



SUKOON CATEGORY 2

Table of Benefits Healthcare Insurance

The table of benefits must be read in conjunction with the Conditions of Health Insurance and the Health Insurance Policy.

All amounts are in AED

General	Category 2
Eligibility Criteria	Students only
Regulatory	DHA
Indemnity Limit	300,000/-
Basic Territory for Elective & Emergency treatment	Worldwide (excl. USA & Canada)
Extended Territory for Emergency treatment only	Worldwide
Pre-existing conditions (Subject to Exclusions List) If the waiting period is applicable, cover will be provided to pre-existing conditions that develop into an emergency within the 6-month exclusion period.	Covered
Chronic Conditions (Subject to Exclusions List)	Covered
Medical Providers Network	Medical Providers Network
Subject to ongoing changes. Available online at www.sukoon.com	Within UAE: Edge Outside UAE: MSH ⁹
Elective Treatment	Elective Treatment
Inside UAE / Inside Network – (Direct Billing)	Covered
Inside UAE / Outside Network – (Reimbursement)	Covered
Outside UAE (Within covered Territory)	Reimbursement ⁹
Emergency Treatment	Emergency Treatment
Inside UAE / Inside Network – (Direct Billing)	Covered
Inside UAE / Outside Network – (Reimbursement)	Covered
Outside UAE (Within covered Territory)	Reimbursement ⁹
A. Inside UAE – Outside Network (Co-Insurance applies over and above Network Deductions)	A. Inside UAE – Outside Network (Co-Insurance applies over and above Network Deductions)
Emergency in UAE. (In Emergency cases as defined by PD 02-2017, healthcare services outside the scope of health insurance must be covered until stabilization at minimum)	
Coinsurance (with or without PAR)	0% Coins
Basis of Claims Settlement	Actual
Elective in UAE. (If treatment / service is not available within the network then cover is 100% at actual subject to PAR*1)	
Coinsurance (with or without PAR)	50% Coins
Basis of Claims Settlement	Actual



B. Abroad (within agreed territory) – Co-Insurance applies over and above network deductibles		
Emergency Abroad *8		
Coinsurance		50% Coins
Basis of Claims Settlement		Actual
Elective Abroad		
Coinsurance		50% Coins
Basis of Claims Settlement		Actual
Inpatient Benefits – with PAR		
		Category 2
Room Accommodation		Private room (First Class)
Diagnostic Investigations (Lab, Scan and X-ray) and other prescribed medically necessary diagnostic procedures e.g., endoscopy & histopathology.		Covered
Accommodation Costs for one parent staying with a child up to the age of 18 years.		300/- per day
Accommodation Costs for one accompanying family member in case of critical medical conditions. *1 Subject to treating doctor recommendation		300/- per day
Daycare treatment including out-patient minor surgeries > 6 hours stay.		Covered
Internal Prosthetic devices implanted during covered surgeries. *1		Covered
Inside UAE – Inside Network *2		
Inpatient Services & Daycare cases/surgeries		
Coinsurance		Nil
Maximum copay amount per encounter		N/A
Annual aggregate maximum copay amount		N/A
Outpatient Benefits		
		Category 2
Consultation. Follow up on same medical condition and at the same provider is free within 7 days from first consultation date.		
	General Practitioner – GP	Covered
	Specialist or Consultant – SP	Covered
Pharmacy		
	Prescribed Pharmaceuticals	Covered
	ONLY Formulary products (Generic Medication)	No
	Vitamins prescribed as replacement therapy for known vitamin deficiency conditions up to prescribed pharmaceutical limit only.	Covered
Diagnostic Investigations & Procedures (Lab, Scan, X-ray, endoscopy, etc.)		Covered
Outpatient procedures		Covered
Physiotherapy *1 prescribed by respective specialist doctor and administered by a qualified physiotherapist.		Covered
Outpatient Co-Insurance		
Consultation Deductible/Coinsurance		Within AUH CCAD: 10% Others: 50/- Outside AUH 20% max 50/-
Outpatient procedures		Nil
Physiotherapy		Nil



Diagnostic Services	
i. Laboratory	CCAD: 10% Others: Nil
ii. Radiology	CCAD: 10% Others: Nil
Prescribed Pharmaceuticals	
i. Co-Insurance	20%
ii. Maximum out of pocket limit	100/-
Maternity & New-Born	
Category 2	
A. Maternity (Limits & Coverage) Visits to include reviews, checks & tests in accordance with DHA Antenatal Care	
Inside UAE – Inside Network	Covered
Ante Natal Consultation	Covered
Ante Natal Investigations	Covered
Maternity complications (Life threatening maternity complications are covered up to indemnity limit)	10,000/-
Normal Delivery *1	10,000/-
Medically necessary C-Section *1	10,000/-
Legal Abortion/Miscarriage *1	10,000/-
Inside UAE – Outside Network & Abroad. Limit specified is an aggregate for all services (Subject to policy deductibles)	Outside Network: Covered Outside UAE (IP): 10,000/- Outside UAE (OP): Covered
B. New-born Cover	
A New-born delivered in UAE is covered up to 30 days as part of the mother's insurance and shall share the same indemnity limit. Continuity of cover is subject to scheme opted for allows dependents, addition notification within 30 days and the newborn added to the policy.	Covered
If the scheme allows dependents addition, then. i. DOH: A New-born will be enrolled to the scheme from date of birth subject to the notification within 30 days from that date. ii. DHA: A New-born will be enrolled to the scheme from date of birth subject to the notification within 7 days from that date. iii. When a baby is born outside UAE, he/she will be enrolled to the scheme only following their entry to the UAE, with a valid entry permit and entry stamp	Covered
Co-Insurance/Deductible	
Maternity	
Inpatient Maternity	Nil
Delivery	Nil
Outpatient Ante/Post Natal Consultation Deductible / Coinsurance	Within AUH CCAD: 10% Others: 50/- Outside AUH 10% max 50/-
Outpatient Ante/Post Natal Investigations Coinsurance	
i. Laboratory	CCAD: 10% Others: Nil
ii. Radiology	CCAD: 10% Others: Nil



