HEALTHCARE INSURANCE

HELPING PEOPLE LIVE HEALTHIER LIVES



SUKOON™ INSURANCE

WELCOME

THANK YOU

for trusting Sukoon Insurance PJSC (hereinafter referred to as "Sukoon") for your medical needs. We assure you quality and hassle-free services whenever and wherever you need. Active in the Middle East for over 48 years, proudly protecting 830,000 clients and being one of the largest insurers in the region, you will be in safe hands with us!

Our policies have been designed to provide you with more than a healing touch in the unfortunate and unavoidable circumstances of life. We make every effort to keep our products and procedures simple, transparent, convenient and customer friendly.

Please read this document carefully along with your Table of Benefits to understand the full details of your insurance cover. This will help you to get best possible support and help us in serving you better.

We are pleased to be your healthcare insurance provider and we look forward to serving you and your loved ones for all your medical care.

Please do not hesitate to contact us should you have any questions or if you require any clarifications about your health insurance plan.

Note: This is only a guide

This Handbook is not a formal part of the Agreement between your Company and Sukoon. Your Human Resources Department has the full terms, conditions and benefits of the Agreement. It is that Agreement (and not this Handbook), which fully defines your coverage.

we are here for you.

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USEFUL INFORMATION FOR MEMBERS

Your Plan provides health insurance cover in the United Arab Emirates (UAE) and other parts of the world if selected by your employer for employed residents of the UAE. Cover for the spouses and the dependents of eligible employees is an optional benefit which is determined by your company's HR policy.

Your Healthcare insurance program has two main objectives:

1. To protect you and your family from the financial costs associated with treatment of medical conditions affecting your health
2. To make access to the best available healthcare providers easier for you

To meet these objectives, your employer has selected a set of benefits, referred to as your "Table of Benefits" and agreed on a Network of healthcare providers.

Sukoon will cover medical expenses incurred as a result of a disease, an illness or an injury, in accordance with the provisions of your Policy. To be eligible, a medical expense must be necessarily and reasonably incurred and provided by a licensed medical practitioner.

It is important that all members realize that it is in everyone's best interest to use the group healthcare program responsibly to keep future premiums affordable.

Your Healthcare Insurance Card

Healthcare insurance card for you and your insured dependents are important credentials. We have stopped printing physical cards. You can access your eCard on mySukoon portal or mySukoon mobile app.

Alternatively, you can simply present your Emirates ID when you visit a medical service provider. Remember that in the UAE patients must confirm their identity to medical providers before any treatment can be provided.

If you are unable to present your eCard of Emirates ID, you will not be able to avail of any Direct Billing facility. Instead you will have to submit a reimbursement claim to recover the cost and you will be reimbursed as per your eligibility.

Your Table of Benefits

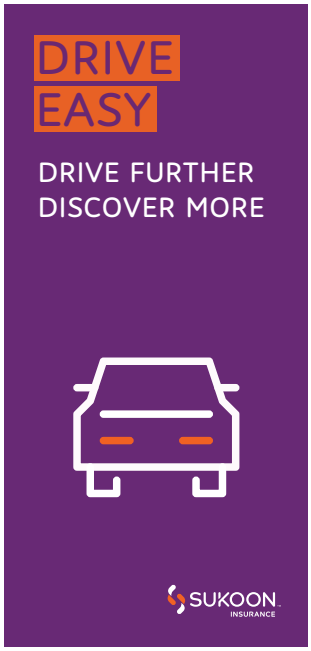
Your Table of Benefits specifies the plan selected by your company. It contains your healthcare coverage profile. It shows what you are covered for, the deductible level and the maximum limits that apply to your coverage.

Confidentiality

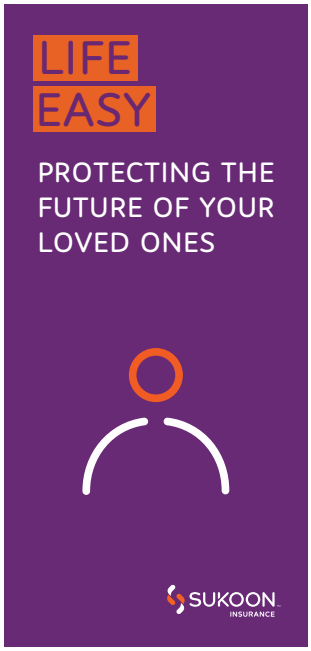
The confidentiality of personal health information is of paramount concern to Sukoon. To this end, Sukoon fully complies with applicable data protection legislation and medical confidentiality guidelines.

COMPREHENSIVE PROTECTION FOR ALL YOUR NEEDS

We offer a full set of insurance products to protect what is most valuable in your life. Click on the links below to learn more about our comprehensive covers or contact us on 800 SUKOON (785666) for a free personalized quote today.













Special offer for you

Get a 10% discount on your car insurance! Click here to conveniently buy online in just 3 minutes.

PRE-AUTHORIZATION

Depending on your illness, your doctor might request for additional investigations like blood test, X-rays or CT scan. Some of them will require a prior approval from us. When you visit a provider within our Network, you don't need to worry about anything as the provider will contact us directly to request prior approval if necessary. Our team is available 24 hours a day, 365 days a year on the phone, via our online portal, or via email to pre-authorize the treatments.

It is not mandatory to request for pre-authorization when you go outside the Network. But if you are not sure if the treatment is covered in your policy, we advise you to contact us before having the treatment.

Please note that for the following treatments the providers will always come back to us for Prior Approval:

- All in patient and day-care related requests
- The following specific out-patient diagnostic tests: MRI, CT scan, Physiotherapy and Endoscopies
- Dental treatment
- In case the medical insurance card mentions a different protocol

We aim to revert with a decision within 3 hours for outpatient requests and 6 hours for inpatient request but there are some cases which may take longer to assess. However, clarifications regarding prior approvals may be attended to over the phone immediately. Prior Approval is valid up to 30 days from date of issue or up to expiry date of the card as printed whichever is earlier.

Who is in-charge of getting the Pre-Authorization?

For cases eligible for the Direct Billing facility, the medical provider is responsible for obtaining the Prior Approval and you will be notified with the decision via sms on your registered mobile number. In case you don't receive the sms within the time specified above, we advise you to check with the provider.

For cases using the Reimbursement facility, it is not mandatory to request for pre-authorization, however you are responsible for obtaining the Prior Approval by contacting us in case you want to make sure service is covered under policy.

