of eligible employees' is an optional benefit.

Oman Insurance Company P.S.C. ("**Sukoon**") is the insurer and the local administrator in the United Arab Emirates (**UAE**) for the Dubai Worldwide **Health Plan**. **Bupa Global** is the administrator of the **health plan** outside of the **UAE**.

Remember we can offer a second medical opinion service

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

Welcome

This healthcare plan is designed for employers that require local and international health insurance cover for their employees. This is an 'enhanced' Plan which is compliant with the 'Health Insurance Law for the Emirate of Dubai (No.11 of 2013)'.

Within **your membership pack**, **you'll** find easy to understand information about **your** Business **Health Plan**.

This includes:

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

Your membership pack must be read alongside **your** membership certificate and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your health plan** documents. To make the most of **your health plan**, please read all of **your** documents carefully to get a full understanding of **your** cover.

Please keep **your membership pack** in a safe place. If **you** need another copy, **you** can call **us**, or view and print it online at www.sukoon.com/bupaglobal/membersworld

Contact us

Open 24 hours a day, 365 days a year

You can access details about **your** plan any time of the day or night through MembersWorld.
Alternatively **you** can call **us** anytime for advice, support & assistance by people who understand **your** situation.

Healthline* +44 (0) 1273 333 911

You can ask **us** for help with:

- general medical information
- finding local medical facilities
- arranging and booking appointments
- access to a second medical opinion
- travel information
- security information
- information on inoculation and visa requirements
- **emergency** message transmission
- interpreter and embassy referral

You can ask **us** to arrange medical evacuations and repatriations, if covered under **your** plan, including:

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

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**.

Our assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

General enquiries

From inside the **UAE** toll-free on:
800 0444 0492

and outside the **UAE** on:
+44 (0) 1273 323 563

Your customer services helpline:

- check cover and pre-authorise **in-patient** and **day-case treatment**
- membership and payment queries
- claims information

Email:
information@sukoonglobalhealth.com
Web: www.sukoonglobal.com/bupaglobal

Please note that **we** cannot guarantee the security of email as a method of communication. Some companies, employers and/or countries do monitor email traffic, so please bear this in mind when sending **us** confidential information.

Your calls may be recorded or monitored.

* **We** obtain health, travel and security information from third parties. **You** should check this information as **we** do not verify it, and so 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.

Contact details changed?

It's very important that **you** let **us** know when **you** change **your** contact details (correspondence address, email or telephone). **We** need to keep in touch with **you** so **we** can provide **you** with important information about **your** plan or **your** claims. Simply log onto MembersWorld or call, email or write to **us**.

Correspondence

For **treatment** inside the **UAE** please send to:

Oman Insurance Company P.S.C.
("Sukoong")
Health Department
P.O. Box 5209
Dubai
United Arab Emirates

For reimbursement claims, **treatment** outside the **UAE** and general correspondence please send to:

Bupa Global
Victory House
Trafalgar Place
Brighton, BN1 4FY
United Kingdom

Easier to read information

Braille, large print or audio

We want to make sure that members with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Making a complaint

We're always pleased to hear about aspects of **your health plan** that **you** have particularly appreciated, or that **you** have had problems with.

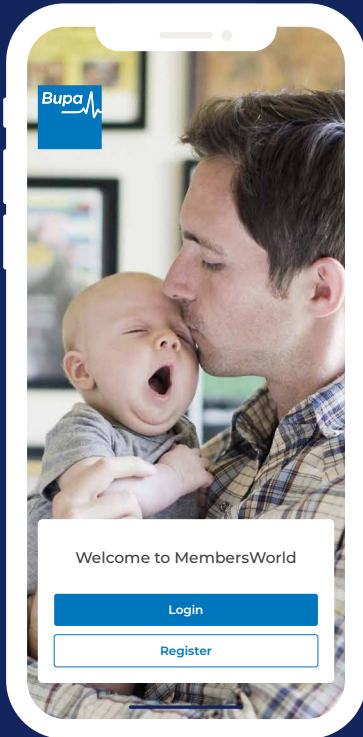
If something does go wrong, this **membership pack** outlines a simple procedure to make sure **your** concerns are dealt with as quickly and effectively as possible. Please see the 'Making a Complaint' section for more details.

If **you** have any comments or complaints, **you** can call **our** customer helpline on **800 0444 0492** toll-free inside the **UAE** and **+44 (0) 1273 323 563** outside the **UAE**, 24 hours a day, 365 days a year.

Alternatively **you** can email via www.sukoonglobal.com/bupaglobal/membersworld, or write to **us**.

Welcome to MembersWorld

Your MembersWorld account gives you access to **Bupa Global** whenever **you** need it.



You can register for MembersWorld at: www.sukoon.com/bupaglobal/membersworld and download the **Bupa Global** MembersWorld App from **your** app store.

MembersWorld is for everyone on the policy aged 16 and over.

All **dependants** over 16 can access these services, so it's important they register too.

If **you** are the **principal member** and would like to access information about **your dependants** in MembersWorld, they will need to register for an account and give permission. They can do this by simply going to their account settings and updating their consent options.

If **you** are not the **principal member**, **you** will not be able to access information about other **dependants** in MembersWorld.



How to access MembersWorld

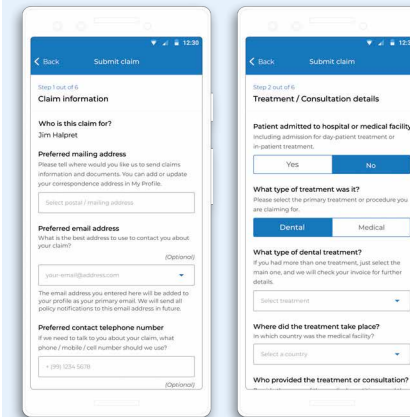
You can access and register online at www.sukoon.com/bupaglobal/membersworld with **your** favourite web browser or via **our** app.

Search for "MembersWorld" on the App Store or Google Play and download to **your** device for access to **your** account on-the-go



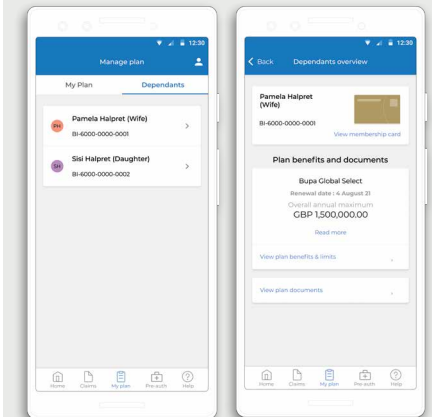
Claims and pre-authorisations

- Submit claims*
- Request pre-authorisation
- View and track progress*
- Review and send more or missing information



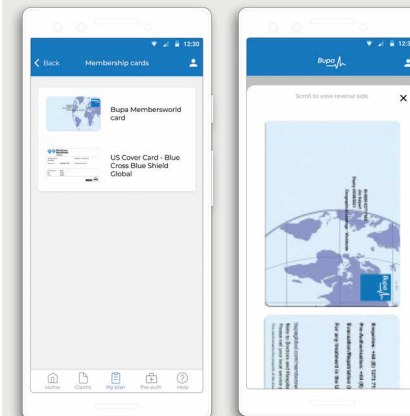
Dependants

- View **dependants'** plans, documents and membership cards
- Submit and view claims*
- Allow the **principal member** to manage a **dependants'** account



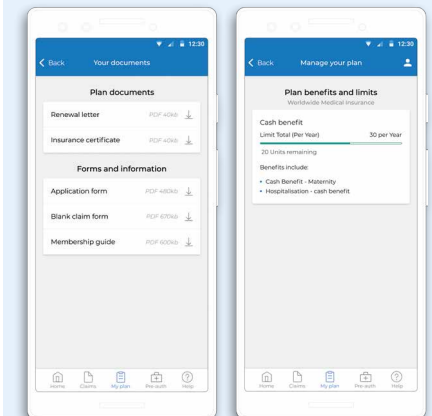
Membership cards

- Access to **your** membership cards whenever **you** need them



Policy documents

- View and download documents for your plan



*MembersWorld may not track claims in the U.S. as **we** use a **service partner** here.

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.

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 (depending on 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.



Bupa Lifeworks*

Designed to help **you** with all of life's questions, issues and concerns, LifeWorks is **your** global Employee Assistance Programme and gives **you** and **your** family instant access to advice from professionals in **your** language. Get confidential support for **your** mental, financial, physical and emotional wellbeing including short-term counselling. Help is available 24 hours a day, 7 days a week and 365 days a year online, by phone or mobile app. **You** also have access to a range of services, including expert tips and toolkits, as well as a wealth of online articles, podcasts, videos, and more.

Getting started is simple, visit <https://login.lifeworks.com> or search "LifeWorks" on the App Store or on Google Play, and look out for the LifeWorks logo. 'Log in' for the first time using the company code 'Bupa', then enter **your** MembersWorld email address and password to sign in.

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 depend on 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.

Pre-authorisation

Please remember to pre-authorise your treatment

CALL: Inside the **UAE** toll-free on **800 0444 0492** and outside the **UAE** on **+44 (0) 1273 323 563**

Or via **our** secure MembersWorld website at: **www.sukoon.com/bupaglobal/membersworld**

Your calls may be recorded or monitored.

The importance of pre-authorisation

We want everything to run smoothly when **you** need **treatment**. That way **you** can focus on getting better.

Why should I pre-authorise treatment?