Outpatient Ante/Post Natal Procedures Coinsurance	CCAD: 10% Others: Nil
Outpatient Ante/Post Natal Prescribed Pharmaceuticals (including Ante Natal Vitamins)	
Co-Insurance	CCAD: 10% Others: Nil
Maximum out of pocket limit	N/A
Other Benefits	
	Category 2
Local Emergency Transportation by Road Ambulance (Transportation expenses for non-emergency and for excluded medical conditions shall not be covered)	Covered
Birth Defects, Genetic Disorders & Congenital Conditions *1	Not Covered
DHA minimum preventive services *1 Applicable for Dubai Visa Holders only (i-vi)	
i. Diabetes screening (Every 3 years from age 30 & high-risk individuals from age 18)	Covered
ii. Hepatitis C Virus Screening and treatment	Covered
iii. Basmah Initiative	Covered
iv. Adult Pneumococcal Conjugate Vaccine (as per DHA guidelines) reference PD07/2018	Covered
v. Hepatitis B Virus Screening and treatment (To be followed as per the guidelines laid out in the Hepatitis B program)	Covered
vi. Influenza vaccine once a year	Covered
Essential vaccinations and inoculations for newborns, children and adults as stipulated in the DHA's policies and its updates (currently the same as Federal MOH) *1	Covered
Shingrix vaccine (For Non-LSB Dubai visa and family book holders only) on reimbursement basis. Covered for people above the age of 50 and immunocompromised patients above the age of 18. Covered dose: 2 doses, 2 to 6 months apart once per lifetime.	Covered
Medical Expenses related to Work Related Accidents, Injuries, and Illness*1	Covered
Injuries related to Road Traffic Accidents*1	Not Covered
Hepatitis A	Covered
Immunotherapy & Immunomodulators	Covered only if medically necessary
Hormone replacement therapy. (Excluding growth hormone and excluded medical conditions)	Covered
Ophthalmology: Medical conditions related to it (Illness/Injury) of the eye excluding vision, sight test & refraction error.	Covered
Recreational non-hazardous sports activities (professional and hazardous sports activities even if recreational are not covered). For Dubai policies, Hazardous activities if not related to professional sports are covered	Covered
In emergency cases: i. Diagnostic and treatment services for dental and gum treatments. ii. Hearing and vision aids, and vision correction by surgeries and laser.	Covered



Circumcision for new Muslims subject to the following: i. The member is insured with Sukoon Insurance PJSC. ii. The member declared Islam in the Emirate of Abu Dhabi in line with all the legal formalities in this aspect along with a letter from Judicial Department in the Emirate.	Not Covered
Air fare for outside UAE treatment (Limited to Geographical area specified) (Reimbursement)	Covered
Cancer Treatment	
Outpatient Treatment	
Consultation, Laboratory investigations, Drugs, Radiological investigations, Chemotherapy and its administration and Radiotherapy	Covered
Inpatient treatment	
Charges of accommodation, Charges of operating theatre, Surgeon and anesthesiologist's fee, Drugs, Laboratory investigations, Radiological investigations, Chemotherapy, Reconstructive surgery, and Radiotherapy	Covered
Cancer support benefits	
Stem cells and bone marrow transplants covered when, □ The transplant is medically necessary □ The material to be transplanted is the beneficiary's own bone marrow or stem cells, or bone marrow taken from a verified and legitimate source	Covered
Optional Benefits	
Category 2	
Organ transplant (excluding donor's expenses) *1	Covered
Kidney Dialysis Treatment (Hemodialysis / Peritoneal Dialysis) *1	Not Covered
Hepatitis B & C and its complications *1	Covered – Refer to DHA
Elective Vitamins/Supplements prescribed by relevant physician	Covered
Home Nursing following inpatient treatment. Must be registered / licensed nurse and with doctor's recommendation (Reimbursement)	200/- per day up to 40 days pppy
Enhanced Vaccination (All census) – MOH approved vaccines. Benefit does not include vaccination against internationally or locally recognized epidemics. (Reimbursement)	Not Covered
Psychiatric treatment & Psychotherapy other than mandated by DOH for Abu Dhabi schemes (Direct / Reimbursement) *1	10,000/- pppy
External Prosthetic devices and medical equipment (Reimbursement) - Diabetic strips - Glucose strips & needles	Covered
Infertility treatment. (Reimbursement)	Not Covered
Medically indicated deviated nasal septum *1	Not Covered
Cash indemnity benefit (Reimbursement)	200/- per day up to 60 days pppy
Passive War Risk (Reimbursement)	Not Covered
Trudoc Telehealth - Free consultation - No booking of appointments is required. - If referred by TruDoc to consult Specialist, consultation co-payment will be reimbursed by insurer.	Covered
Annual Checkup (Reimbursement) *7	Covered
Omacor Medicine *1	Covered
Varicocele / polycystic ovary / ovarian cyst / hormonal disturbances (If medically necessary) *1	Covered