Who to Contact for Prior Approval?

For pre-authorization disputes: 800 6626, UAE Toll Free, 24-hour center

Email: medpar@sukoon.com
You will hear back from us within 48 business hours.

For service coverage inquiry: 800 SUKOON (785666) - UAE Toll Free
8am till 8pm Sunday to Thursday, 8am till 4pm on Saturday

Email: service@sukoon.com

DIRECT BILLING

Direct Billing within your eligible Network

When you go to one of the eligible hospitals listed in our preferred Healthcare Provider (HCP) Network, you will pay only the deductible and/or co-payment. The hospital bills us directly for the remaining charges.

1. When in need of medical assistance check on your Table of Benefits your Network eligibility. Typical Networks are Premium, Prestige, Signature, Advance, Classic.
2. Review the list of approved providers who belong to your Network. You can download 'mySukoon' app on your phone to access your Network, view location of medical facilities along with other functionalities. The list is also available on our website www.sukoon.com. Please ensure to check the most updated list available on the app or our website to have a seamless service.
3. Present your Emirates ID or eCard available on mySukoon portal or mySukoon mobile app for eligibility verification.
4. Receive required medical assistance as per treatment recommended and as covered by Policy conditions and limitations.
5. Sign a claim form that is completed by the HCP from whom treatment was received.
6. Settle any deductibles and/or co-insurance shares as indicated at the back of the healthcare insurance card.
7. Once you are served, the healthcare provider shall send us all documents.

PHARMACY BENEFIT MANAGEMENT

If your doctor prescribes some medicines, you can collect them at any pharmacy within our Network.

The pharmacist will have to request for an approval as per law. Pharmacists usually take 10-15 minutes to submit your prescription online. Our state-of-the-art system instantly evaluates the request through various safety checks and send and online notification confirming approval or rejection of prescriptions up to AED 5,000.

You will be required to only pay the applicable co-insurance as mentioned on your healthcare insurance card.

In case of any delay or technical issue, pharmacist can get immediate help over the phone from us.

In the event of a rejected medication request, please ask the pharmacist for the reasons for rejection as this is communicated back to them. In most cases the medication is rejected because it does not match the diagnosis, or it is over dispensed. The pharmacist is also able to contact the pre-authorisation team directly 24/7 if the rejection reason is not valid. In case you are not satisfied with the pharmacy response, please reach us on our toll-free number 800 6626.

REIMBURSEMENT CLAIM PROCESS

If your preferred doctor is not in our Network, you can still consult him. In fact, you can receive medical treatment at any provider outside our Network on reimbursement basis if it is covered in your policy, unless the clinician is specifically removed from the direct billing panel. Your HR Manager or Insurance coordinator should have the list of all such clinicians who are not part of the direct billing Network.

If your plan includes international countries, you can claim your international treatment on a reimbursement basis.

When you go outside your eligible Network or undertake a treatment covered on reimbursement basis, you will pay for the treatment directly and send us the claim for reimbursement. You should send us all the documents related to the treatment and the prescriptions. We will then reimburse you according to the provisions of your plan.

We have listed some points that you should remember, whenever you go for a treatment outside the Network, to avoid delay or rejection of your claim reimbursements.

1. Carry a newly downloaded claim form, whenever you visit a hospital outside your eligible Network or travel abroad.
2. The reimbursement claim form can be downloaded from our website www.sukoon.com by visiting the downloads sections. For direct access to the form, click here.
3. One claim form is valid for one person only per visit. Family members need to submit separate forms.
4. Please read the 'How to Complete the Form' section in the claim form to fill the form correctly.
5. Give us your mobile number and email address while filling up the claim form, so we can keep you informed on the progress of your claim by SMS and e-mail.
6. Include your IBAN number and we will send the reimbursement straight to your account within 10 calendar days. You will receive your payment faster and will not need to waste time collecting and depositing the cheque. In case the IBAN is not provided, we will issue a cheque which will take 10 additional days. You can also update your IBAN details directly on mySukoon portal.
7. Ensure that you provide all the information and documents as per the checklist provided on the last page of the claim form. This will reduce the chances of delay in your claim processing or complete rejection. Ask your treating doctor to sign and stamp the claim form.

Reimbursement claims will be processed only when all the required documentations are received. Claims submitted with missing, incomplete or unacceptable documents will be returned unpaid and will only be reconsidered once all the documentation is complete. Missing information and documents can be resubmitted within 90 days of intimation from our side. We recommend you keep a copy of all the submitted documents for your records.

Receive your claim payment faster by updating your bank details on mySukoon portal. Visit medical.sukoon.com now!

Claim Submission

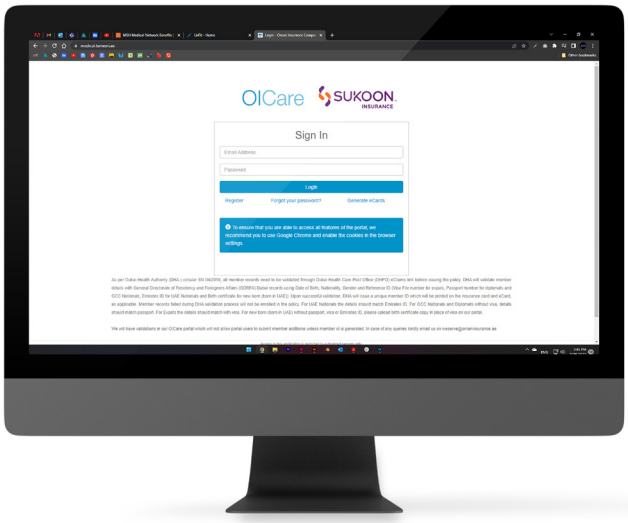
Based on your convenience and preference, you can submit and track your reimbursement claims online, via our mobile app or submit them physically.