So that **you** can tell **us** about **treatment** that **you** need to have. **You** should contact **us** before **you** have **your treatment** to give **us** the details. **We** can then:

- check if the policy covers **your treatment**
- check if the provider is part of **our network**
- help **you** find a provider within **our network**
- explain any limits that apply
- tell the provider that **you** are a **Bupa Global** member. **We** have agreements with **our network** providers for **treatment** charges
- case-manage complex **treatment**. The table of benefits clearly shows the complex treatments **we** want **you** to tell **us** about. Please contact **us** if **you** need any of these. **We** may ask for more information (for example to check if any policy exclusion applies)
- see if **we** can pay any bills directly to the provider. This will mean **you** don't have to pay and claim the costs from **us**.

If **you** have **treatment** with a provider who is not part of the **network**, **we** may only pay costs that are **reasonable and customary**. This could leave **you** with a shortfall to pay.

Before **we** can authorise **treatment** or pay a claim **we** may ask for more information, for example a medical report. If **we** don't receive this promptly, there may be a delay to pre-authorisation and to paying **your** claim. If **we** do not receive this at all, **we** may not be able to pay **your** claim

We may appoint an independent medical professional and ask **you** to have a medical examination with them (at **our** cost). They will then give **us** a medical report.

When **you** have pre-authorised **treatment** with one of **our network** providers, **we** will cover the costs if, at the time **you** have that **treatment**:

- the policy is in force
- **you** are covered by the policy
- premiums are paid up to date
- the pre-authorisation is still valid.

When **we** authorise **treatment**, **we** will tell **you** how long it is valid for.

How do I pre-authorise my treatment?

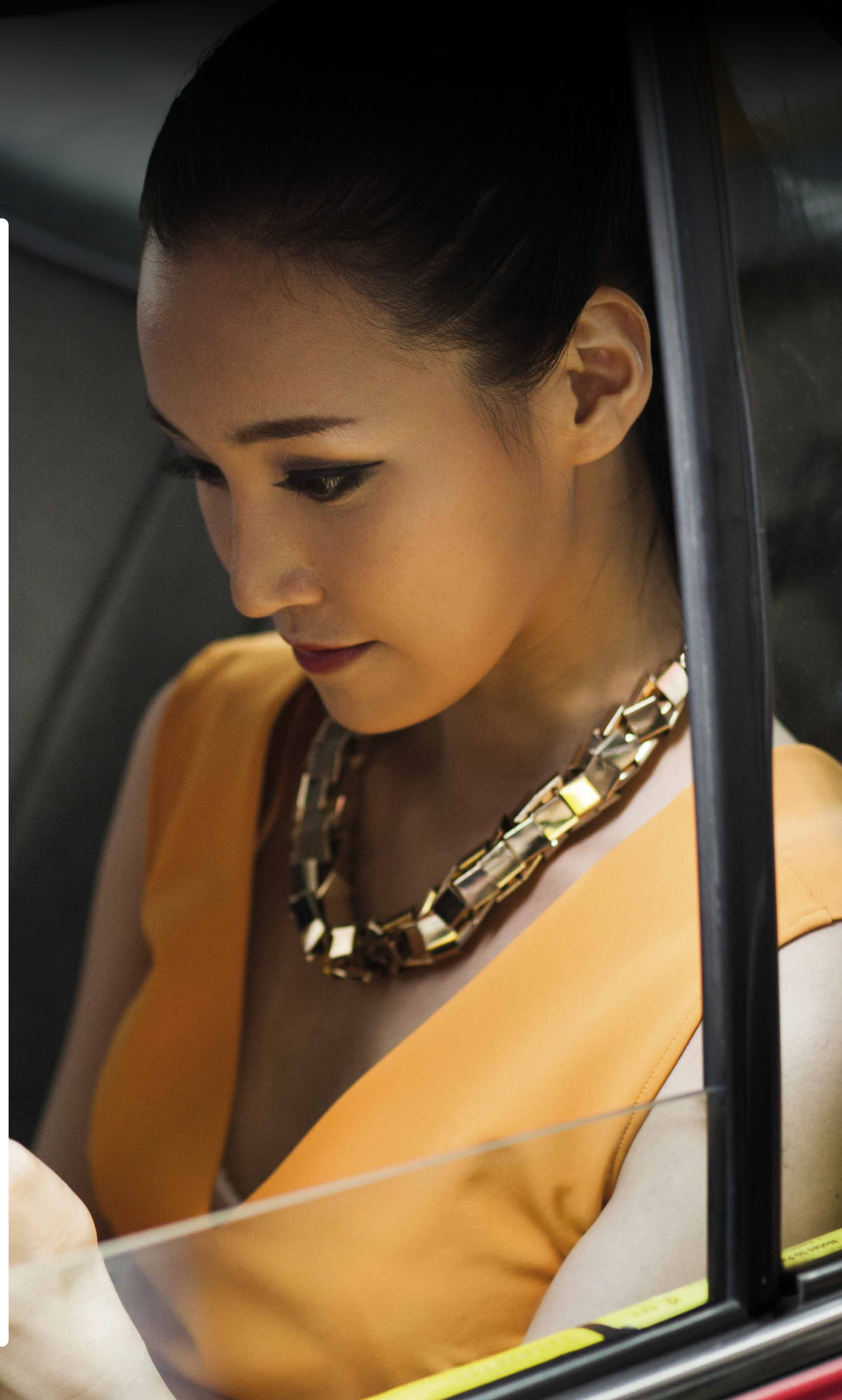
Login to the MembersWorld app, go to **www.sukoon.com/bupaglobal/membersworld** or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

What if my pre-authorisation is no longer valid? Can I get a new one?

Yes. Just follow the process again.

What if I need to go to hospital in an emergency?

In an emergency there might not be time to contact **us**. If this happens, it is important that the hospital contacts **us** within 48 hours.



How to claim inside the UAE

If **you** need assistance with a claim inside the **UAE** call **us** toll-free on **800 0444 0492** and outside the **UAE** on **+44 (0) 1273 323 563** or go online at **www.sukoon.com/bupaglobal/membersworld** or email **us** on **information@sukoonglobalhealth.com**
These details can be found on **your** membership card.

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 makes sure that **you** get full access to eligible medical **treatment** around the world.

Claims for **treatment** received inside the **UAE**, will be directly settled by **Sukoon** with the **benefits provider**, depending on any applicable **co-insurance** shown on **your** insurance certificate.

If **you** are claiming for **treatment** received with a **benefits provider** outside of **your** purchased level of **Sukoon network**, **you** will need to pay for **your treatment** and submit a claim for reimbursement, depending on any applicable **co-insurance** shown on **your** insurance certificate.

This is a summary, please refer to **your membership pack** for full details on how to claim.

Direct Settlement

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

Pay and Claim

Where direct settlement is not available with a **benefits provider**, **you** will be asked to pay yourself and submit a claim for reimbursement.

1

When **you** visit a **Sukoon benefits provider** **you** should present **your** membership card when **you** receive **treatment** and they will contact **Sukoon** to confirm if the **treatment** is covered. **You** can find a list of **Sukoon benefits providers** here: sukoon.com/bupaglobal/facilityfinder

2

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

We will also send a copy to **you** on request.

3

If **you** have an **out-patient co-insurance** on **your health plan** please pay **your co-insurance** to the **benefits provider**.

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

4

Sukoon pay the **benefits provider** directly.

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

5

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** 'Table of benefits' document.

You can also log in to MembersWorld, where **you** can view **your** documents online, upload and track **your** claims and view **your** claims statement.

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 in **your** membership pack, or 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.

You are paid.
If any **co-insurances** apply, **Sukoon** will reimburse the claim minus the any applicable **co-insurances**.

How to claim outside the UAE

If **you** need assistance with a claim inside the **UAE** call toll-free on **800 0444 0492** and outside the **UAE** on **+44 (0) 1273 323 563** or go online at **www.sukoon.com/bupaglobal/membersworld** or email on **information@sukoonglobalhealth.com**
These details can be found on **your** membership card.