Acne Treatment (If medically necessary for acute cases only, not covered for cosmetic/aesthetic purpose) *1	Covered
Repatriation costs for the transport of mortal remains to the country of origin	10,000/- per person
Assist America Package. All services must be arranged and provided through Assist America. No claims for reimbursement will be accepted.	
Emergency Medical Evacuation	Activated at 120 Kilometers
Medical Repatriation	Activated at 120 Kilometers
Repatriation of Mortal Remains	Activated at 0 Kilometers
Second Medical Opinion	Covered
Wellness Benefit (Reimbursement at actual within specified limits and coinsurance)	
Wellness Health Check-Up	Refer to below
Annual Breast Cancer Screening *3 (Applicable for females > 35 years)	Covered
Annual Prostate Cancer Screening *4 (Applicable for males > 45 years)	Covered
Colorectal Cancer Screening *5 (Applicable for males & females > 50 years)	Covered
Cervical Cancer Screening *6 (Applicable for females aged 25-65 years)	Covered
Alternative Medicine (Direct / Reimbursement at actual within specified limits and coinsurance) (Limits are inclusive of coinsurance) *1	
Basic Alternative Medicine	Refer to below
Enhanced Alternative Medicine (including Podiatry)	350/- pppy
Alternative Medicine Co-Insurance (Opted level)	Nil
Dental Benefit (Limits are exclusive of coinsurance) *1	
Dental Consultation	1,500/- pppy
Prescribed Medications	
X-ray	
Extraction	
Composite/Amalgam filling	
Lesions of Oral	
Root canal and Pulp treatment	
Scaling and polishing	
Curettage & Gum disease treatment	
Resin Plastic & Temporary filling	
Cleaning	
Crowns / Bridgework	
Posts, Dentures, Pins, Prosthesis	
Orthodontic	
Dental Co-Insurance (Opted level)	20%



Optical Benefit (Direct / Reimbursement at actual within specified limits and coinsurance) (Limits are inclusive of coinsurance) *1	
Limited to 2 vision tests per year & maximum annual limit of 1,000/- pppy including prescribed eyeglasses, frames &/or contact lenses. (Direct billing is available only at designated centers, for details refer to Sukoon network list)	Not Covered
Lasik	Not Covered
Optical Co-Insurance (Opted level)	N/A

Basmah Initiative – The patient Support Program (PSP)

The **Dubai Health Authority (DHA)** announced the launch of **Basmah** initiative for **Dubai Residents only**, making Dubai the first government entity in the world to provide a complete spectrum of care from screening to treatment for three types of cancer under the enhanced as well as the basic mandatory benefit plans in Dubai.

The **3** included cancer types are **Breast, Colorectal and Cervical cancer**. Screening is strictly **as per MOHAP guidelines and protocols**.

Prior to this scheme, cancer coverage was limited to the annual limit, or the pre-existing limits defined in the policies. Now, that is no longer the case. Patients detected with breast, colorectal or cervical cancer will **have the choice to be part of the PSP program**, where they will receive coverage from **screening until treatment in Dubai's centers of excellence (COE) without a limit**.

- * 1 PAR = Prior Authorization request (please refer to claim administrative & prior approval procedures)
- * 2 Treatment taken inside the network if submitted on reimbursement basis will be settled at the agreed tariff of the medical provider and subject to policy deductibles/coinsurance. Policy must support reimbursement for the claim to be considered.
- * 3 Includes: a) Clinical Exam b) Mammogram c) Pelvic Sonogram (if medically indicated) d) CA 15.3 (if medically indicated)
- * 4 Includes: a) Clinical exam b) PSA c) Rectal sonogram.
- * 5 Includes: a) FIT (Fecal Immunochemical Test) every 2 years; b) Colonoscopy every 10 years.
- * 6 Papanicolaou test (Pap test) - Every 3 years for women aged 25-49 years, every 5 years for women aged 50-65 years.
- * 7 Annual Medical checkup includes: a) Physical Examination by General Practitioner b) Electrocardiogram c) Complete Blood Count (CBC) d) Blood Urea Nitrogen e) Total Cholesterol f) Fasting Blood Sugar g) Creatinine h) Urinalysis i) Stool Examination j) Serum Glutamic – Oxaloacetic transaminase (SGOT) k) Serum Glutamic – Pyruvate transaminase (SGPT)
- * 8 For in-patient & out-patient maternity treatment at non-network provider is 100% & 50% covered outside UAE.
- * 9 In & Out-patient on direct billing in GCC, Jordan, Syria, Egypt, Yemen, Sudan, Morocco, Tunisia, Algeria & Lebanon (With the subjectivity of MSH availability in these regions for IP &/or OP)

Reasonable and customary charges mean charges determined based on average agreed prices of providers in the Insured Member's respective network in the UAE.

This table of benefit is to be read along with list of exclusions and Sukoon glossary.

LivFit - A free wellness program for a healthier workforce

LivFit is a turnkey comprehensive wellness solution that will help your employees to make positive lifestyle choices Sukoon. It is a free program that will allow your employees to take charge of their physical and mental wellbeing. Your employees will be able to enjoy the below benefits.

Health Report	Take the health assessment to get the personal report
Checkups	Discounts on general and disease specific checkups
Wellness Coach	Discuss the health report with the coach, learn about lifestyle programs and get a personal fitness plan
Challenges	Take part in different corporate challenges which can be tracked via the mobile app
Mobile App	Track moves and follow the personal fitness plan
Gym Facilities	Enjoy free trails and discounted gym packages
Group Classes	Participate in free weekly fitness classes
Star Program	Lose weight and get part of the cost sponsored
Tobacco Cessation	Seminars to help people stop smoking
Stress Management	Seminars to cope with pressure
Wellness Awareness	Read articles on different health and wellness related topics
Offers and Discounts	Enjoy discounts on various wellness products.