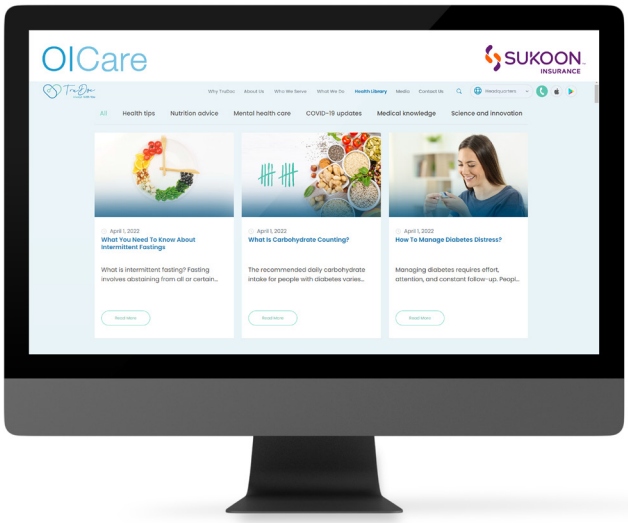
Online

Submit your claim online at https://medical.sukoon.com/ The portal also allows to update the details for yourself and your dependents. For claims above AED 1,500 you will need to submit the original documents.

Apart from submitting and tracking your reimbursement claims, you can use the portal for various servicing requests.

- View & download your Medical card
- Review membership details
- Generate certificates
- Update personal details
- Geolocate nearby healthcare provider
- Branch locator
- Retrieve claim history (reimbursement and direct debit claims)
- Review settlement explanation

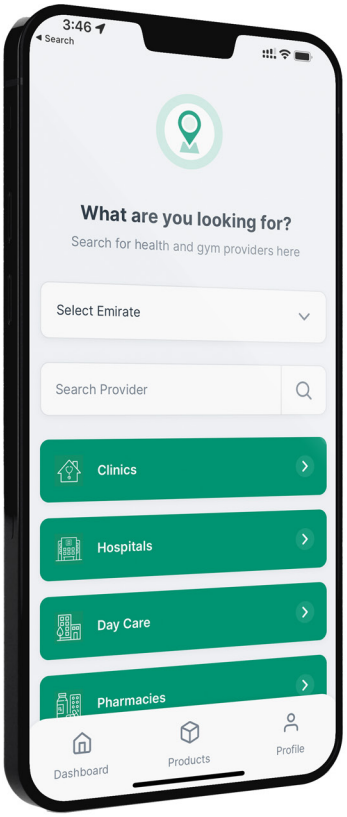


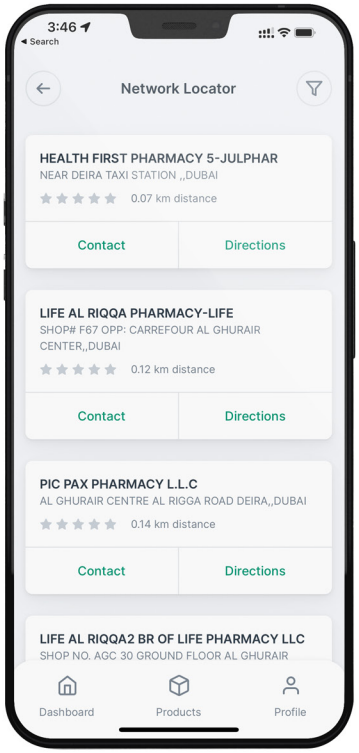


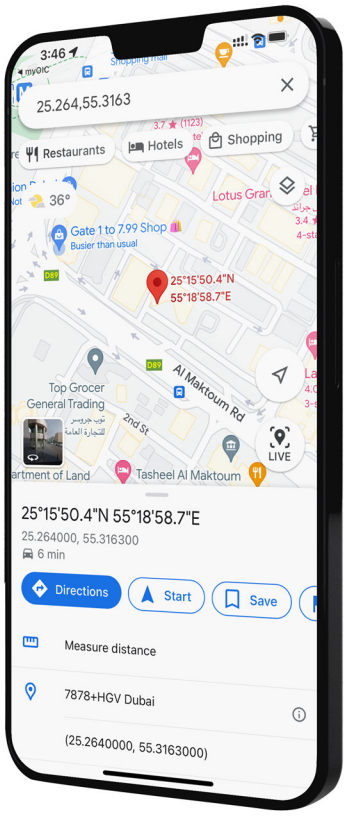
Update your email address and mobile number in the portal to receive regular communication on the progress of your claims.

mySukoon App

The easy to use app allows Healthcare members to submit and track reimbursement claims, find their Network providers, see their policy details and view our branch locations.







Key Features

1. Comprehensive list of Network providers segregated by different facility type as per you plan
2. Filters like distance, area, specialty available to facilitate provider search and selection
3. Locate on Google map
4. Rate the provider based on service experience
5. Call the provider at the click of a button
6. View location of LivFit gyms offering free trials & discounts
7. View and download medical card for self and dependents
8. Submit, view and track healthcare reimbursement claim for self and dependents
9. View direct debit claims details
10. Download claim settlement summary once the claim is processed
11. Submit feedback or complaints

The app is available on App Store and Play Store as ‘mySukoon’

Physical Submission and Courier

Deposit your claim with your HR department, broker or at one of our branches

You can also send it to us by mail at the below address:
Medical Claims Department,
Sukoon,
Omar Bin Al Khattab Street,
Next to Al Ghurair Mall, Deira, PO Box 5209
Dubai, UAE
Tel: +971 4 233 7777

All documents should be submitted within 90 days of the claim. Claims submitted after ninety (90) days of treatment shall not be accepted or honoured. Any requirements requested by Sukoon, such as supporting documents or missing information should be provided within ninety (90) days from the date of request, failing which Sukoon reserves the right to repudiate the claim.

Claim Processing

We will always endeavour to alert you via a SMS and/or email on the progress of your claim.

Your claim will be assessed in full confidentiality by one of our personal advisers and all eligible payments will be made. Should we have any questions about your claim submission, or if we require any further information, we will contact you using the contact details shared in the claim form.

If Sukoon has received all required documents and information, you will receive your eligible claim within 10 calendar days along with a claim report and explanations in the case of declined amounts.

Below are some important terms and information which explains how your claims are processed.

Coinsurance/Copay

The amount of money a member bears each time to get medical service is called Coinsurance/Copay'. It is a form of cost-sharing or splitting the cost of a medical service between insurance company and member. It is either a value or a percentage of the cost of the medical service. All the limits specified in the healthcare insurance plan are inclusive of coinsurance/copay. Coinsurance can be of different types such as Network Copay, Non-Network Copay, Optional Benefit Copay.

Non-Network Coinsurance

If a medical service is availed outside the applicable Network category, coinsurance/copay would be applied on the claim as defined in the healthcare insurance plan after applying reasonable and customary charges of that Network.