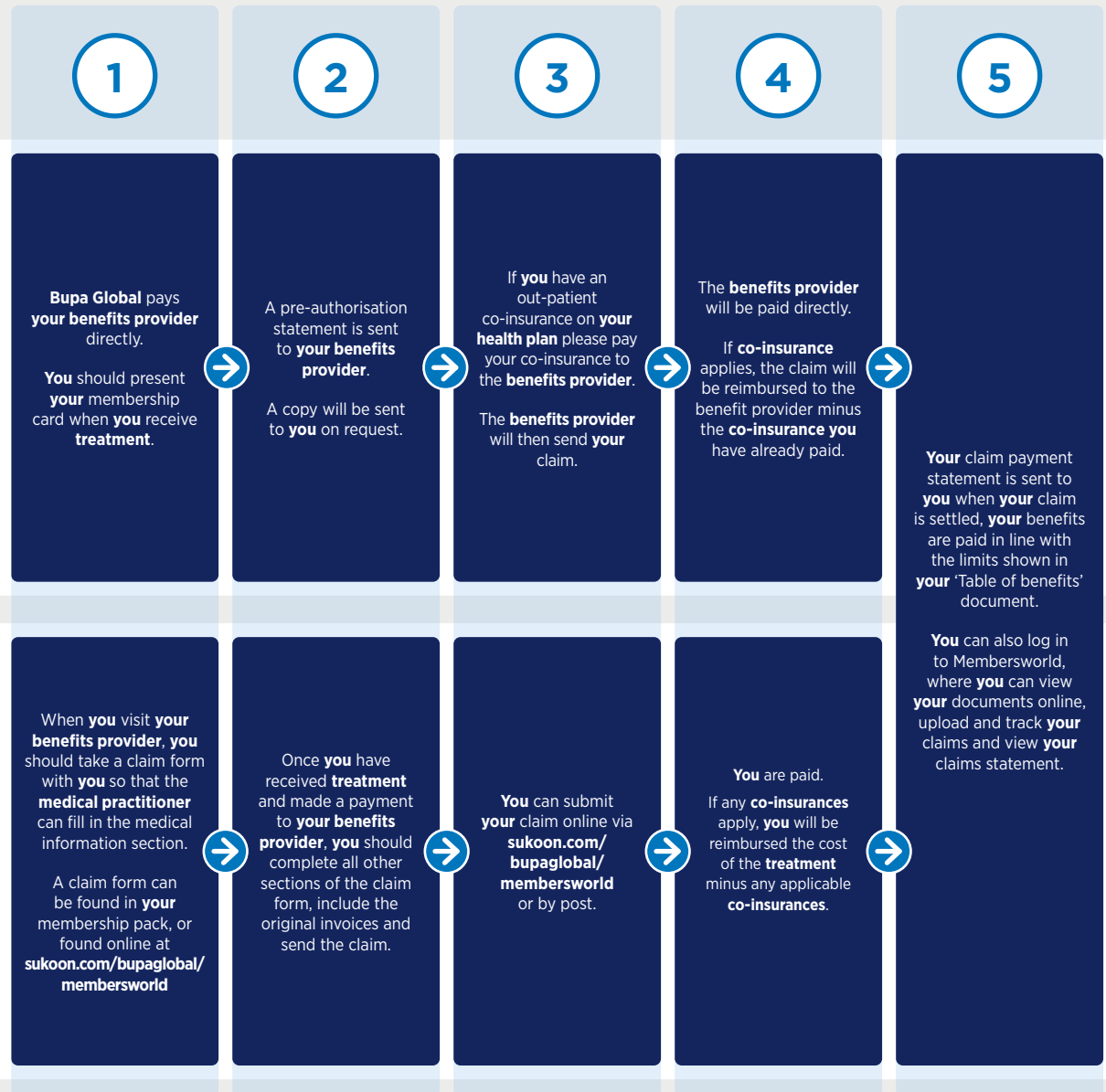
Sukoon has a large **network** of **benefits providers** in the **UAE**, and **Bupa Global** has expertise in health insurance administration all around the world. This working relationship between the two companies makes sure that **you** get full access to eligible medical **treatment** around the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

For claims for **treatment** received outside the **UAE**, the aim is to provide **you** with a quick and easy claims process. Members can either submit a reimbursement request on a 'pay and claim' basis or **Bupa Global** will arrange direct settlement where possible, with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient treatment** or **day-case treatment**. Direct settlement is easier to arrange if you pre-authorise **your treatment** first, or if **you** use a participating **hospital** or clinic.

This is a summary, please refer to the 'Table of Benefits' and 'Your Membership' sections of **your membership pack**, and membership certificate for full details on how to claim.

Direct Settlement
Pre-authorisation and payment for **your treatment** is taken care of directly with the **benefits provider**.

Pay and Claim
Where direct settlement is not available with a **benefits provider**, **you** will be asked to pay **yourself** and submit a claim for reimbursement.



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 **your** 'Table of benefits':

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 more 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 **your sponsor** has chosen a **co-insurance**, this will be shown on **your** insurance certificate.

The **co-insurance** 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.

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

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

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

If you have chosen a 20% co-insurance this means that you always pay 20% of your out-patient day to day care	
EXAMPLE	
You have a consultation with your doctor which costs \$80	20% out-patient day to day care co-insurance applied is \$16
Amount we pay is \$64	
Later in the year you stay in hospital for 5 days which costs \$8,000	As this is in-patient care the co-insurance applied is \$0
Amount we pay is \$8,000	
If you have treatment with a provider that is outside of your Sukoon network and your sponsor has chosen a 20% out of network co-insurance .	
EXAMPLE (with a 20% out-patient co-insurance purchased)	
You have a consultation with an out of network doctor which costs \$100	The 20% out-patient day to day care co-insurance we then apply is \$16
	20% out of network co-insurance applied is \$20
Amount we pay is \$64	
Later in the year you stay in an out of network hospital for 5 days which costs \$8,000	As this is in-patient care, only the out of network co-insurance applies. This is \$1,600
Amount we pay is \$6,400	
EXAMPLE (with no out-patient co-insurance purchased)	
You have a consultation with an out of network doctor which costs \$100	Out-patient day to day care co-insurance applied is \$0
	20% out of network co-insurance applied is \$20
Amount we pay is \$80	
Later in the year you stay in an out of network hospital for 5 days which costs \$8,000	As this is in-patient care, only the 20% out of network co-insurance applies. This is \$1,600
Amount we pay is \$6,400	



Things you need to know about your health plan

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- 10 Want to add more people to your health plan?
- 11 Your health plan benefits
- 13 General Exclusions
- 21 Pre-authorisation
- 22 Making a Claim
- 24 Your Membership
- 25 Making a Complaint
- 25 Privacy Notice
- 27 Glossary

About your Membership

Oman Insurance Company P.S.C. ("**Sukoon**") is the **insurer** and the local administrator in the **UAE** for the Business **Health Plan**. **Bupa Global** is the international administrator of the plan outside of the **UAE**.

Oman Insurance Company P.S.C. ("**Sukoon**") partnered with **Bupa Global** in 2003 and since then have built a strong working relationship. With **Sukoon's** tremendous local knowledge and financial strength and **Bupa Global's** expertise and service capabilities in the healthcare market, **you** can rest assured that wherever **you** are in the world, **you** are in expert hands.

The Business **Health Plan** is a group insurance plan. **You** are therefore one of a group of **members**, which has a **sponsor** (normally the company that **you**, the **principal member** work for).

The **health plan** is governed by an agreement between **your sponsor** and Oman Insurance Company P.S.C. ("**Sukoon**"), which covers the terms and conditions of **your** membership. This means that there is no legal contract between **you** and Oman Insurance Company P.S.C. ("**Sukoon**"). Only the **sponsor** and Oman Insurance Company P.S.C. ("**Sukoon**") have legal rights under the agreement relating to **your** cover, and only they can enforce the agreement.

As a **member** of the **health plan**, **you** have access to a complaints process. This includes the use of any dispute resolution scheme in place for **members**. Further details of the complaints process can be found in this **membership pack**.

The following must be read together as they set out the coverage and terms and conditions of **your health plan**:

- **you**, the **principal member's** application for cover for **you** and **your dependants** (if any) and the declarations that **you**, the **principal member** made during the application process
- The 'Table of benefits' and general exclusions

- **Your** terms and conditions
- **Your** insurance certificate
- **Your** insurance card

When your cover starts

The start date of **your** membership is the 'effective from' date shown on **your membership certificate**.

If you move to a new Emirate or country, or change your specified country of nationality

You, the **principal member** must tell **your sponsor** straight away if **your specified Emirate of residence** changes, or **your specified country of nationality** changes. **Your** new Emirate, or country may have different regulations about health insurance, and **your** membership may need to end if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens. **You**, the **principal member** need to tell **your sponsor** of any change to make sure that **you** have the right cover and that all local regulations are being met.

The details of regulations vary from Emirate to Emirate and country to country and may change at any time.

If **you** change **your specified Emirate of residence** to another Emirate, or to another country, **you** may be able to transfer to another international medical insurance policy. This may be subject to medical underwriting. **You** may also be entitled to retain any of **your** benefits which aren't covered until **you** have been a **member** for a certain period, and the time **you** were a **member** will count towards that. Please note that if **you** request a transfer to a different **insurer**, **your** personal information and any medical history held with that **insurer** will have to be shared.

If **you** change **your specified Emirate of residence** or **your specified country of nationality**, please call the customer services helpline to confirm if **your** membership is affected, and, if so, whether **you** can be offered a transfer service.

If you leave your Business Health Plan membership

You, the **principal member** can apply to transfer to a personal **health plan** if **your** membership of **your** group plan ends. **You** can also apply for **your dependants** (if applicable) to transfer with **you**. Please contact the customer service helpline for more information.

Want to add more people to your health plan?

If **your sponsor** agrees, **you**, the **principal member** may apply to include any of **your dependants** under **your** membership. To apply, **you**, the **principal member**, will need to complete a Business **Health Plan** Employee Application Form (later referred to as 'application form') which can be downloaded easily from **sukoon.com/bupaglobal/membersworld**. When **you** apply, the **dependant's** medical history will be reviewed by a medical team.

The cover will not start until the application form is received.

Adding your newborn child?

Congratulations on **your** new arrival!

Newborn children can have their cover backdated for up to 7 days from the date of birth. To apply for cover, a copy of their birth certificate or other official birth notification document will be required.

If **you** are not adding **your** newborn child, they are only covered for 30 days from their date of birth on their mother's policy.

Please refer to 'Maternity and childbirth cover' in **your** table of benefits.

If there are any changes to the information **you** provided on the application form after **you** sign it and before the application is accepted, please get in touch straight away.

When cover starts for others on your membership

If any other person is included as a **dependant** under **your**, the **principal member's** membership, their membership will start on the effective date on the **membership certificate we sent you for your** current period of **health plan** membership which lists them as a **dependant**. **Their membership can continue for as long as you, the principal member remain a member of the health plan.**

If **your**, the **principal member's** membership ceases, **your dependants** can then, of course, apply for a membership in their own right under one of **our** individual insurance plans.

Your health plan benefits

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

Treatment covered

To cover any **treatment** that **you** receive, it must satisfy all of the following requirements:

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

Treatment which in **our** reasonable opinion is inappropriate based on established clinical and medical practice will not be paid for, and a review of **your treatment** will be conducted, when it is **reasonable to do so**.

Active treatment

This Plan covers **you** for the costs of **active treatment** only. This means **treatment** 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.

Certain wellness and preventive **treatment** is also covered. Please see the 'Table of Benefits' for information.

