



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
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/altered 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
 - a) 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.
 - b) Going forward colled EID within 30 days of the member enrollment.
 - c) 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 heath 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

Exclusions

For the Emirate of Abu Dhabi (DOH Compliant Policies)

Excluded Healthcare services

1. Healthcare Services, which are not medically necessary.
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Domiciliary care; private nursing care; care for the sake of travelling.
4. Custodial care includes.
 - a. Non-medical treatment services; or
 - b. 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 which 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. Healthcare services and associated expenses for replacement of an existing breast implant. Cosmetic operations which improve physical appearance, and 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. Breast reconstruction following a mastectomy for cancer is covered.



8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medically non-approved experimental, research, investigational healthcare services, treatments, devices, and pharmacological regimens.
10. Healthcare services that are not performed by authorized healthcare service providers, apart from healthcare services rendered in a medical emergency.
11. Healthcare services, treatments & associated expenses for alopecia, baldness, hair falling, dandruff or wigs.
12. Supplies, Treatment and services for smoking cessation programs and the treatment of nicotine addiction
13. Non-medically necessary Amniocentesis
14. Treatment, services and surgeries for sex transformation, sterility and sterilization
15. Treatment and services for contraception.
16. Treatment and services related to fertility/sterility (treatment including varicocele / polycystic ovary / ovarian cyst / hormonal disturbances / sexual dysfunction).
17. Prosthetic devices and consumed medical equipment, unless approved by the insurance company.
18. Treatments and services arising because of hazardous 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 professional sports activities.
19. Growth hormone therapy
20. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
21. Mental Health diseases, in-patient and out-patient treatments, unless the condition is a transient mental disorder or an acute reaction to stress.
22. Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments, excluding such supplies required because of healthcare services rendered during a medical emergency).
23. Preventive services, including vaccinations, immunizations, allergy testing and desensitization; any physical, psychiatric, or psychological examinations or testing during these examinations.
24. Services rendered by any medical provider relevant of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent, or child.
25. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during treatment.
26. Healthcare services for adjustment of spinal subluxation, diagnosis, and treatment by manipulation of the skeletal structure, by any means, except treatment of fractures and dislocations of the extremities.
27. Healthcare services and treatments by acupuncture; acupressure, hypnotism, Rolfing, massage therapy, aromatherapy, homeopathic treatments, and all forms of treatment by alternative medicine.
28. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transport; ovum and male sperms transport.
29. Elective diagnostic services and medical treatment for correction of vision.
30. Nasal septum deviation and nasal concha resection.
31. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related test/treatment or procedure.
32. Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A.
33. Birth defects, Congenital diseases for newborn &/or Deformities unless life-threatening.
34. Healthcare services for Senile dementia and Alzheimer's disease.
35. Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation services.
36. Circumcision healthcare services.
37. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency which were not notified within 24 hours from the date of admission.
38. Any inpatient treatment, tests, and other procedures, which can be carried out on outpatient basis without jeopardizing the insured person's health.
39. Any test or treatment, for purpose other than medical such as tests related for employment, travel, licensing, or insurance purposes.
40. 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.



41. More than one consultation or follow up with a medical specialist in a single day unless referred by a physician.
42. Healthcare services and associated expenses for organ and tissue transplants, irrespective of whether the insured person is a donor or recipient.
43. Services and educational program for handicaps.

Healthcare Services outside the Scope of Healthcare Insurance

1. Injuries or illnesses suffered by the insured person because of military operations of whatever type.
2. Injuries or illnesses suffered by the insured person because 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. Healthcare services for patients suffering from AIDS and its complications.
7. Healthcare services for work illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, as amended, and applicable laws in this respect.
9. All cases resulting from the use of alcohol, drugs, and hallucinatory substances.
10. Any test or treatment not prescribed by a doctor.
11. Injuries resulting from attempted suicide or self-inflicted injuries.
12. All healthcare services for internationally and locally recognized epidemics.
13. Venereal sexually transmitted diseases. A list with respect thereto will be set out by the General Authority of Health Services.

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 treatment, dental prostheses, and orthodontic treatments.
3. Care for the sake of travelling.
4. Custodial care including
 - o Non-medical treatment services.
 - o 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 because 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, both outpatient and 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 because of Healthcare Services rendered during a Medical Emergency.
21. 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.
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. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related investigations, treatments, or procedures.
30. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A and C.
31. Any services related to birth defects, congenital diseases, and deformities unless if left untreated will develop into an emergency.
32. Healthcare services for senile dementia and Alzheimer's disease.
33. Air or terrestrial medical evacuation and unauthorized transportation services.
34. 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.
35. Any inpatient treatment, investigations, or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
36. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing, or insurance purposes.
37. 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.



38. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
39. Health services and associated expenses for organ and tissue transplants for donor. This exclusion also applies to follow-up treatments and complications unless if left untreated will develop into an emergency.
40. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
41. Any expenses related to the treatment of sleep related disorders.
42. 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 because of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured Person because 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 and C hepatitis.

Exclusions

For NORTHERN EMIRATES

Excluded (non-basic) healthcare services

1. Healthcare Services which are not medically necessary.
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Pregnancy, Miscarriage and Childbirth unless maternity benefit coverage option is exercised and explicitly specified in the Table of Benefits.
4. Pre-existing and/or chronic conditions unless explicitly specified in the Table of Benefits.
5. Home nursing; private nursing care; care for the sake of travelling.
6. 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.
7. Services which do not require continuous administration by specialized medical personnel.



8. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
9. 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.
10. Treatment relating to Acne, Warts and Corns
11. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
12. Medical services utilized for the sake of research, medically non-approved experiments and investigations and pharmacological weight reduction regimens.
13. Healthcare Services that are not performed by Authorized Healthcare Service Providers.
14. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
15. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
16. Any investigations, tests or procedures carried out with the intention of ruling out any foetal anomaly.
17. Circumcision and/or Repair of Circumcision.
18. Treatment and services for contraception
19. 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.
20. External prosthetic devices and medical equipment.
21. Treatments and services arising because of hazardous 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 professional sports activities.
22. Growth hormone therapy.
23. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
24. Mental Health diseases, both outpatient and in-patient treatments, unless it is an emergency condition.
25. 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 because of Healthcare Services rendered during a Medical Emergency.
26. 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.
27. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree relatives.
28. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during inpatient treatment.
29. Healthcare services for adjustment of spinal subluxation.
30. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
31. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
32. Elective diagnostic services and medical treatment for correction of vision
33. Nasal septum deviation and nasal concha resection.
34. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related investigations, treatments, or procedures.
35. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A.
36. Any services related to Birth defects, congenital diseases, and deformities.
37. Healthcare services for senile dementia and Alzheimer's disease.
38. Air or terrestrial medical evacuation and unauthorized transportation services.
39. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency which were not notified within 24 hours from the date of admission.
40. Any inpatient treatment, investigations, or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.



41. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing, or insurance purposes.
42. 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, exercise equipment and sanitary supplies.
43. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
44. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or a recipient. This exclusion also applies to follow-up treatments and complications.
45. Any expenses related to immunomodulators and immunotherapy.
46. Routine or Preventive Treatment, Vaccine, Gamma globulin, Immunoglobulin, Interferon.
47. Any expenses related to the treatment of sleep related disorders.
48. 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

1. Injuries or illnesses suffered by the Insured Person because of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured Person because 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. Venereal sexually transmitted diseases
14. 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 hepatitis.