Network Coinsurance

If a medical service is availed within the applicable Network category, coinsurance/copay would be applied on the claim as stated in the healthcare insurance plan after applying the agreed tariff of that specific provider.

Example 1 **When medical services are availed outside the Network category**		**Example 2** **When medical services are availed within Network on cash basis**	
Doctor's Bill	**AED 5,000**	Doctor's Bill	**AED 5,000**
Basis of reimbursement as per T&C	2,000	Basis of reimbursement as per agreed tariff	2,000
Network coinsurance deducted	-50	Network coinsurance deducted	-50
Sub Total	**1,950**	**Payable Amount**	**AED 1,950**
20% non-Network coinsurance deducted	-390		
Payable Amount	**AED 1,560**		

Ineligible Amount

The amount which does not qualify for payment. The most common reasons of ineligible amount are given below:

- Non-covered or excluded Services: There are certain exclusions in the healthcare insurance plan which are not reimbursable. Kindly refer to the policy terms and conditions for more details.
- Reasonable and Customary Charge (R&C): There is a pre-agreed tariff between insurance company and the Network for each medical service. R&C is the highest cost of the medical service charged by a provider in the applicable Network category, which forms the basis of claim settlement.
- Claimed amount exceeded the applicable sub-limit: The healthcare insurance plan may have a pre-determined sub-limit for specific medical services/procedures. This is stated as a fixed value and is a part of the overall insurance coverage limit.
- Missing documents: Certain documents are mandatory to establish claims admissibility including but not limited to prescription, discharge summary, lab test results, original receipts/invoices etc.

If you have any enquiries, contact us on:	**800 SUKOON (785666)** - UAE Toll Free 8 am till 8 pm Monday to Friday, 8 am till 5 pm on Saturday weserve@sukoon.com You will hear back from us within 48 business hours

Payment

Wherever possible, we will follow the instructions provided in the 'Payment Details' section of the claim form. If you have requested that the payment be made via electronic transfer, direct to your bank account, it is vital that you provide us with your full bank account information including Account Number and IBAN.

Without this full information we will be unable to arrange for an electronic transfer and a cheque will be issued to you instead.

Sukoon will reimburse you in UAE Dirhams for the claimed amount minus any deductible / co-payment or uncovered expenses.

HOW TO MAKE A COMPLAINT?

We view complaints as an opportunity to learn and improve for the future, as well as a chance to put things right for the person that has made the complaint. For any grievances or concerns that you may have, please write to us on complaints@sukoon.com. On receiving a complaint pertaining to us or any service providers we have partnered with, we will record it and provide you with:

- A unique complaint reference number via email, which you may use in future correspondence with us.
- The contact details of the staff handling your complaint.

All complaints are taken seriously and we maintain a procedure to ensure they are dealt with professionally, effectively and fairly. Our complaint management policy complies with regulatory guidelines of the UAE. In addressing your concerns, we will reach out to our partners & service providers as part of the investigation. We will retrieve all the documents relevant to your transaction and aim to resolve your case within five working days.

If our investigation requires more time to be completed, we will write to you with an explanation of why a decision is not yet made and we will also inform you regarding when you will be further contacted.

Once we complete our investigation we will write/call you with our final response.

If you are not satisfied with the response from the Complaints Department, you may escalate the case to Sukoon's Compliance officer on compliance@sukoon.com

If you find it necessary to further escalate the issue, you may approach Dubai Health Authority (http://ipromes.eclaimlink. ae/) or Health Authority of Abu Dhabi (in case of medical) and / or Insurance Authority (in all cases) with your complaint.

If you are still not satisfied with the outcome, you may seek to raise your case with a relevant court.

IMPORTANT DEFINITIONS

Accident
A sudden, unforeseen, unexpected or unintended event causing a physical injury which is identifiable and is documented by Police or Physician and is not a result of sickness, disease or gradual physical or mental process.

Acute Condition
A rapid onset of medical condition which does not require long term medication and treatment.

Chronic Condition/Disorder
A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
- It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
- It needs ongoing or long-term control or relief of symptoms
- It may require rehabilitation or the patient to be trained to cope with it.
- It continues indefinitely
- It comes back or is likely to come back.

Claim
Notification in the required format to Insurer or TPA requesting payment of benefit due under the terms of the plan.

Co-insurance
A co-insurance (co-payment) is a cost-sharing arrangement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible costs. Covered persons are responsible for the payment of any co-insurance directly to the Provider of the Health Service at the time of service or when billed by the Provider.

Deductible
A fixed amount of money stated in the Table of Benefits or the Health insurance card which insured member is required to pay to providers in direct billing when receiving health services under table of benefits before insurance company start paying. Deductible amount is deducted from total payable claims in case of reimbursement.

Dependant
The legal spouse of an Insured Member and the Insured Member's natural, adopted or step-children or any other child considered by the Law to be a child of the family up to the age of 18 (or up to age 21 if in full-time education and financially dependent on the Insured Member).

Direct Billing
The arrangement of direct settlement to the Medical Network Providers of an eligible Claim incurred by an insured member.

Eligible Medical Expense
Means the actual expenses incurred by an insured, which are reasonable and customary for necessary and covered medical care and services, administered by or ordered by a physician licensed to practice medicine.

Emergency
An acute, unbearable health condition sustained as a result of sudden non-excluded sickness or injury raising a legitimate professional concern that there may be significant medical problem necessitating treatment (medical or surgical) to be performed exclusively within the Territory of occurrence which cannot be delayed and which required immediate confinement to a facility followed by Hospitalization or not.

Geographical Scope of Cover
Area of coverage where an insured member is allowed to avail medical treatment under the terms of the Policy.

Healthcare Services
Health care (or healthcare) is the diagnosis, treatment, and prevention of disease, illness, injury, physical and mental impairments of the Insured Member based on terms, conditions and exclusions of this Policy.

Hospital
Any medical institution, public or private, which is legally licensed to provide medical treatment to sick and/or injured persons. The facility must consist of organised premises, possess the necessary technical and scientific equipment for diagnosis and surgical operations, and provide healthcare services 24 hours a day by a staff comprising at least one resident Physician and qualified nurses. The term “Hospital” excludes Outpatient clinics, sanatoria, physiotherapy centres, health clubs, retirement homes, nursing homes, and similar institutions, including those specialising in substance abuse (drugs, alcohol).