Treatment for chronic conditions

This **health plan** also covers **you** for the **treatment** of **chronic conditions**. This means a disease, illness or injury (including a **mental health condition**) which has at least one of the following characteristics:

- has no known cure or recurs
- leads to permanent disability
- is caused by changes to **your** body which cannot be reversed
- requires **you** to be specially trained or rehabilitated
- needs prolonged supervision, monitoring or **treatment**

Our approach to costs

When **you** are in need of a **benefit provider**, a dedicated team can help **you** find a **recognised medical practitioner, hospital or healthcare facility** within **network**. Alternatively, **you** can view a summary of **benefit providers** on Facilities Finder at sukoon.com/bupaglobal/facilityfinder. Where **you** choose to have **your treatment** and services with a **benefit 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 **benefit 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 **benefit provider** must be no more than they would normally charge, and be similar to other **benefit 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' **benefit provider** will not be paid.

This means that, should **you** choose to receive **covered benefits** from an 'out-of-network' **benefit 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' **benefit provider**;
- the amount **your** chosen 'out-of-network' **benefit 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 **benefit provider** in **network**, for example, if **you** are taken to an 'out-of-network' **benefit 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' **benefit provider** in an **emergency**, it is important that **you**, or the **benefit 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 **benefit provider** in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **benefit 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' **benefit provider** in certain countries.

Table of Benefits

The 'Table of Benefits' shows the benefits, limits and the detailed rules that apply to **your health plan**. **You** also need to read the 'General Exclusions' section so that **you** understand the exclusions on **your health plan**.

Variations to your benefits

Your sponsor may have agreed variations to this benefit table. If so, **your sponsor** will inform **you** of these variations.

Benefit limits

There are two kinds of benefit limits shown in the 'Table of benefits'. The 'overall annual maximum' is the maximum amount to be paid for all benefits in total, for each **member**, each **membership year**. Some benefits also have a limit applied to them separately for each insurance period; for example home nursing after **in-patient treatment**.

All benefit limits apply per **member**. If a benefit limit also applies per **membership year**, this means that once a benefit limit has been reached, that benefit will no longer be available until the **sponsor** renews **your health plan** and **you** start a new **membership year**.

If a benefit limit applies for the whole of **your** lifetime, once this benefit limit has been reached, no further benefits will be paid, regardless of the renewal of **your health plan**. This applies to all **our** administered plans **you** have been a **member** of in the past, or may be a **member** of in the future, even if **you** have had a break in **your** cover.

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 for the full duration of the waiting period stated. It may have been agreed to waive waiting periods on **your health plan**. Please call to find out whether the waiting periods on **your health plan** have been waived.

Your purchased level of Sukoon network

Members with a Business **Health Plan** have access to the **Sukoon network** inside the **UAE**. To confirm the **Sukoon network** of **benefit providers** available to **you**, please see **your membership certificate** and Facilities Finder at sukoon.com/bupaglobal/facilityfinder

Please note that, should **you** choose to have **treatment** with a provider who is not part of **network**, only costs that are **Reasonable and Customary** will be covered. **Co-insurance** will be calculated against the **Reasonable and Customary** charges and not the invoiced amount if this is in excess of **Reasonable and Customary**. Please see the '**Our approach to costs**' section of **your membership pack**, call the number on **your** insurance card or write via sukoon.com/bupaglobal/membersworld for assistance. Please note that the benefit limits shown in the 'Table of Benefits' is the maximum that will be paid.

General 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**. If **you** are unsure about anything in this section, please call the number on **your** insurance card or write via **sukoon.com/bupaglobal/membersworld** before **you** go for **your treatment**.

Important note: **Our Business Health Plans** are non-U.S. insurance products and accordingly are not designed to meet the requirements of the U.S. 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 it will not be possible to provide tax reporting on behalf of those U.S. 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 or speak to **your health plan** administrator for more information.

General Exclusions

This section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, benefit is payable up to the limits set out in the 'Table of Benefits'.

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 membership certificate**, we do not pay for conditions which are directly related to:

- excluded conditions or **treatments** (except in an **emergency**)
- additional or increased costs arising from excluded conditions or **treatments**
- complications arising from excluded conditions or **treatments**

Mandatory healthcare benefits

Care has been taken to seek to ensure that the following exclusions do not exclude, reduce or restrict **your** entitlement to any mandatory healthcare benefits defined as minimum coverage by Dubai health insurance law within the **Dubai Health Authority** mandatory geographical area of coverage. **Sukoon** confirm that the exclusions shall not be applied to the extent that this would exclude, reduce or restrict **your** entitlement to any such mandatory healthcare benefit.

These exclusions shall fully apply in relation to any benefits sought outside of the **Dubai Health Authority** mandatory geographical area of coverage.

Exclusion	Notes	Rules
Administration / registration fees		Administration and/or registration fees (unless Sukoon or Bupa Global , at their reasonable discretion, deem that such fees are proper and usual, accepted practice in the relevant country).
Advance payments / deposits		Advance payments and/or deposits towards the costs of any covered 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.
Chinese medicine		Any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.

Exclusion	Notes	Rules
Conflict and disaster		<p>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) or if you were an active participant or you have displayed a blatant disregard for your personal safety.</p> <p>In emergency cases as defined by DHA guidelines, healthcare services outside the scope of health insurance must be covered until stabilisation as a minimum:</p> <ul style="list-style-type: none"> o nuclear or chemical contamination o war, invasion, acts of a foreign enemy o civil war, rebellion, revolution, insurrection o terrorist acts o military or usurped power o martial law o civil commotion, riots, or the acts of any lawfully constituted authority o hostilities, army, naval or air services operations whether war has been declared or not
Convalescence and admission for general care		<p>Convalescence and admission for general care, or staying in hospital for</p> <ul style="list-style-type: none"> o convalescence, pain management, supervision, or o receiving only general nursing care, or o therapist or complementary therapist services, or o domestic/living assistance such as bathing and dressing
Cosmetic treatment		<p>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.</p> <p>We do not pay for treatment of keloid scars. We also do not pay for scar revision, even if the scar is causing a functional problem, nasal septum deviation (unless medically necessary) or nasal concha resection (unless medically necessary).</p> <p>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.</p>
Deafness		<p>Treatment for or arising from deafness or partial hearing loss not caused by a congenital abnormality or ageing.</p>
Dental treatment /gum disease		<p>This includes surgical operations for the treatment of bone disease when related to gum disease or damage, or treatment for, or arising from disorders of the temporomandibular joint.</p> <p>Examples: we do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth.</p>
Desensitisation and neutralisation		<p>Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment); any physical, psychiatric or psychological examinations or investigations during these examinations.</p>
Developmental problems		<p>Treatment for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> o learning difficulties, such as dyslexia o developmental problems treated in an educational environment or to support educational development
Donor organs		<p>Treatment costs for, or as a result of the following:</p> <ul style="list-style-type: none"> o transplants involving mechanical or animal organs o the removal of a donor organ from a donor o the removal of an organ from you for purposes of transplantation into another person o the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness o the purchase of a donor organ

Exclusion	Notes	Rules
Experimental or unproven treatment		<p>Clinical tests, treatments, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> ○ 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 reasonable clinical opinion of the internal medical teams, 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 in line with internal criteria for standard clinical use. <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> ○ treatment agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved 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 the 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. <p>Notes:</p> <ul style="list-style-type: none"> ○ 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 reasonable clinical opinion of the internal medical teams, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Eyesight		<p>Treatment, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Examples: We will pay for eligible treatment or surgery of a detached retina, glaucoma, cataracts or keratoconus.</p> <p>We will not pay for routine eye examinations, contact lenses or spectacles.</p>
Footcare		<p>Treatment for corns, calluses, or thickened or misshapen nails.</p>
Gender issues		<p>Sex changes or gender reassignments.</p>
Genetic testing		<p>Genetic tests, when such tests are solely performed to determine whether or not you may be genetically likely to develop a medical condition.</p> <p>For Business Ultimate: This exclusion is not applicable in the case of Genetic Cancer Screening.</p> <p>Example: we do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.</p>

Exclusion	Notes	Rules
Growth Hormone Therapy		<p>Growth hormone therapy unless medically necessary.</p> <p>In emergency cases as defined by DHA guidelines, healthcare services outside the scope of health insurance must be covered until stabilisation as a minimum.</p>
Hair Loss		<p>Treatments and associated expenses for alopecia, baldness, hair falling, dandruff or wigs, unless required as a result of treatment for cancer.</p>
Harmful or hazardous use of alcohol, drugs and/or medicines		<p>Treatment for or arising:</p> <ul style="list-style-type: none"> ○ 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 <p>In emergency cases as defined by DHA guidelines, healthcare services outside the scope of health insurance must be covered until stabilisation as a minimum.</p>
Health hydros, nature cure clinics or any establishment that is not a hospital		<p>Treatment or services which do 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.</p> <p>If you have the Business Ultimate level of cover, we may cover costs associated with rehabilitation at recognised health resorts as detailed in the 'Table of Benefits'.</p>
Health related services which do not seek to improve or which do not result in a change in the medical condition of the patient		<p>We will not pay for non-medical treatment or 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.</p> <p>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.</p>
Healthcare services, which are not medically necessary		<p>Treatment or services received that are not medically necessary.</p>
In-patient treatment received without prior approval		<p>This includes medical emergency cases which were not notified within 24 hours from the date of admission.</p>
Infertility treatment		<p>Treatment to assist reproduction, or to correct a state of infertility such as:</p> <ul style="list-style-type: none"> ○ 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 <p>Note: we pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> ○ you had not been aware of any problems before joining, and ○ you have been a member of this Plan (or any Plan administered by Sukoorn or Bupa Global which included cover for this type of investigation) for a continuous period of two years before the investigations start <p>Once the cause is confirmed, we will not pay for any additional investigations in the future.</p>

Exclusion	Notes	Rules
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.
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
Natural disasters		Treatment in the UAE for injuries resulting from natural disasters (including but not limited to) earthquakes, tornados and any other type of natural disaster. In emergency cases as defined by DHA guidelines, healthcare services outside the scope of health insurance must be covered until stabilisation as a minimum.
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		Treatment for or as a result of obesity (including morbid obesity) such as: slimming aids or drugs, weight control programs or slimming classes. We may cover costs associated with obesity surgery as detailed in the 'Table of Benefits'.
Patient treatment supplies		These include: Elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments , excluding such supplies required as a result of treatment rendered during a medical emergency .
Personal comfort and convenience items		These include television, barber, or beauty services, guest services and similar incidental services and supplies.
Physical aids and devices		Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance. Examples: we will not pay for hearing aids except required as a result of a medical emergency , crutches or walking sticks.
Professional sports activities		Any treatments and services arising as a result 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.
Reconstructive or remedial surgery		Treatment required to restore your appearance after an illness, injury or previous surgery, unless: <ul style="list-style-type: none"> ○ the treatment is a surgical operation to restore your appearance after an accident, or as the result of surgery for cancer, if either of these takes place during your current continuous membership of the plan ○ the treatment is carried out as part of the original treatment for the accident or cancer ○ you have obtained written consent before the treatment takes place
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 , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.