Visit www.livfit.ae to know more about the program. All terms and conditions of the program are available on the website.



Your partner for health

LivFit is a turnkey comprehensive wellness solution that HR Managers can use to help employees make positive lifestyle choices. Exclusively designed for Sukoon's healthcare members, LivFit empowers individuals to take charge of their physical and mental well-being.

What is LivFit?

It is a free corporate wellness program that comes automatically with our healthcare insurance plans. With LivFit, your employees will get to choose from a variety of programs to help them with their health and fitness goals, including weight management, exercise, stress management and tobacco cessation.

To start the wellness journey, employees will take the online health survey, receive personalized report and discuss their goals with our wellness coach. They can then track their fitness plan via our mobile app, like our facebook page, enjoy free group classes, participate in self-improvement workshops, and get discounts on wellness products.

Key benefits for you

It can be hard for an organization to dedicate time and money to develop an internal wellness program. LivFit will help you overcome this challenge. It gives you all the benefits and none of the hassles.

- **Free for all.** It is automatically included in your healthcare insurance plan.
- **Ready to use.** You only need to communicate it to your employees, we will do the rest.
- **Comprehensive solution.** It includes all aspects to empower employees take charge of their wellness.
- **Easy to access.** All the elements of the program are centralized on www.livfit.ae

**It's time to Take Charge.
Are you ready?**

www.livfit.ae
Like us on /MyLivfitSpace
Follow us on /MyLivfitSpace





With TruDoc 24x7,
you have 24x7 access to highly
trained and licensed doctors via
voice and video calls.

So many benefits offered by TruDoc 24x7

With TruDoc 24x7, you have access to unlimited teleconsultation with highly trained and licensed doctors and wellness experts who will give you reliable medical advice based on your condition, whether healthy, acute or chronic.



Round-the-clock Access

Our highly trained and licensed doctors and wellness experts are available 24x7



Geographic Accessibility

Call our doctors whether you are at home, on vacation, on a business trip or at the office



Convenient Care

Have medication delivered to you at home, or even at the office, wherever available



Ethical Care

Our doctors practice Evidence Based Medicine and will give you reliable advice based on NHS guidelines



True Care

With TruDoc 24x7, you will no longer be prescribed unnecessary medications, tests and procedures



Immediate Care

90% of the calls we receive are answered within 30 seconds. If not, we call you back within 15 minutes

With TruDoc 24x7, you no longer have to leave your home, get stuck in traffic & be subjected to unnecessary medications & tests - **get the care you need at your convenience.**

TruDoc 24x7 is trusted by **4.4 million members.**

"Glad I called TruDoc 24x7– it prevented me from self-medicating and perhaps taking the wrong meds! All I needed was cough syrup to get me better!"