Illness
Medical condition / sickness / disease which is sustained by an Insured Member during the Policy Period and which occasions the necessity for the Insured Member to receive care and attendance from a Physician.

Injury
Physical damages other than Illness, including all related conditions and recurrent symptoms, which are usually caused by an Accident.

In-patient (IP)
Medical treatment that is provided in a hospital or other facility and requires at least one overnight stay or more than 8 hours continuous care delivery inside a hospital and where the patient is registered as an admission.

Limit(s)
Annual Aggregate Limit refers to the maximum monetary amount of benefits allowed for all Eligible Expense, inclusive of all sub-limits, Co-insurance and/or Deductibles for Treatment taken during the Policy validity. Sublimit is a monetary limit defined for a specified type of benefit as stated in the Table of Benefits. Maximum number of sessions refers to the maximum number of times that a patient can utilize a specific type of service (for example the number of physiotherapy sessions or ante-natal care visits).

Network
A group of Medical Providers contracted by the Insurer or TPA for the purpose of providing Insured Members with access to their services on a direct billing basis in conformity with the terms of the Policy. Listings of Network Providers are subject to change without notice.

Non-Network
Medical Service Providers that are not part of the Network or, although a part of the Network, are providers that are not included within the Network for a particular group, category or policy. Where the insured member does not present the Health Insurance Card to a Network Provider, it will be treated as non-Network.

Out-patient Treatment (OP)
Physician consultation, prescribed drugs, diagnostic tests and treatments, procedures which do not medically necessitate admission to a hospital before, during and/or after the procedure.

Prescribed drugs
Pharmaceuticals which can only be obtained through a prescription provided by a licensed physician and which are approved by the UAE Ministry of Health.

Prior approval
It is a process whereby the Insurer and/or its appointed TPA reviews and gives its decision on treatment proposed by the treating Physician for which an approval is required. The Insurer or its TPA will either approve, reject or require further information.

Referral
A recommendation by a physician to another physician where the patient may require more specialised advice or treatment.

Reimbursement
It is a form of settlement of Eligible medical expenses in which the Insured Member pays and sends the duly signed and stamped proofs of those expenses to the Insurer or its TPA and the Insurer indemnifies the Insured Member for the Eligible Expenses net of Deductibles and/or Co-Payments.

Table of Benefits
The table applicable to the chosen plan showing the maximum benefits the Insurer will pay for each Insured member, the deductibles or coinsurance payable and the area of cover within which the Insured Member may choose to receive treatment.

Waiting Period
The period of time starting from the first Enrollment Date of the Insured member during which an Exclusion is in force under a specific benefit covered under this Insurance Policy.

We/Our/Us
Sukoon who is the insurer/issuer of the Policy.

WHAT IS NOT COVERED?

For the Emirate of Dubai (Dubai Health Authority 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
- (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, 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 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); any physical, psychiatric or psychological examinations or investigations during these examinations. 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 haemodialysis 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, irrespective of whether the Insured Person is a donor or a recipient. 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

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 and C hepatitis.

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 as a result 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 as a result 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 haemodialysis 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. 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 handicaps.

Healthcare services outside the scope of health insurance

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. 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.

For the Emirate of Abu Dhabi (Department of Health 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. Domiciliary care; private nursing care; care for the sake of travelling.
4. Custodial care includes

- Non-medical treatment services; or
- 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 Authorised 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 as a result 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 as a result 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 haemodialysis 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 new-born &/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 health insurance

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. Healthcare services for patients suffering from AIDS and its complications.
7. All cases resulting from the use of alcohol, drugs and hallucinatory substances.
8. Any test or treatment not prescribed by a doctor.
9. Injuries resulting from attempted suicide or self-inflicted injuries.
10. Diagnosis and treatment services for complications of exempted illnesses.
11. All healthcare services for internationally and locally recognised epidemics.
12. Venereal sexually transmitted diseases. A list with respect thereto will be set out by the General Authority of Health Services.

FREQUENTLY ASKED QUESTIONS

This section is intended to provide additional information about your policy and to address any queries you may have. If your question is not answered below, or within this document, please contact us using the details provided on page 3.

Who is Sukoon's Employee Health Insurance for?

Our Employee Health Insurance has been especially designed for company employees, and their direct family members, who are based in the United Arab Emirates (UAE). The specific details of your policy, with regards to cover levels and eligibility, have been defined by your employer and applied as a company-wide scheme.

If you have any questions about why a particular treatment is not covered, or why a particular healthcare facility is not available under your policy, please speak to your HR Department in the first instance.

How can I renew my membership?

As this is a corporate health insurance scheme, your company will be responsible for all membership renewals. Please contact your HR Department for more information on the renewal process.

How can I cancel my membership?

Your health insurance policy is provided as standard by your employer as part of your employee benefits package. Should you wish to cancel your membership for any reason please consult with your HR Department in the first instance to understand your company's policy on 'opting out' of this benefit.

Could the terms and conditions of my policy change?

Your health insurance plan is an annual contract. From time to time we, or your employer, may make changes to make it more relevant to changing circumstances. However, we will let you know whenever we make any changes to your plan.

How long will it take for my claim to be processed and settled?

We endeavour to process and settle eligible and complete claims within 3 weeks. We will keep you updated of your claim progress via SMS and/or email provided on the Reimbursement Claim form.

Is in-patient maternity service covered?

As part of the regulatory mandate, it is automatically covered for all Emirates except Northern Emirates. Ante-natal care, normal delivery, medically necessary C-Section, medically necessary abortion, and other maternity complications are covered up to the limit specified in your applicable Schedule. Maternity complications, if leading to emergency, will be covered up to the annual indemnity limit. For Northern Emirates policies, please check you table of benefits to confirm.

Is a new-born covered?

New-born babies delivered in UAE are automatically covered for 30 days from birth. Coverage includes BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia). The cover is provided under the mother's policy. Please note that inpatient treatment is covered on direct billing & outpatient on reimbursement basis.

Are vaccines and immunizations for children covered?

As part of the regulatory mandate, it is automatically covered for Dubai based policies. Essential vaccinations and inoculations for new-born and children are covered through selected providers. For all other Emirates, please refer to your table of benefits to confirm.

How can I add a member under my policy?

If your company agrees, you, the principal member may apply to include any of your family members under your membership as one of your dependents provided that they are resident in the UAE. To add a new member to your policy, please contact your HR Department who will initiate this application and let you know which documents you are obliged to produce.