Exclusion	Notes	Rules
Smoking cessation programmes		Supplies, treatment and services for smoking cessation programmes and the treatment of nicotine addiction.
Speech disorders		<p>Treatment for speech disorders, including stammering or speech developmental delays, unless all of the following apply:</p> <ul style="list-style-type: none"> ○ the treatment is short term therapy which is medically necessary as part of active treatment for an acute condition such as a stroke, ○ the speech therapy takes place during and/or immediately following the treatment for the acute condition, and ○ the speech therapy is recommended by the consultant in charge of your treatment, and is provided by a therapist <p>in which case we may pay at our discretion.</p>
Stem cells		<p>Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p> <p>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.</p>
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, outside the UAE		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		<p>Any travel costs related to receiving treatment, unless otherwise covered by:</p> <ul style="list-style-type: none"> ○ 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 <p>Examples:</p> <ul style="list-style-type: none"> ○ 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

Exclusion	Notes	Rules
U.S. treatment		<p>1. Regional Middle East</p> <p>U.S. cover is not included in your cover, and any treatment received, emergency or otherwise, in the U.S. is ineligible.</p> <p>2. Worldwide Excluding U.S.</p> <p>Any treatment or services received in the U.S. are ineligible:</p> <ul style="list-style-type: none"> ○ where this takes place after the 28th day of your visit to the U.S.; or ○ where these relate to any condition where symptoms of the condition were apparent to you before your visit to the U.S.; or ○ when it is known or there are reasonable grounds to conclude that you travelled to the U.S. for the purpose of receiving treatment or services - this applies whether or not your treatment or services were the main or sole purpose of your visit; or ○ where these relate to the delivery of a baby, other than in the case of unforeseen premature delivery; or ○ where these relate to a newborn baby born in the U.S, other than in the case of an unforeseen premature delivery. (In the case of unforeseen premature delivery the newborn must have been validly added to the membership) or ○ when arrangements for treatment or services were not pre-authorised by our agents in the U.S.. ○ Note: in order to claim for unforeseen treatment or services received within 28 days of your arrival in the U.S., you must send a photocopy of your airline ticket and stamped passport as evidence of your arrival date with your claim. <p>Please see terms around adding newborn babies in the 'Adding Dependants' and neo-natal/newborn care benefit in the 'Table of Benefits' sections of your membership pack.</p> <p>3. Worldwide Including U.S.</p> <p>Any treatment or services received in the U.S. are ineligible:</p> <ul style="list-style-type: none"> ○ when arrangements were not pre-authorised by our agents in the U.S. where required (see 'Pre-authorisation – Treatment in the U.S.' section of your membership pack); or ○ when it is known or there are reasonable grounds to conclude, that you purchased cover for and travelled to the U.S. for the purpose of receiving treatment or services for a condition, including pregnancy when the symptoms of the condition were apparent to you before buying the cover. This applies whether or not your treatment or services were the main or sole purpose of your visit and even if the treatment or services were pre-authorised. <p>Worldwide Excluding U.S. and Worldwide Including U.S.</p> <p>Service Partner</p> <p>Bupa Global's Service Partner in the U.S. operates a national network of hospitals, clinics and medical practitioners. This is the U.S. provider network. You must contact the internal dedicated team before you have treatment, and they can help to find a suitable network provider for you. If you choose not to have your in-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans in the U.S. pre-authorised, we will only pay 50 percent towards the cost of covered treatment.</p> <p>For eligible treatment that takes place in the U.S. using the U.S. provider network, benefit is paid at 100 percent once any co-insurance or deductible amount which may apply, and which you are responsible to pay, has been deducted from the claimed amount.</p> <p>When eligible treatment takes place in the U.S. but outside the provider network, benefit is paid at Reasonable and Customary costs. Please see the "Our approach to costs" section of your membership pack.</p>

Exclusion	Notes	Rules
Unrecognised medical practitioner, hospital or healthcare facility		<ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, hospital or healthcare facility who is 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

Pre-authorisation

We want to make sure everything runs as smoothly as possible when **you** need **treatment** and 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 sukoon.com/bupaglobal/membersworld before going for **treatment**, **your** benefits can be explained to **you** and **you** can receive confirmation that **your treatment** is covered by **your health plan**. If needed help can also be provided with suggesting **hospitals**, clinics and **doctors** and any help or advice **you** may need can be offered.

In cases where **you** need **hospital treatment** (in patient **treatment** or **day-case treatment**), contacting the number on **your** insurance card or writing via sukoon.com/bupaglobal/membersworld also gives an opportunity to contact **your hospital** or clinic and make sure they have everything they need to go ahead with **your treatment**. If possible paying them directly can also be arranged.

Please be aware that there are certain benefits which **you** must receive preauthorisation for. These are detailed in **your** 'Table of Benefits'. Benefit may not be paid unless preauthorisation has been provided.

The pre-authorisation process

You can pre-authorise **your treatment** by phone or email. Once the necessary details have been received, a pre-authorisation statement will be sent to **your hospital** or clinic. For more information about pre authorisation, please see the 'Pre-authorisation' section on page 6.

When **you** call the number on **your** insurance card or write via sukoon.com/bupaglobal/membersworld, please have **your** membership number ready. Some or all of the following questions will be asked:

- what condition are **you** suffering from?
- when did **your** symptoms first begin?
- when did **you** first see **your** family **doctor** about them?

- what **treatment** has been recommended?
- on what date will **you** receive the **treatment**?
- what is the name of **your consultant**?
- where will **your** proposed **treatment** take place?
- how long will **you** need to stay in **hospital**?

A pre-authorisation statement will be sent to **you** at **your** request, which can be used as a claim form to send back if **you** receive any invoices or are asked to pay for any aspect of **your treatment yourself**. More detail 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 rule out any relation to a pre-existing condition. **You** may be required to have a medical examination by an independent **medical practitioner** appointed by **Sukoon** or through **Bupa Global** (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 at all this may result in **your** claims not being paid.

If **your treatment** is pre-authorised, this means that **you** will be paid up to the limits of **your Plan**, provided that all of the following requirements are met:

- the **treatment** is eligible **treatment** that is covered by **your health plan**
- **you** have an active membership at the time that **treatment** takes place
- **your sponsor's** premiums are paid up to date
- the **treatment** carried out matches the **treatment** authorised
- **you** have provided a full disclosure of the condition and **treatment** required
- **you** have enough benefit entitlement to cover the cost of the **treatment**
- the **treatment** is **medically necessary**
- and the **treatment** takes place within 31 days after pre-authorisation is given.

CALL: Inside the **UAE** toll-free on 800 0444 0492 and outside the **UAE** on +44 (0) 1273 323 563

Or get in touch via the secure MembersWorld website at sukoon.com/bupaglobal/membersworld

Length of stay (in-patient treatment)

Your pre-authorisation will specify an approved length of stay for **in-patient treatment**. This is the number of nights in **hospital** that **we** will cover **you** for. If **your treatment** will take longer than this approved length of stay, then **you** or **your consultant** must call the number on **your** insurance card or write via sukoon.com/bupaglobal/membersworld for an extension to the pre-authorisation.

Treatment we can pre-authorise

The following **treatment** can be pre-authorised:

- most **out-patient, in-patient** and **day-case treatment** at a **benefit provider** inside **your purchased level of Sukoon network** in the **UAE**
- most **in-patient** and **day-case treatment** at participating benefit providers outside of the **UAE**
- **out-patient treatment** at the discretion of the **benefit provider** outside of the **UAE**.

Treatment in the U.S.

All **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. must be pre-authorised. If **you** are going to receive any of these **treatments**, ask **your benefit provider** to contact the internal dedicated team for preauthorisation. All the information they need is on **your** membership card.

Special arrangements have been made for if **you** need to have **treatment** or be hospitalised in the U.S. These include access to a select **network** of quality **benefit providers** and direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**.

Treatment which has not been pre-authorised

If **you** choose not to get **your in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. pre-authorised, only 50 percent will be paid towards the cost of covered **treatment**.

Of course there are times when **you** cannot get **your treatment** pre-authorised, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to call the number on **your** insurance card or write via sukoon.com/bupaglobal/membersworld within 48 hours of **your** admission or as soon as reasonably possible in the circumstances. It is then possible to make sure **you** are getting the right care, and in the right place. If **you** have been taken to a **hospital** which is not part of the **network** and, if it is the best thing for **you**, **you** may be moved to a **network hospital** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a provider in **network** (should this be offered to be arranged, where medically appropriate) only the **Reasonable and Customary** costs of any covered **treatment** or services received following the date of the transfer being offered will be paid (after any applicable coinsurance or deductible has been deducted).