- TruDoc 24x7 Member



Conditions

Healthcare Insurance

1. Medical Cards activation will be subject to the payment of the first installment as per agreed mode of payment. Premium is payable annually and in advance, unless specifically agreed.
2. The quote assumes coverage is compulsory for all employees, residing in UAE on valid Residence Visa. There is no voluntary option exercised by any employee.
3. If dependents are to be covered, it must be on compulsory basis within the group / sub-group for all employee's dependent (wife & children) residing in UAE on valid Residence Visa. There is no voluntary option exercised by any dependents.
4. New Employee will be covered from the day of employment. All addition/deletion of members will be on pro-rata basis, unless otherwise specified. All additions/deletions to be reported as soon as possible/within 30 days max.
5. For DHA compliant policies: New and Renewal transactions will be booked with effect from the confirmation date. Additions will be processed from reported date only. Backdating effective date is not allowed. (DHA circular Reference 5 of 2017 (GC 05/2017)
6. For DOH compliant policies: For the sake of "continuity of cover" New and Renewal confirmations can be backdated to the anniversary date if: a) the date of confirmation falls within the 30 days grace period provided by DOH and b) the anniversary date does not fall before Sukoon initial quotation date.
For all new business COC must specify last date of cover with the previous insurer. (DOH circular Reference 32 dated 17/5/2010
7. Members shall be removed or included in the policy within 30 days of eligibility (new employees, newborn baby, dependents "date of arrival" or "date of marriage", date of resignation or termination).
8. For DHA 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.
9. The rates quoted are based on the group size, the demography/categorization of the census provided at the proposal phase and other details submitted. Maximum allowed change in group size between the quoted census and census at policy inception is 5%. Maximum allowed variation in group size during the policy year is 15% from the census at inception. Sukoon reserves the right to revise the terms if the details and demographical structure provided at the policy inception varies and impacts the risk calculation.
10. The scheme quoted herewith is subject to the Company being informed and advised of any chronic or major illness or any diagnosis to develop into major conditions at the inception of the policy as well as on the addition of any member. In such cases client need to provide Individual Underwriting form along with the supporting medical reports for calculating level of Risk and exposure and will be subject to acceptance of the member. Failure to disclose such material facts will prejudice the insured's position from the Company's acceptance of any claims relating to such conditions.
11. The insured is expected to ensure that all members are to be enrolled under the policy who are eligible for the offered scheme as per the federal and local state regulatory requirements, including that of the requirements specified for the coverage of UAE national employees.
12. The Scheme being offered doesn't apply to the UAE Nationals enrolled under Thiqa Scheme.
13. The broker, involved in Abu Dhabi territory-based groups, should be registered, and approved from Health Authority of Abu Dhabi (DOH).
14. The rates quoted are for the age band up to 65 years only. The following percentages apply over and above the quoted rates for varying age bands for new enrollments (but excludes members already enrolled under the existing policy). Age between [66 - 70 years: 400% of adult rate], [71 – 75 years: 550% of adult rate] & [76 – 80 years: 650% of adult rate]. If group has any member above 80 years, it will have to intimate Sukoon for the applicable rates.
15. This quote is inclusive of Group Life, benefit description of the same will be as per the annexure. (AED 25,000/-)
16. Servicing of this scheme shall be subject to Sukoon Insurance Operational as well as Claims management standard SLAs.
17. Claims paid by Sukoon for ambulance services or to medical providers for uncovered services/ members related to this scheme such as ambulance charges for non-emergency and / or excluded conditions, excess of limits or services taken by terminated members following their termination; the same shall be debited to the policy holder. Policy holder hereby confirms acceptance to pay such amounts within 30 days.
18. Local road Ambulance transportation is covered only in case of an Emergency. Transportation expenses for non-emergency and excluded medical conditions shall not be covered and in such cases the Ambulance or other charges may be debited to the policy holder.
19. **Governing Law:** This insurance policy will be governed by and construed in accordance with the federal laws of United Arab Emirates (which for the avoidance of doubt excludes the laws of the DIFC or the ADGM or of any offshore and/or any other free zone authorities).
Jurisdiction: Each Party submits to the exclusive jurisdiction of the onshore local Courts of the United Arab Emirates (which for the avoidance of doubt excludes the DIFC Courts/ the ADGM Courts and/or any other Courts of any offshore and/or any other free zone authorities or Courts)
20. **COMPLAINTS CLAUSE**
Tell us what you think of. Sukoon, we are always happy to hear your comments. If you have any feedback or complaints, please contact us through our call center on 800 – Sukoon/800785666 from inside the UAE, or on +971 4 230-2599 from outside the UAE (8 am to 8 pm (UAE time) - Monday to Friday and 8 am to 5 pm on Saturday, or by visiting our website, www.sukoon.com ,alternatively you can email us on complaints@sukoon.com (The website mentions details process on complaints: <https://www.sukoon.com/Complaints-Policy>)
21. This offer is valid for 30 days from the date of this quotation.
22. Upon your confirmation of business with us, please provide us with all the requirements as listed in the "Fulfillment Requirements" document attached. From the date of receipt of complete information defined therein, Sukoon requires up to 10 working days to set up and issue your policy and cards. This is exclusive of any undue delays that may be experienced from the regulators in approving the products. Hence, our valued clients are advised to ensure that all the required documents and data are submitted sufficiently in advance, to avoid any unforeseen delays in issuance of policy and cards.
23. Errors and omissions excepted (E&OE)
24. You are hereby reminded that you are under an obligation to ensure that you disclose to us any and all material information which may have changed since inception of your initial policy. A matter or circumstance is material if it would influence acceptance or



assessment of your risk, your proposal for insurance or the terms of insurance offered (including the premium). If you are in any doubt as to whether any information or circumstance is a Material Fact, you should disclose it. Failure to disclose such material information may entitle us, at our sole discretion, to consider your policy as void from inception/renewal. We reserve our right to amend this quotation should new facts/material information be disclosed to us

25. Sukoon reserves the right to amend/update any of the terms stipulated herein or in the policy wording later, to comply with revised/alterd regulations from regulatory or governance bodies

26. Taxes

(A) Premium Payments:

For avoidance of do all premium amounts mentioned herein are exclusive of Value added tax (VAT). VAT and any other taxes currently applicable or which will be applicable in connection with this insurance policy shall solely be borne by the Insured/Policyholder. The Insured/Policyholder hereby agrees to pay to the Insurer the applicable VAT/any other taxes paid by the Insurer, on the Insured/Policyholder's behalf, within 15 working days of receiving the invoice failing which the Insured/Policyholder shall be considered to be in material breach of the Policy's terms and conditions and, the Insurer shall be within its right to invoke legal remedies available to the Insurer including to terminate the policy and/or offsetting such VAT or other tax amounts from any other amount which the Insured/Policyholder owes to the Insurer without the need to obtain any further consent from the insured/policyholder and/or any court judgment/order. The Insured hereby unconditionally accepts to the same. If VAT/any other tax treatment as assessed by relevant tax authorities is different from that assigned by the Insurer on our tax invoice. Sukoon to you and/or the invoice generated/computed by the Insurer is incorrect/, the Insured/ Policyholder hereby agrees to pay immediately and on demand the differential balance of any VAT/tax to the Insurer.

(B) Claim settlements - where Sukoon agrees to pay the policyholder

When Sukoon or "we") pays a claim, your VAT registration status will determine the amount we pay you when you are:

- i. Not registered for VAT, the amount we pay, will be the sum insured/limit of indemnity or any other limits of insurance cover, including VAT.
- ii. Registered for VAT, the amount we will pay will be the sum insured/limit of indemnity or any other limits of insurance cover and where you are liable to pay an amount of VAT in respect of an acquisition relevant to your claim, we will pay the VAT amount. However, we will reduce the VAT amount we pay for by the amount of any input tax credits to which you are or would be entitled to if you had made the relevant acquisition. In such instances the input tax credit would be claimable by you upon filing of your VAT return

All policyholders making a claim with Sukoon must declare their VAT registration status.

Any VAT liability arising from your incorrect declaration is and will be payable by you (the policyholder).

Where the settlement amount of your claim is less than the sum insured/limit of indemnity or any other limits of insurance cover, we will only pay an amount of VAT (less any entitlement to an input tax credit) applicable to the settlement amount.