Click here to view more FAQs. In case you don't find what you are looking for, please reach out to your HR Manager or Insurance Coordinator.

TRUDOC 24X7 TELEHEALTH CONSULTATION AT YOUR CONVENIENCE

Your healthcare insurance plan may include (please check your Table of Benefits) telehealth consultation service with our partner TruDoc24x7. Trusted by over 5.1 million users in the region, this service will give you immediate access to highly trained healthcare professionals via voice and video calls for healthy, acute and chronic condition management. You can save time, energy and money by gaining access to quality healthcare from the comfort of your home.

TruDoc 24x7 Benefits

Smart Healthcare Management: TruDoc's services are driven by its powerful mobile app available to both iOS and Android users. Accessible 24/7, 365 days a year, the app is available in English and Arabic languages.

Appointments and Referrals: TruDoc is equipped with a specialist referrals and appointments booking system. This integrates seamlessly with the smartphone's calendar to trigger timely reminders.

Medication and Home Delivery: Lab tests, sample collection and medicines can be arranged or delivered straight to members' doorstep. This includes chronic medication refills. Lab test services will be available by referring the customer to a diagnostic centre within the Network.

Fitness Connectivity: Members can connect TruDoc with their Fitbits or Apple Watches to monitor daily activity, nutrition, and track their overall progress with a Wellness Experts who will provide customized recommendations including meals and exercise regimes.

Health Digest: Members can indulge in reading and knowing more about latest lifestyle, nutrition, fitness and health trends by their favorite authors and influencer's.

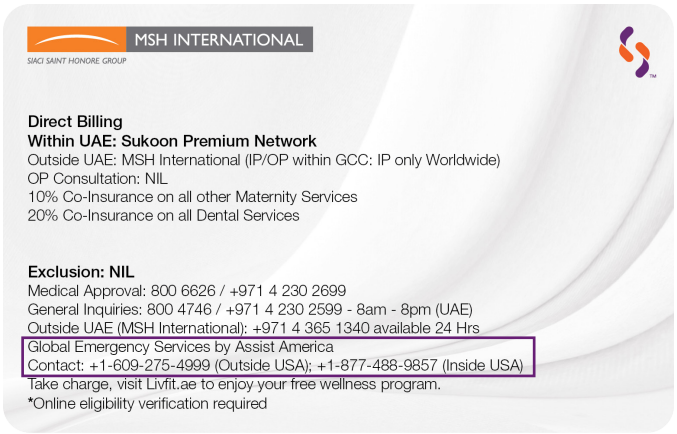
Mental Well-being & Wellness Services: Through the mobile app, you can book an appointment to speak to the highly trained & licensed mental health and wellness experts with the assurance to protect & maintain your privacy.

Registration Details, Benefits and How-to Guides

1. Welcome Letter
2. Benefits of using TruDoc 24/7
3. TruDoc App Features and Benefits
4. Registration Guidelines

ASSIST AMERICA EMERGENCY SERVICE AROUND THE WORLD

Your healthcare insurance plan may include (please check your Table of Benefits) a unique global emergency services program from Assist America, for you, your spouse and your dependent children if enrolled under your plan. This program immediately connects you to doctors, hospitals, pharmacies and other services in the event that you experience a medical emergency whilst traveling 120 kilometers or more away from your permanent residence, or in another country.



One simple phone call will connect you to:

- A global Network of pre-qualified medical providers
- A state-of-the-art Operations Centre with worldwide response capabilities
- Experienced crisis management professionals
- Air and ground ambulance service providers

Assist America completely arranges and pays for the assistance services it provides without limits on the covered cost. This alleviates many of the obstacles and potential expenses that can be caused by medical emergencies away from home. It is always important to keep the contact numbers with you so that you can call for services whenever you need them.

Assist America is not a travel or medical insurance; rather it is a provider of global emergency services. All services must be arranged and provided by Assist America. No claims for reimbursement will be accepted. Assist America's services do not replace medical insurance during medical emergencies away from home. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage.

ASSIST AMERICA COVERS AT A GLANCE

Medical Consultation, Evaluation and Referral
AA's operations centre is attended on a 24/7 basis by medically certified, multilingual personnel who can evaluate, troubleshoot and make immediate recommendations for any emergency situation, including referrals to qualified doctors and/or hospitals.

Critical Care Monitoring and Case Management
A team of doctors, nurses, and other medically trained personnel stays in regular communication with the attending physician at the hospital, monitors appropriate levels of care and relays needed information to the member's family or employer.

Prescription Assistance
If a member forgets or loses a prescription while travelling, our team of medical professionals works with the member's physician and a pharmacy in the area of travel to replace the medicine.

Second Medical Opinion
This service can be used for confirmation of diagnosis, evaluation in cases where diagnosis has not been possible, determination of the most appropriate course of treatment, or follow-up on a previously reported case.

Hospital Admission Assistance
AA fosters prompt hospital admission by validating the member's health insurance or advancing fund as needed to the hospital.

Emergency Medical Evacuation
If a member becomes ill or injured in an area of the globe where appropriate care is not available, AA will intervene and use whatever means of transportation, equipment and personnel that are necessary to evacuate that individual safely to the nearest facility that meets our rigorous standards.

Compassionate Visit
We realize that having a family member or a friend present during a health crisis makes the sufferer feel more at ease and can even hasten the recuperation process by alleviating the morale. This is why arrangements will provide for economy, round trip transportation costs for a loved one to join any member who is alone and expected to be hospitalized for more than five days.

Care of Minors
If any children were travelling with a person who at the time of travel has been taken ill or injured, AA will arrange and pay for them to return home, with a qualified attendant if necessary, to a family member, alternatively we will arrange childcare locally.

Medical Repatriation
If a member still requires medical assistance upon being discharged from a hospital, Assist America will repatriate them home or to a rehabilitation facility with a medical or non-medical escort, as necessary

Emergency Message Transmission
Assist America will receive and transmit authorized emergency messages for members.

Return of Mortal Remains
In the case of a member's death, Assist America will arrange and pay for the return of mortal remains, regardless of distance, to an authorized funeral home proximate to the member's legal residence.

Lost Luggage or Document Assistance

AA will help members locate lost luggage, documents or personal belongings.