If notification has been received within 48 hours of an **emergency** admission to **hospital**, **you** will not be asked to share the cost of **your treatment**.

Out of network treatment

Even if **your treatment** in the U.S. has been pre-authorised, if **you** choose to go to use a **hospital, clinic** or **medical practitioner** Out of **network**, only **Reasonable and Customary** costs will be paid towards the cost of covered **treatment**. Please see the "**Our** approach to costs" section of **your membership pack**.

There may be times when it is not possible for **you** to be treated at a **network hospital**. These include:

- where there is no **network hospital** within 30 miles of **your** address, and

- when the **treatment** you need is not available in the **network hospital**

In these cases, **you** will not be asked to share the cost of **your treatment**.

Important rules:

Please note that pre-authorisation is only valid if all the details of the authorised **treatment**, including dates and locations, match those of the **treatment** received. If there is a change in the **treatment** required, if **you** need to have further **treatment**, or if any other details change, then **you** or **your consultant** must get in touch to pre-authorise this separately. **We** make **our** decision to approve **your treatment** based on the information given.

We reserve the right to withdraw **our** decision if additional information is withheld or not given at the time the decision is being made. **We** reserve the right to withdraw or amend **our** decision if information is subsequently received that may be contradictory to the information initially given at the time the decision is being made. Failure to comply with any request for additional information may be deemed to be indicative of fraudulent activities. Should such a failure occur, information may be disclosed to third parties (including other **insurers**) with the intention of preventing and detecting fraud.

Making a Claim

We want it to be simple for **you** to make a claim. **We** try to pay providers directly but sometimes this isn't possible.

Claim forms

Before **we** can pay a claim, **we** need to make sure that it is a valid claim. The claim form gives **us** the information that **we** need to check that **your** claim is valid. Please make sure that **you** complete the form. If not, **we** may have to ask for more information. This can take time and delay any payment. An incomplete claim form is the most common reason for delayed payments.

You can:

- complete a claim form in MembersWorld, or
- contact **us** and **we** will send **you** one.

You must make a separate claim for each:

- **member**
- condition
- **in-patient** or day-patient stay, and
- currency of claim.

If **you** need **treatment** for more than six months, **we** can ask **you** to complete a new claim form.

What we need for your claim

We need to receive the completed form, with any invoices, receipts and prescriptions related to the claim. This must be within two years of receiving the **treatment**. **We** do not pay claims that **we** receive more than two years after **treatment** unless there is a good reason why **you** couldn't make the claim earlier.

More information

We may ask for more information about **your** claim. For example:

- medical reports or other information about **your treatment**
- the results of any medical examination by a **medical practitioner** who **we** appointed and that **we** paid for.

If **you** don't give **us** the information **we** ask for, **we** may not be able to pay **your** claim.

Important

We only pay for **treatment**:

- **you** have while **you** are on the policy
- up to the benefit levels that apply at the time **you** have it
- costs that are **reasonable and customary**

We can't return original documents to **you** - for example invoices. However, when **you** make a claim, **you** can send **us** copies. If **you** do send an original document, **we** can send **you** a copy if **you** ask **us**.

Confirming a claim

If **you** are aged 18 or over, **we'll** explain to **you** how **we** have dealt with **your** claim. For **dependants** aged 17 and under, **we** will write to the **principal member**.

How we pay your claim

Where possible, **we** follow the instructions in the 'Payment details' section of the claim form.

Who we will pay

We only make payments to the:

- **member** who received the **treatment**
- provider of the **treatment**
- **principal member**
- executor or administrator of the **member's** estate.

We pay a **dependant** only if:

- they received the **treatment**
- they are aged 18 or over, and
- **we** have their bank details.

We do not make payments to anyone else.

Payment method

We can:

- transfer payment to **your** bank account. This is quick and secure. However, **we** can send a payment only if **we** know details of where to send the payment, for example the full account number, SWIFT code, bank address and (in Europe only) IBAN number.
- pay by cheque. **You** should cash a cheque within six months. If **you** have an out-of-date cheque, please contact **us** and **we** will replace it.

If **your** bank charges **you** for a transfer **we** make, **we** will try to refund this as well. **We** do not pay any other bank charges, for example currency exchange fees.

Payment currency and conversions

We will reimburse **you** in the currency:

- in which **we** receive the premium, or
- of the invoices **you** send **us**, or
- of **your** bank account.

Where international banking rules may not let **us** pay in the currency **you** would like. So, **we** will pay in the currency **we** receive the premium in.

Very rarely, paying in a certain currency may be illegal or expose **Sukoon** (or the **Bupa Group**) to United Nations sanctions. If so:

- **we** may not be able to pay **you** immediately, or
- will pay **you** in a currency which **we** are allowed to and able to.

How we convert one currency to another

The exchange rate **we** use will be Reuters closing spot rate set at 16.00 **UK** time on the **UK** working day before the invoice date. If there is no invoice date, **we** will use **your treatment** date.

Other claim information

Incorrect payment of claims

If **we** incorrectly pay **your** claim, **we** can:

- deduct the incorrectly paid amount from future claims, or
- seek repayment from **you**.

Discretionary payments

If **we** may make a payment for a benefit **your** policy doesn't cover, **we** don't have to pay identical or similar costs in the future. The payment will count towards the overall annual maximum that applies to this policy.

Claiming for treatment when others are responsible

You may need to claim for **treatment** that **you** need because someone else is at fault. An example would be if **you** were a victim in a car crash. **You** will need to complete the relevant section of the claim form. **You** will also need to take any

reasonable steps **we** ask of **you** to help **us**:

- recover from the person at fault the cost of the **treatment we** paid for. This could be through their insurance company.
- claim interest if **you** are entitled to do so.

We may make a claim in **your** name. **You** must give **us** any help **we** reasonably need to make that claim. For example:

- giving **us** any documents or witness statements
- signing court documents, and
- having a medical examination.

You must not:

- take any action
- settle any claim or
- do anything which has a negative effect on **our** right to claim in **your** name.

Claiming with joint or double insurance

If **you** have other insurance for costs **you** have claimed from **us**, **you** must:

- tell **us** about this when **you** make a claim from **us**
- complete the appropriate section of the claim form.

We will only pay **our** share of the costs.

What do we do to detect and prevent fraud?

We can check **your** details with:

- fraud prevention agencies
- other **insurers**, and
- other relevant third parties.

If **you** give **us** false or inaccurate information and **we** suspect fraud, **we** may record this with a fraud prevention agency. **We** and other organisations may also use these records to:

- help make decisions about cover for **you** and **members of your** plan

- help make decisions on other insurance proposals and claims for **you** and **members of your** plan/group
- trace debtors, recover debt, prevent fraud and to manage **your** insurance plans
- establish **your** identity
- undertake credit searches and other fraud searches.

Fraudulent claims

If a claim on the policy is fraudulent in any way, **we** can:

- refuse to pay it and any later claim
- recover any payments **we** have already made for it and for any later claim

What if the policyholder makes a fraudulent claim?

We can cancel the policy. This will be from the date of that claim.

What if a dependant makes a fraudulent claim?

We can cancel their cover. This will be from the date of that claim.

In either case **we** don't have to refund any premium already paid to **us**.

What is an example of a fraudulent claim?

- making a false or exaggerated claim
- giving **us** false information. For example forged, falsified or manipulated documents
- not giving **us** information which **we** need to assess a claim
- refusing to give **us** information which **we** have reasonably asked for to assess a claim. For example, medical history reports, proof of payment and original invoices.

Bupa LifeWorks

LifeWorks provides 24/7 confidential support and short-term counselling for **your** mental, financial, physical and emotional wellbeing. **You** also have access to a range of services, including expert tips and toolkits, as well as a wealth of online articles, podcasts, videos, and more.

Sukoon and **Bupa Global** have partnered with LifeWorks to provide **you** with access to Bupa LifeWorks provided by LifeWorks. LifeWorks is an independent provider of employee wellbeing services.

These services will be provided by LifeWorks directly to **you**.

The service is confidential.

Available 24 hours a day, 7 days per week, 365 days per year. Access available worldwide online, via phone or app and provides information, resources and counselling on any work, life, personal or family issue. Services can be provided in a number of languages.

There is no cost to employees and their families to use this service.

LifeWorks provides counselling, information, and resources on the following topics:

- Health and wellbeing
 - Stress, depression and anxiety, substance abuse, or concern about someone else's, addictions, including gambling, domestic abuse, grief and loss, critical incidents, trauma.
- Financial and legal
 - Budgeting, investments, retirement planning, managing loans and mortgages, managing debt, tax issues, financial concerns.
- Work-related issues
 - Workplace stress, workplace conflict, job burnout, coping with change, career development, general work-related issues, bullying and harassment.
- Relationships and family matters
 - Relationship issues, separation and divorce, childcare and parenting issues, adoption, eldercare and care giving issues, education concerns and student life, relatives with disabilities.

How to contact LifeWorks

LifeWorks is accessible wherever and whenever **you** need it. Access online by visiting [login.lifeworks.com](https://lifeworks.com) or by mobile app. It's simple to install, easy to use and available in the Apple App Store or Google Play. Search "LifeWorks" and look out for the LifeWorks logo. 'Log in' for the first time using the company code 'Bupa', then enter **your** MembersWorld email address and password to sign in.