27. AUTHORIZATION

The Proposer/Policyholder/all of the Insured Members hereby confirm that their personal data has been collected and is being provided to Sukoon in compliance with relevant regulations. By providing any such personal data/information, the Proposer/Policyholder & the underlying Insured Members hereby give their unambiguous consent to:

a) the Company to collect, store, process, share and transfer your personal data (including but not limited to your personal sensitive information) to third parties including but not limited to reinsurers, surveyors, loss adjustors, loss assessors, IT service providers, claim administrators, medical providers, emergency support/assistance providers, professional advisors, consultants, auditors, additional administrative and/or support service providers, and other entities or persons, whether within or outside the UAE, as may be required in relation to underwriting/ issuing/administering / processing/ reinsuring your policy/ claims or as may be required by the Company including but not limited to for further product development/statistical analysis etc., or as may be required under law/regulatory requirements.

b) the Company and its associate partners to contact the Proposer/Policyholder/any of the Insured Member anytime (including electronically through email, SMS, or telephone) for seeking any additional information and/or for providing any additional information whether related to the Policy and/or Company's other products or promotions.

I/We confirm that our preferred mode of communication is (i) email wherever provided (ii) sms/telephone call (iii) courier/registered mail at address provided.

28. PREMIUM PAYMENT CONDITION

Notwithstanding any provision to the contrary within this quotation/any binding confirmation, in respect of non-payment of premium the following clause will apply. The Insured undertakes that premium will be paid in full to Insurers within the notified payment terms (or, in respect of installment premiums, when due). If the premium due under the policy (if issued) has not been so paid to Insurer within the notified payment terms (and, in respect of installment premiums, by the date they are due) Insurers shall have the right to cancel the policy (if issued) by notifying the Insured and/or the broker (if applicable) in writing. In the event of cancellation, premium will be due to Insurers for the period that Insurers were on risk, but the full policy premium shall be payable to Insurers in the event of a loss or occurrence prior to the date of termination which gives rise to a valid claim under the policy (if issued). It is agreed that Insurers shall give not less than 30 days prior notice of cancellation to the Insured via the broker or intermediary (if applicable). If premium due is paid in full to Insurers before the notice period expires, notice of cancellation shall automatically be revoked. If not, the policy shall automatically terminate at the end of the notice period. If any provision of this clause is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, such invalidity or unenforceability will not affect the other provisions of this clause which will remain in full force and effect.

29. ELECTRONIC TRANSACTIONS

The Proposer/Policyholder/all of the Insured Members agrees to adhere to and comply with all such electronic transaction terms and conditions as the Company may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, tele-service operations, voice, video, data or combination thereof) or by means of electronic, computer, automated



machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of this Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

30. Compliance with Regulations: This policy is meant to provide insurance coverage to UAE residents only. In the event the Policyholder/Proposer wishes to enroll a non-UAE resident within this insurance policy, then the Policyholder/Proposer must seek prior written approval from Sukoon which Sukoon may accept or decline at its own sole discretion. In the event Sukoon agrees to provide insurance coverage to any non-UAE resident then any such insurance coverage shall be provided by Sukoon only on the following conditions, all of which the Policyholder/Proposer clearly understands and agrees with : (1) The insurance policy coverage will be provided by the Policyholder as an additional - supplementary insurance benefit to such non-UAE resident member and that this insurance policy is not meant to be a substitute for the Policyholder/Proposer to obtain/provide insurance coverage as may be required under respective local regulations (2) Notwithstanding this insurance policy coverage, the Policyholder/Proposer shall at all times remain responsible to ensure its compliance to relevant local insurance laws and requirements as may be applicable to such non-UAE residents (3) All applicable premium and claim payments in relation to this insurance policy will be made/transacted in UAE only
31. At the time of cover confirmation, we will require the following mandated documents
- EID number for all the members that have been shared with default value e.g. 111-1111-111111-1 or 333-3333-333333-3 etc. to be received & updated within 2 weeks.
 - Going forward colled EID within 30 days of the member enrollment.
 - Collect EID of the new-born within 180 days form the day of policy issuance.

32. Sukoon's Data Privacy Notice and Data Subject's Consent :

Sukoon Insurance PJSC (hereinafter referred to as "Sukoon") respects your privacy and is committed to protecting it. Sukoon abides by Federal UAE Data Protection regulations as is applicable to Sukoon within UAE. Each of the applicant(s), proposer(s), insured member(s), beneficiary(ies), insurance intermediary(ies), any person(s) contacting Sukoon for any purpose (altogether referred to as "Data Subject"/"you"/"your") hereby consents and authorises Sukoon Insurance PJSC ("Sukoon") to collect, use, store, maintain, transfer, disclose, Process, Data Subject's personal data (which includes but is not limited to personal identification data, personal sensitive data, personal health data as provided to and/or obtained by Sukoon) in accordance with Sukoon's data privacy policy as published on <https://www.sukoon.com/privacy-policy> ("Privacy Policy"), which each Data Subject confirms to have been notified and having read, consented to the same. The Data Subject confirms to have notified all other relevant Data Subject(s) about Sukoon's Privacy Policy and to have obtained their relevant consents prior to transferring any of their personal data to Sukoon."