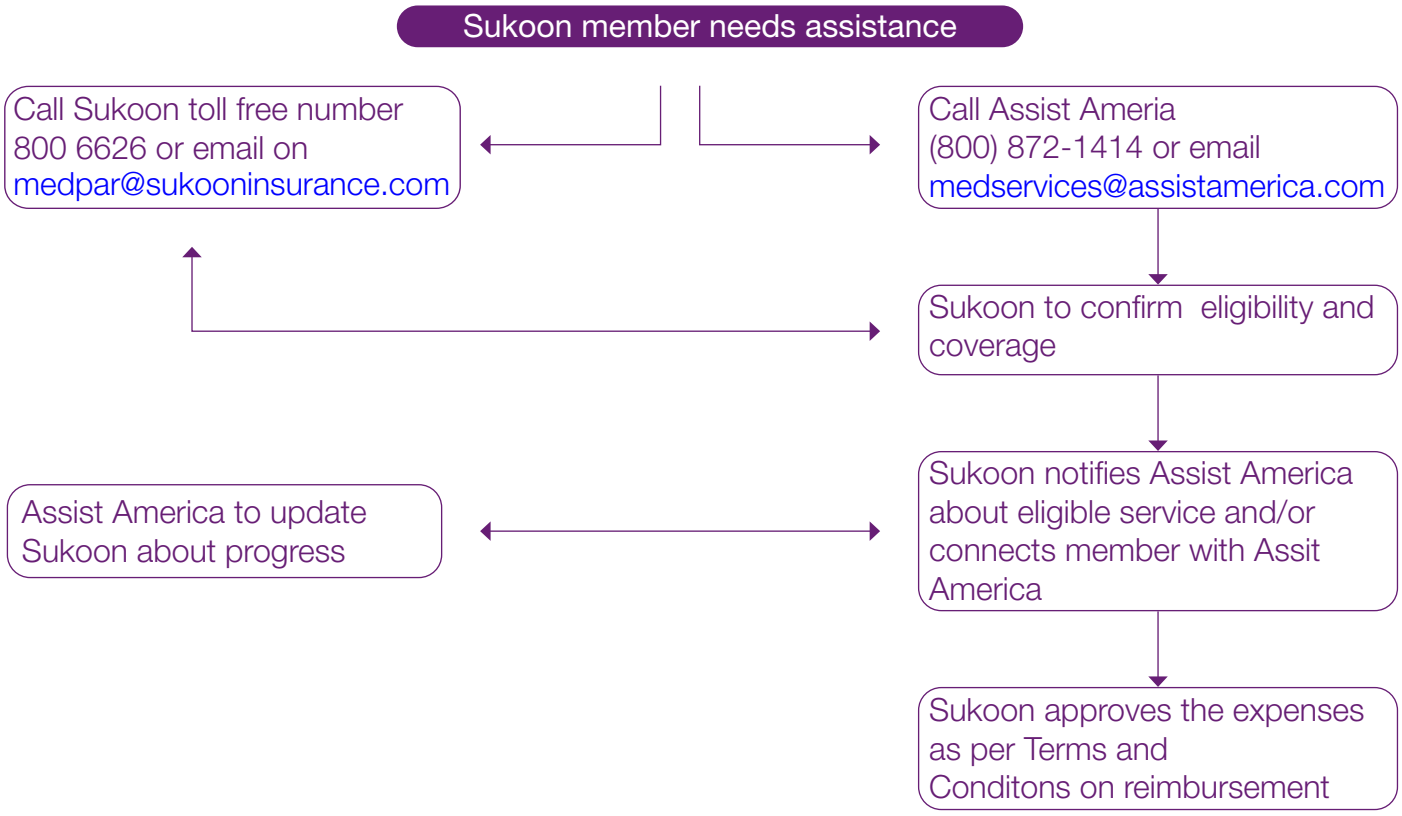
Pre-Trip Information

To help make our members the most informed and prepared travellers they can be, AA also offers comprehensive pre-trip insights on the Assist America website. Members can review country profiles, visa requirements, immunization regulations, security advisories and more at www.assistamerica.com. The Assist America Traveller newsletter and Assist Alert emails also provide current security, travel and medical advisories.

Legal and Interpreter Referrals

Assist America can make recommendations for trustworthy legal counsel and interpreter services in any country. Arrangements can also be made with respect to bail bonds in jurisdictions where they are legal and apply.

How to Avail Services



Global Emergency Services	
Reference Number	**97-AL-OMN-09083** If you require medical assistance and are more than 120km from your permanent residence, or in another country, call:
Assist America's operations center:	**+1 609 275 4999** (outside USA) **1 877 488 9857** (inside USA) medservices@assistamerica.com

Download the Assist America App	
Download on the App Store GET IT ON Google Play	Stay connected to Assist America by downloading the App from the Apple App Store or Google Play. Get one-touch calling to the Operations Center, the latest travel-related news, push notifications and much more.

MSH INTERNATIONAL OVERSEAS DIRECT BILLING SERVICES

Your healthcare insurance plan may include (please check your Table of Benefits) a direct billing service from MSH International. MSH International connects eligible Sukoon members with the best quality health care services delivered through an international Network. Through this service, members will access the best quality healthcare services delivered through an international Network, without worrying to pay for the treatment in over 180 countries. All eligible members will have access to the providers as follows.



- **GCC & MENA** – Access over 1,000 providers for in-patient and out-patient direct billing in 18 Countries including Jordan, Tunisia, Turkey, Iraq and GCC. In KSA only in-patient service is available.
- **Worldwide** – Access 6,700 accredited providers for in-patient services direct billing and further support by 600,000 including United States, United Kingdom, Brazil, and Africa through other partnerships. Out-patient direct billing is also available worldwide in certain territories.

Important: Eligible claims incurred outside MSH Network will be reimbursed subject to policy terms & conditions. All reimbursement claims need to be submitted to Sukoon.

How you will avail the services?

We are just a phone call away to help you with a wide array of unexpected medical conditions that can happen while travelling or on a business trip.

1. When in need of medical assistance
- Check on your Healthcare insurance card for your eligibility for MSH International.
- Call **24/7** active local number: **+971 4 365 1340.**
  Phone Assistance is provided by multicultural / multilingual team backed by a team of consulting physicians with personalized administration.
2. Follow the instructions provided over the phone.
3. Receive medical assistance as per treatment recommended and as covered by Policy terms & conditions.
4. Sign the healthcare provider claim document, from whom treatment was received.
5. Settle directly any deductible and/or co-insurance share as indicated at the back of your Healthcare insurance card.
6. Once you avail the services, the Healthcare Provider will coordinate with MSH International for rest of the formalities.