LifeWorks general rules

The following rules apply to the Bupa LifeWorks: This service is provided by LifeWorks formerly Morneau Shepell, directly to **you**. **Sukoon** and **Bupa Global** assumes no liability and accepts no responsibility for information provided by LifeWorks, and the performance of the service by LifeWorks. By availing this service, **you** hereby also agree to hold harmless **Sukoon** and **Bupa Global** from any costs/damages/liabilities arising from **your** usage of the service. Support and information provided through this service does not confirm that any related **treatment** or additional support is covered under the **health plan**. This service is not intended to be used for **emergency** or urgent **treatment** medical questions.

Confidential and/or identifiable information* which **you** may discuss with LifeWorks will not be shared with **Sukoon** and **Bupa Global** or **your** employer (LifeWorks will only share aggregated and de-identified information for reporting purposes). However, **Sukoon** and **Bupa Global** may ask **your** permission to review **your** personal data if **you** make a complaint to **Sukoon** and **Bupa Global** about the service. For further information on how LifeWorks will process **your** personal data please see LifeWorks' privacy policy <https://lifeworks.com/en/privacy-policy>. For further information on how **Sukoon** and **Bupa Global** process personal data in the event a customer makes a complaint to **Sukoon** and **Bupa Global** about the service please see **Sukoon** and **Bupa Global**'s privacy policy at sukoonglobalhealth.com/legal/privacy-policy/ and bupaglobal.com/en/legal/privacy-policy/ respectively.

* Calls placed from mobile phones or internet based lines (VOIP) are carrier dependent and not guaranteed. Please call the number on **your** insurance card or write via **sukoon.com/bupaglobal/membersworld** if **you** experience issues connecting.

The transmission of information via the Internet is not completely secure. Any transmission is at **your** own risk.

Your Membership

This section contains the rules about **your** membership, including when it will start and end, renewing **your health plan**, how **you**, the **principal member** can change **your** cover and general information.

Paying premiums and other charges

Your sponsor has to pay any and all premiums due to **Sukoon** under the agreement, together with any other charges, levies or taxes (such as insurance premium tax) that may be payable. **You** will be directly responsible for payment of any **co-insurance** amount.

Starting and renewing your membership

When your cover starts

Your membership starts on the 'effective date' shown on the first **membership certificate** sent to **you**, the **principal member** for **your** current continuous period of Business **Health Plan** membership.

Renewing your membership

The renewal of **your** membership is subject to **your sponsor** renewing **your** membership under the agreement.

Ending your membership

Your sponsor can end **your**, the **principal member's**, membership, or that of any of **your dependants** (if applicable) by writing to **us**.

Please note that cancellations cannot be backdated. Cancellation requests received with effective dates between the 28th- 31st of the month will take effect on the 1st of the following month.

Claims submitted after the cancellation is confirmed to either the **principal member** or his authorised representative can be submitted for reimbursement provided the **treatment** date is not after the cancellation date.

For **Dubai Health Authority** compliant policies: The policyholder must report one of the following dates for the terminated **members** as a termination date, based on whichever occurs first - 30 days from visa cancellation date, exit date from **UAE** or visa transfer date.

Your membership will end subject to applicable regulations:

- if the agreement between **Sukoon** and **your sponsor** is terminated
- if **your sponsor** does not renew **your** membership,
- if **your sponsor** does not pay premiums or any other payment due under the agreement for **you**, or for any other person,
- if the membership of the **principal member** ends upon the death of the **principal member**

If you move to a new Emirate or country, or change your specified country of nationality

You, the **principal member** must tell **your sponsor** straight away if **your specified Emirate of residence** changes, or **your specified country of nationality** changes. **Your** new Emirate, or country may have different regulations about health insurance, and **your** membership may need to end if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens. **You**, the **principal member** need to tell **your sponsor** of any change to make sure that

you have the right cover and that all local regulations are being met.

The details of regulations vary from Emirate to Emirate and country to country and may change at any time.

If **you** change **your specified Emirate of residence** to another Emirate, or to another country, **you** may be able to transfer to another international medical insurance policy. This may be subject to medical underwriting. **You** may also be entitled to retain any of **your** benefits which aren't covered until **you** have been a **member** for a certain period, and the time **you** were a **member** will count towards that. Please note that if **you** request a transfer to a different **insurer**, **your** personal information and any medical history held with that **insurer** will have to be shared.

If **you** change **your specified Emirate of residence** or **your specified country of nationality**, please call the customer services helpline to confirm if **your** membership is affected, and, if so, whether **you** can be offered a transfer service.

Making changes to cover

The membership terms and conditions can change if:

- the **sponsor** and **Sukoon** agree, or
- laws or regulators say they must change.

We will send the **principal member** a new **membership certificate** if:

- they add a new **dependant** to the policy (if applicable)
- **we** need to record any other changes the **sponsor** asks for or that **we** make.

The new certificate will replace the previous one. It will take effect from the issue date (**you** can see this on the new certificate).

General information

Other parties

No other person is allowed to make or confirm any changes to **your** membership on **our** behalf, or decide not to enforce any of **our** rights.

No change to **your** membership will be valid unless it is confirmed in writing. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **us**.

If **you**, the **principal member** change **your** correspondence address, please call the number on **your** insurance card or write via **sukoon.com/bupaglobal/membersworld** as soon as reasonably possible, as any correspondence will be sent to the address **you** last gave.

Correspondence

Letters must be sent by post and with the postage paid. With the exception of official documents such as birth or death certificates, original documents will not be returned to **you**. However, if **you** ask at the time **you** send any original documents, such as invoices, certified copies can be provided.

Applicable law

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.

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.

Provision of accurate and complete information

You and any **dependant** must take reasonable care to make sure that all information provided is accurate and complete, at the time **you** take out this membership, and at each renewal and variation of this membership. **You** and any **dependant** must also say if any of the answers to the questions in the

application form change prior to this membership starting. Otherwise, the following apply with effect from the date the membership was taken out, renewed or varied (depending on when the inaccurate or incomplete information was provided).

A. This membership may be treated as if it had not existed if **you** deliberately or recklessly give inaccurate or incomplete information.

B. Where **you** negligently or carelessly give inaccurate or incomplete information, or where A. applies but the rights under A are not relied upon, the membership and any claims in a way which reflects what would have been done if accurate and complete information had been provided, may be treated as follows:

- if **we** would have refused to cover **you** at all, this membership may be treated as if it had not existed;
- if **we** would have provided **you** with cover on different terms, then those different terms may be applied to this membership. This means a claim will only be paid if it is covered by and/or if **you** have complied with such different terms – for example **your** membership may contain new personal restrictions or exclusions; and/or
- if **we** would have charged **you** a higher premium, the amount payable on any claim may be reduced by comparing the additional premium to the original premium. For example, **we** will only pay half of a claim, if **we** would have charged double the premium.

Where it is a **dependant** (or **you** on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the plan which applies to the **dependant**, or to claims made by that **dependant**.

The same rules apply if someone else provides information on **your** behalf or any **dependant's** behalf.

Incontestability

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 membership 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.

Liability

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**.

You the **principal member**, 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.

Neither **Sukoon** nor **Bupa Global** (and **our Bupa group of companies and administrators**) shall be liable to **you** or anyone else for any loss, damage, illness and/or injury that may occur as a result of **you** 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.

Your statutory rights are not affected.

Sanction clause

Neither **Sukoon** or **Bupa Global** shall provide cover or be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **Sukoon** and/or **Bupa Global** to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, **United Kingdom**, **United States**

of America, United Arab Emirates and/or all other jurisdictions where **Sukoon** and/or **Bupa Global** transacts its business.

Anti-money laundering and combating terrorist financing

Sukoon is in compliance with **UAE** Federal Law No. 20 of 2018 on Combating Money Laundering Crimes, the Financing of Terrorism and the Financing of Unlawful Organisations, its amendments and other respective anti-money laundering laws in the jurisdictions where **we** transact business.

Making a Complaint

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

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** - <http://ipromes.eclaimlink.ae/>
 - Central Bank **UAE's** Consumer Happiness Centre - consumerhappiness@cbuae.gov.ae or 800 (CBUAE) 22823
- Pursue **your** case legally

Following this complaints procedure does not affect **your** right to take legal action. If **you** are still unhappy with the outcome, **you** can raise **your** case with the relevant court.

Easier to read information

We want to make sure that **members** with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Data Processing

Sukoon and **Bupa Global** take the confidentiality of **your** personal health information seriously. **We** sometimes use third parties to process data on **our** behalf. this which may happen outside **your** jurisdiction in countries which do not provide the same protection as **your** own. **Sukoon** and **Bupa Global** will always be subject to contractual restrictions when it comes to **your** confidentiality and security obligations.

If **you** transfer to another **Sukoon** plan or a plan offered by one of **our** partners, **we** may share **your** medical, claims and policy history with the new **insurer**.

We may share the **dependant's** information with the policyholder including **covered benefits** received, claims paid, amount of deductible used and, if relevant, any medical history which affects the provision of **covered benefits**. For further information on how **Bupa Global** (the international administrator of the policy) collects and handles **your** data outside of the **UAE**, please see the **Bupa Global** privacy policy at bupaglobal.com/privacypolicy.

Privacy Notice

Privacy Notice of Oman Insurance Company P.S.C. ("Sukoon"), as your Insurer

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

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. use **your** personal information as required by **Sukoon** for evaluating/ underwriting/ issuing/ administering/ processing **your** policy/claims etc;
5. disclose **your** personal information to third party partners as required to issue/ underwrite/ administer / process **your** policy/ claims, etc. including but not limited to third party administrators, medical providers, brokers, agents, service providers etc; within or outside the **UAE**
6. disclose and/or report **your** personal information to legal/regulatory agencies/ bodies if and as required by law.