Benefit Definition

Healthcare Insurance

- Emergency as defined by Law is "A situation which calls for immediate medical intervention by a health services provider for the rescuing of a person's life/organ or the elimination of the danger threatening that person's life/organ."
- Arab countries mentioned in this quotation include Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, Yemen.
- Southeast Asia Countries mentioned in this quotation include Afghanistan, Bangladesh, Bhutan, Burma, India, Indonesia, Iran, Malaysia, Nepal, Pakistan, Philippines, Sri Lanka, Thailand and Vietnam.
- Indian Subcontinent countries mentioned in this quotation includes Nepal, India, Pakistan, Bhutan, Bangladesh & Sri Lanka.
- Extended territory if offered is covered only for medical necessitated emergency while insured member is traveling (vacation/business trip) subject to maximum aggregate period of 60 days in a policy year.
- For DOH Policies: Only Generic medications can be prescribed and dispensed in line with DOH circular no (US/27/18) dated 23/07/2018
- Ambulance is a vehicle equipped for taking sick or injured people to and from a medical provider, especially in emergencies.
- Reasonable and customary charges are the average negotiated cost of the treatment within the network applicable to the plan for a particular medical procedure /treatment/ medication.
- DHA minimum preventive services:
 - Diabetes screening: this benefit is covered once a year for members 30 years and above. For high-risk individuals' entitlement age for this benefit is 18 years.
 - Hepatitis C Virus Screening and treatment: To be followed as per the guidelines laid out in the Hepatitis C support program
 - Cancer Screening and treatment: To be followed as per the guidelines laid out in the Cancer support program for LSB members
 - Hepatitis B Virus Screening and treatment (To be followed as per the guidelines laid out in the Hepatitis B program)
- Air Ticket fare if listed as covered in the Table of Benefits, will be subject to
 - Treatment within the member's eligible geographical area for elective treatments as per policy.
 - Inpatient treatments.
 - Cost of treatment is less than 70% of the applicable network customary tariff of the country of policy issuance.
 - Airfare class: Economy.
 - Reimbursement for the patient's airfare (no airfare for companions).
 - Reimbursement will be limited to AED 2000/- maximum per treatment.
 - Maximum overall cost inclusive of the airfare does not exceed 90% of the Sukoon applicable network tariff.
- All benefits limits are Inclusive of its Coinsurance (if coinsurance is applied); unless explicitly mentioned otherwise.



12. Outside Network & overseas coinsurance applies on top of the network deductible (if network deductible is applied); unless explicitly mentioned otherwise. Applicable network deductible is deducted first.
13. The following benefits, if listed in the Table of Benefits as covered, shall be on reimbursement basis unless specifically agreed otherwise in writing: Air ticket fare, Alternative treatments, Optical Lenses/Frames under Optical Benefit, Wellness Benefits, Vaccination, Nursing at Home, Work related accidents (for non-Abu Dhabi region only), Psychiatric treatment, and Infertility treatment.

The below applies if benefit is opted:

14. **Cash indemnity benefit** of AED 200/- per night for a maximum of 30 nights for inpatient hospitalization against free, covered treatment received and/or not being claimed from any insurance company. Original discharge summary to be submitted.
15. **Wellness Health Checkup** - This benefit can be claimed only once a year for members 30 years and above. Examinations, tests, consultations, or other medical services that are conducted for preventative or screening reasons and which are not related to any symptom or disease
16. **Organ Transplant benefit** will cover the incurred charges on transplantation surgery for the beneficiary being the recipient of the transplant of an organ. The covered amount includes doctor's fees, hospital accommodation and other beneficiary's related medical expenses during hospital stay. The organ transplants covered are as follows: Heart, Heart/Lung, Lung, Kidney, Kidney/Pancreas, Liver, Allogeneic bone marrow and Autologous bone marrow. Cover will exclude costs related to search for donor, cost of acquisition of organ and costs incurred for removal of organ from donor.
17. **Expenses related to Immunodulators, and Immunotherapy** will be covered if used as an effective therapeutic strategy for radical therapy.
18. **External Prosthetic devices** and medical equipment cover should mean any medical equipment used externally from the human body which: (1) can withstand repeated use; (2) is not designed to be disposable; (3) is used to serve a medical purpose; (4) is generally not useful to a person in the absence of a Sickness or Injury; and (5) is used outside of the Hospital. These are subject to recommendation of the treating doctor and are on reimbursement basis.
19. **Patient treatment supplies** shall be limited to lancets, pens, needles, pen needles & syringes. These are subject to recommendation of the treating doctor and are on reimbursement basis.
20. **Alternative medicines – Basic** to be performed only by a licensed practitioner. Services are limited to: Ayurveda and Homeopathic treatments.
21. **Alternative medicines – Enhanced** to be performed only by a licensed practitioner. Services are limited to: Acupuncture, Acupressure, Chinese medicine, Osteopathy, Chiropractic, Lymphatic drainage (cupping), Magneto therapy & Chiropractic on top of Basic Alternative medicines cover.
22. **Psychiatric services/treatments** will not include psychotherapists and/or psychologists' treatment nor services. Only MOH licensed psychiatrists' consultation/treatment will be paid for.
23. **Passive war and terrorism** benefit extends to cover accidental injuries suffered by the insured member as an innocent bystander only and excludes if the person insured is training or serving in any capacity as a member of the Armed Forces or whilst engaging in any war, invasion, acts of foreign enemies, hostilities or war-like operations whether declared or not, civil war, rebellion, revolution, insurrection, military or usurped power or martial law; an act of terrorism. "Passive War" cover is excluded if an insured is traveling to a country, (unless otherwise to his/her home country), after war has been declared in that country or after it has been recognized as a war zone by the United Nations or where there are war like operations.
24. **Routine Dental** covers the following services: Dental consultation, Lesions of Oral Cavity, Endoperio Surgery, Scaling, Filling, Curettage & Gum Problems, Root Canal and Pulp Treatment and Extraction (Removal, Simple & Surgical), x-rays & prescribed drugs for the mentioned services. However, General Dental Inspection (Check-up), Maintenance of Appearance, Crown, Bridges, Posts, Dentures, Pins, Prosthesis, Orthodontic Treatment and Cosmetic Treatment & Surgery is not covered. Toothpastes, Mouth Wash, Mouth Sprays etc. are not covered. Covered services done by oral hygienists are covered excluding consultation.
25. **Enhanced Dental** on top of Routine Dental covers the following services: General Dental Inspection (Check-up), Crowns, Bridges, Posts, Dentures, Pins, Prosthesis, Orthodontic Treatment. Cosmetic Treatment & Surgery is not covered. Toothpastes, Mouth Wash, Mouth Sprays etc. are not covered. Covered services done by oral hygienists are covered excluding consultation.
26. **Emergency Dental:** Treatment is covered to restore or replace sound natural teeth lost or damaged in an accident and for which medical treatment is provided within 72 hours following the accident. These expenses are covered under general treatment and do not fall under the dental limit if applicable.
27. **Basic Optical:** the benefit provides for the fees charged for only refraction test carried out by a qualified and registered Ophthalmologist/Optomist. A coinsurance/ deductible will apply as mentioned in TOB to all eligible charges incurred. This amount will be payable by the member. Claims settlement would be on reimbursement basis. (Covered only for applicable category).
28. **Enhanced Optical with Lenses & Frames:** The benefit provides for the fees charged for refraction test carried out by a qualified and registered Ophthalmologist/ Optometrist, the cost of spectacle frame once a year and corrective lenses (including Contact Lenses) prescribed by the Ophthalmologist/Optomist (excluding tinted/reactive lenses and sunglasses, whether prescribed or not). A coinsurance/ deductible will apply as mentioned in TOB to all eligible charges incurred. This amount will be payable by the member. Claims settlement would be on reimbursement basis. (Covered only for applicable category).