MSH tools to help members search for healthcare providers worldwide

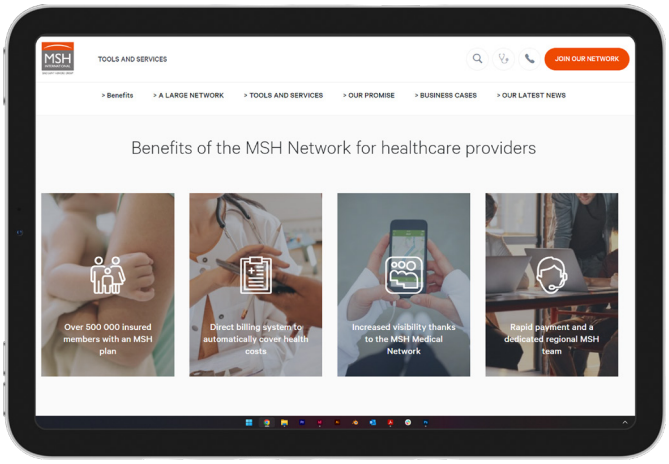
In case you wish to confirm if a particular hospital is in the MSH Network, you can call +971 4 365 1335, or login into the MSH portal http://mena.msh-intl.com or view it on the mobile app. You can also conveniently search for nearby hospitals with the MSH mobile application.

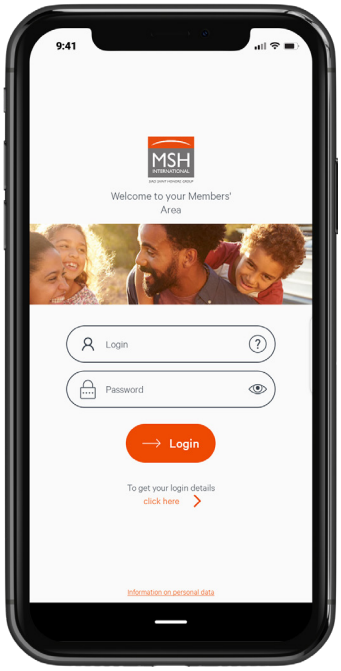
Online portal:

- Access a database listing healthcare provider across the globe.
- Login credentials will be sent on your registered email.

Mobile application:

- Geolocate nearby healthcare professionals wherever you are in the world.
- Plan medical appointments using the health directory available on the MSH INTERNATIONAL app.





LIVFIT WELLNESS PROGRAMME

Your policy may include (please check your table of benefits) access to our corporate wellness programme LivFit.

LivFit is a free comprehensive wellness programme that helps you make positive lifestyle choices to improve your physical and mental well-being. It will empower you to take charge, living your life healthy, happy and fit.

The programme will support you in various areas being physical activities, nutrition, weight loss, tobacco cessation and stress management. To start your wellness journey, take our simple online assessment, receive your personalized health report and discuss your goals with our wellness coach. You can then track your fitness plan via our mobile app, get inspired with our Facebook page, enjoy free group classes, participate in self-improvement workshops, and get discounts on a variety of wellness products. LivFit is all this and more!

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

LIVFIT AT A GLANCE

KNOW YOUR HEALTH

Health Report
Take the health assessment survey to get your personal report.

Checkups
Prevent illnesses with discounted screenings.

TAKE CHARGE

LivFit App
Download 'LivFit Wellness' app to track your fitness plan.

Gym Facilities
Take advantage of free trials & discounted gym packages.

Group Classes
Participate in free weekly fitness classes.

Star Program
Lose weight and get part of the cost sponsored.

Tobacco Cessation
Stop smoking… before it's too late.

Stress Management
Attend seminars to cope with pressure & balance your life.

GET INSPIRED

Wellness Coach
Discuss your wellness journey path.

Social Engagement
Follow us, get inspired & share your success.

Wellness Awareness
Visit livfit.ae for articles and tips on health & wellness.

Challenges
Push yourself, compete with peers & have fun..

OFFERS & DISCOUNTS

Partner Offers
Enjoy discounts on various wellness products.

ACTIVATE WELLNESS

Visit:	www.livfit.ae
Download the:	'Livfit Wellness' App
Like us on:	facebook.com/MyLivfitSpace
Follow us on:	instagram.com/MyLivfitSpace
Participate in:	Lifestyle Programs
Email us:	info@livfit.ae
Call:	04 230 2737

ABOUT SUKOON

At Sukoon we see ourselves as more than just insurers. We believe that we play a deep and impactful role in the lives of our customers and the community in general.

After starting operations in 1975, we set out to define insurance standards for the region. That commitment to excellence has made us one of the leading insurance providers in the Middle East today.

We offer a complete range of insurance solutions from Life, Health, Motor and Personal Lines to covers for medium to large industrial and commercial enterprises; and Energy, Marine and Construction sectors.

At our core, we are a customer-centric organization, with a single-minded focus on service. Our priority has always been to build long term client relationships, with complete customer satisfaction as our most important, non-negotiable objective. Put simply, we want to become a reference in the region for excellent customer service.

HOW TO REACH US?

Depending on your request, you can use any of the following means to reach us:

Pre-Authorization	
Pre–authorization disputes	**800 6626** – UAE Toll Free, 24h medical approval center **+971 4 230 2699** – Any other country
Email	medpar@sukoon.com You will hear back from us within 48 business hours.

Claim Reimbursement Inquiries	
Phone	**800 SUKOON (785666)** – UAE Toll Free **+971 4 230 2599** – Any other country 8 am till 8 pm Monday to Friday, 8 am till 5 pm on Saturday (UAE local time)
Fax	+971 (0)4 238 4769
Email	weserve@sukoon.com You will hear back from us within 48 business hours.

General Inquiries	
Phone	**800 6626** – UAE Toll Free **+971 4 230 2599** – Any other country 8 am till 8 pm Monday to Friday, 8 am till 5 pm on Saturday (UAE local time)

Web Site	
www.sukoon.com **Visit our website for further information on:**	**Directory of Hospitals** For updated details on Sukoon Network hospitals, clinics and pharmacies. Click here for direct access. **Forms** To download claim form and all the forms you need Click here for direct access.

Emergency Contacts	
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