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

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

1. to the extent **we** are required to do so by law or where requested or required to do so by a regulator;
2. to reinsurers, surveyors, loss adjusters, 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: March 2022

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 Oman Insurance Company P.S.C. ("**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-notice

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

This explains what various words and phrases in **your membership pack** mean. Words written in bold are particularly important as they have specific meanings.

Defined term	Description
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.
Authorised party / facility:	Healthcare facility in Dubai which is licensed by the Dubai Health Authority (DHA) to provide healthcare services in the Emirate of Dubai. An authorised party could include a national ambulance, private ambulance companies or hospital ambulance.
Benefit provider:	The recognised medical practitioner, hospital or healthcare facility , or any other service provider, which provides you with any covered benefits .
Birthing centre:	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.

Defined term	Description
Bupa Global:	Bupa Insurance Services Limited (a company incorporated in England with registered number 03829851 whose registered office is at 1 Angel Court, London, EC2R 7HJ, England, who are the international administrators in relation to this policy.
Bupa Group:	Bupa Global , Bupa Insurance Services Limited and all other companies in the Bupa Group , and those companies which provide any administration of this policy on behalf of Bupa Global .
Chronic condition(s):	A disease, illness or injury which has at least one or more of the following characteristics: <ul style="list-style-type: none">○ Has no known or generally recognised cure, or recurs○ Requires treatment that extends for more than two years, or leads to permanent disability○ Is caused by changes to your body which cannot be reversed○ Requires you to be specially trained or rehabilitated○ Needs prolonged supervision, monitoring and treatment
Co-insurance:	The percentage you have to pay towards those covered benefits to which co-insurance applies, as indicated in your membership pack .
Complementary medicine practitioner:	An acupuncturist, chiropractor, homeopath, osteopath, ayurvedic physician or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country or Emirate in which the treatment is received.

Defined term	Description
Consultant:	<p>A surgeon, anaesthetist or physician who:</p> <ul style="list-style-type: none"> ○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and ○ is recognised by the relevant authorities in the country or Emirate in which the treatment takes place as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated <p>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.</p>
Covered benefits:	The treatment and benefits shown as covered in your membership pack for your level of cover.
Day-case treatment:	Treatment which for medical reasons requires you to stay in a bed in hospital during the day only. You are not required to occupy a bed for day-case mental health treatment .
Dental practitioner:	<p>A person who:</p> <ul style="list-style-type: none"> ○ 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 or Emirate where the dental treatment takes place <p>Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.</p>
Dependants:	The principal member's partner, spouse or children of whom you are the biological parent or legal guardian of, named on your membership certificate as being members of the plan and who are eligible to be members including newborn children.

Defined term	Description
Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Direct billing:	We will pay your benefit provider directly for the healthcare services you receive (less any co-insurance applicable).
Doctor:	<p>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.</p> <p>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.</p>
Dubai Health Authority (DHA):	The regulatory body for the healthcare sector in the Emirate of Dubai.
Emergency:	An acute, unbearable health condition sustained as a result of sudden non-excluded sickness or injury raising a legitimate professional concern that there may be a significant medical problem necessitating treatment (medical or surgical) to be performed exclusively within the Territory of occurrence which cannot be delayed and which required immediate confinement to a healthcare facility followed by hospitalisation or not.
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.
Health plan:	This insurance plan at the level of cover confirmed on your membership certificate .
Hospital:	<p>A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for:</p> <ul style="list-style-type: none"> ○ carrying out major surgical operations, or ○ providing treatment which only consultants can provide

Defined term	Description
In-patient treatment:	Treatment which for medical reasons normally means that you have to stay in a 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.
Life threatening:	Diseases or conditions where the likelihood of death or permanent disability of one or more body organ(s) or extremities is high unless the course of the disease or condition is interrupted with immediate medical care.
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:	<p>treatment, medical service or prescribed drugs/medication which is:</p> <p>(a) consistent with the diagnosis and medical treatment for the condition;</p> <p>(b) consistent with generally accepted standards of medical practice;</p> <p>(c) necessary for such a diagnosis or treatment;</p> <p>(d) not being undertaken primarily for the convenience of the member or the treating medical practitioner</p>
Member:	This means each individual covered under the health plan .
Membership certificate:	This is the schedule of benefits which includes the certificate number, membership number, group number, name(s) of the individuals covered, and the start date and renewal date of cover.

Defined term	Description
Membership pack:	<p>The documents which set out which treatments and benefits are included under and any exclusions that apply to this Business Health Plan.</p> <p>These include: your 'Table of benefits', terms and conditions, insurance certificate, insurance card and application for cover.</p>
Membership year:	The 12 month period for which this membership is effective, as first shown on your membership certificate and, if this health plan is renewed, each 12 month period which follows the renewal date .
Mental health condition(s):	Treatment of mental health conditions , including eating disorders. Please note that some mental health conditions are excluded (see 'General Exclusions').
Mental health treatment:	Treatment of mental conditions, including eating disorders.
Network:	<p>A hospital, pharmacy, or similar facility, or medical practitioner which has an agreement in effect with Sukoon, Bupa Global or service partner to provide you with eligible treatment.</p> <p>Where 'your purchased Sukoon network' is referred to, this means the level of Sukoon benefit provider network (either the Signature + Medcare Group or Premium network) your sponsor has purchased for you. To confirm your level of cover and the network of Sukoon benefit providers available to you please see your membership certificate. To view a summary of hospitals in your purchased Sukoon network visit Facilities Finder at sukoon.com/bupaglobal/facilityfinder.</p>
Out-patient treatment:	Treatment given at a hospital, consulting room, doctors' office or out-patient clinic where you do not go in for in-patient treatment or day-case treatment .

Defined term	Description
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:	<ul style="list-style-type: none"> 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 <p>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.</p>
Pharmacy:	A facility where prescribed drugs are prepared or sold.
Principal member:	The person who has taken out the membership, and is the first person named on the membership certificate . Please refer to ' you/your/yourself '.
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 or Emirate 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 takes place.
Reasonable and Customary:	<p>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.</p> <p>These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by Sukoon or Bupa Global's experience of usual, and most common, charges in that region.</p>

Defined term	Description
Recognised medical practitioner, hospital or healthcare facility:	Any benefit provider who is not an unrecognised medical practitioner, hospital or healthcare facility .
Regional Middle East:	Afghanistan, Algeria, American Samoa, Angola, Bahrain, Bangladesh, Benin, Bhutan, Botswana, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Central African Republic, Chad, China, Comoros, Democratic Republic of Congo, Republic of Congo, Cote d'Ivoire, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Fiji, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, India, Indonesia, Iraq, Jordan, Kenya, Kiribati, Republic of Korea, Kuwait, Lao PDR, Lebanon, Lesotho, Liberia, Libya, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Micronesia, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, Niger, Nigeria, Oman, Pakistan, Palau, Papua New Guinea, Philippines, Qatar, Rwanda, Samoa, Sao Tome and Principe, Kingdom of Saudi Arabia, Senegal, Seychelles, Sierra Leone, Solomon Islands, Somalia, South Africa, Sri Lanka, Swaziland, Tanzania, Thailand, Timor-Leste, Togo, Tonga, Tunisia, Turkey, Tuvalu, Uganda, United Arab Emirates, Vanuatu, Vietnam, West Bank and Gaza, Republic of Yemen, Zambia, Zimbabwe
	Sukoon shall not provide cover or be liable to pay any claim where this would expose Sukoon and/or Bupa Global (acting as Sukoon's international administrator) to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, United Kingdom , United States of America, United Arab Emirates and/ or all other jurisdictions where Sukoon and/or Bupa Global transacts its business.
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.

Defined term	Description
Renewal date:	Each anniversary of the date you , the principal member joined the plan. (If however you are a member of a group plan with a common renewal date for all members , your renewal date will be the common renewal date for the group. We tell you the group renewal date when you join.)
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 our 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 approval of cover and location of local medical facilities.
Sound natural tooth / Sound natural teeth:	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
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.

Defined term	Description
Specified country of residence:	The country of residence specified by you in your application and shown in your insurance certificate, or as advised to us 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.
Specified Emirate of residence:	This means Dubai, as specified by you in your application or as advised in writing, whichever is the later. Your specified Emirate of residence is shown in your membership certificate . Dubai is the Emirate which the relevant authorities (such as tax authorities) consider you to be resident in for the duration of the Plan.
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.
Sponsor:	The company, firm or individual with whom we have entered into an agreement to provide you with cover under the health plan .
Sukoon	<p>Sukoon, your insurer.</p> <p>Sukoon P.O. Box 5209 Dubai UAE</p> <p>Oman Insurance Company P.S.C. (" Sukoon") Paid up Capital AED 461,872,125, C.R. No.41952, Licensed by the Central Bank of the UAE: No. 9 dated 24/12/1984, TRN 100258594900003.</p> <p>Head Office: P.O. Box 5209, Dubai, United Arab Emirates. Tel: +971 4 2337777, Fax: +971 4 2337775, www.sukoon.com</p>
Surgical operation:	A medical procedure that involves the use of instruments or equipment.

Defined term	Description
Therapists:	A physiotherapist, occupational therapist , orthoptist, dietician or speech therapist who is legally qualified and is permitted to practice as such in the country or Emirate where the treatment is received.
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
UAE:	United Arab Emirates
UK:	Great Britain and Northern Ireland.
Unrecognised medical practitioner, hospital or healthcare facility:	<ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, hospital or healthcare facility who is 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 sukoona.com/bupaglobal/membersworld for details of benefit providers who have received such written notice or visit Facilities Finder at sukoona.com/bupaglobal/facilityfinder
We/us/our/Insurer: Sukoon	
You/your/yourself:	This means you , the principal member and your dependants unless we have expressly stated otherwise that the provisions only refer to the principal member .