Exclusions

For the Emirate of Dubai (DHA Compliant Policies)

Excluded (non-basic) healthcare services.

1. Healthcare Services which are not medically necessary.
2. All expenses relating to dental prostheses, orthodontic treatments, etc.
3. Care for the sake of travelling.
4. Custodial care including
 - (1) Non-medical **treatment** services;
 - (2) Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
5. Services that do not require continuous administration by specialized medical personnel.
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
7. All cosmetic healthcare services and services associated with replacement of an existing breast implant. 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.
8. Surgical and non-surgical **treatment** for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens.
10. Healthcare Services that are not performed by Authorized Healthcare Service Providers.
11. Healthcare services and associated expenses for the **treatment** of alopecia, baldness, hair falling, dandruff or wigs.
12. Health services and supplies for smoking cessation programs and the **treatment** of nicotine addiction.
13. **Treatment** and services for contraception.
14. **Treatment** and services for sex transformation, sterilization or intended to correct a state of sterility or infertility or sexual dysfunction. Sterilization is allowed only if medically indicated and if allowed under the Law.
15. External prosthetic devices and medical equipment.
16. Treatments and services arising as a result of professional sports activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other professional sports activities.
17. Growth hormone therapy unless medically necessary.
18. Costs associated with hearing tests, prosthetic devices or hearing and vision aids.
19. Mental Health diseases (in-patient treatments), unless it is an emergency condition.
20. Patient **treatment** supplies (including for example: elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-**prescription** drugs and treatments,) excluding supplies required as a result of Healthcare Services rendered during a Medical Emergency.
21. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in **treatment**);
22. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree relatives.
23. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient **treatment**.



24. Healthcare services for adjustment of spinal subluxation.
25. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of **treatment** by alternative medicine.
26. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
27. Elective diagnostic services and medical **treatment** for correction of vision.
28. Nasal septum deviation and nasal concha resection.
29. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the **treatment** and services related to Hepatitis A, B and C.
30. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
31. Healthcare services for senile dementia and Alzheimer's disease.
32. Air or terrestrial medical evacuation and unauthorized transportation services.
33. Inpatient **treatment** received without prior approval from the insurance company including cases of medical emergency that were not notified within 24 hours from the date of admission where possible.
34. Any inpatient **treatment**, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
35. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
36. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, , 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, exercise equipment and sanitary supplies.
37. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
38. Health services and associated expenses for organ and tissue transplants, where the Insured Person is a donor. This exclusion also applies to follow-up treatments and complications unless if left untreated will develop into an emergency.
39. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
40. Any expenses related to the **treatment** of sleep related disorders.
41. Services and educational programs for people of determination, this also includes disability types such as but not limited to mental, intellectual, developmental, physical and/or psychological disabilities.

Healthcare services outside the scope of health insurance

(In Emergency cases as defined by PD 02-2017, the following must be covered until stabilization at minimum)

1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
4. Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other type of natural disaster.
5. Injuries resulting from criminal acts or resisting authority by the Insured Person.
6. Injuries resulting from a road traffic accident.



7. Healthcare services for work related illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, and applicable laws in this respect.
8. All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances.
9. Any investigation or **treatment** not prescribed by a doctor.
10. Injuries resulting from attempted suicide or self-inflicted injuries.
11. **Diagnosis and treatment** services for complications of exempted illnesses.
12. All healthcare services for internationally and/or locally recognized epidemics.
13. Healthcare services for patients suffering from (and related to the **diagnosis and treatment of**) HIV – AIDS and its complications and all types of hepatitis except virus A, B and C hepatitis.