MEDICAL INSURANCE

DHA EASY PLAN

TABLE OF BENEFITS

Eligibility

Individual Employees and Domestic workers holding valid visa issued in the emirate of Dubai whose monthly salary / income is AED 4,000 or less who are not covered under employer's health insurance schemes.

Important Note

- Your insurance plan is governed by Health Insurance Law No. 11 of 2013 and its implementing regulations that entitles you for all those benefits as defined in updated TOB of Essential Benefit Plan vide Appendix A of DHA circular No. PD 01/2021 dated 21/11/2021 and GC 03/2024 dated 23/07/2024 . Any restriction or sub-limit against any benefit shown in this document shall be superseded by the DHA regulations if extent of coverage is subsequently revised by a competent authority in future.
- Non-disclosure or misrepresentation of any facts may to refusal of any claim or the cancellation of the policy. it is in your own interest to make positive disclosure of full medical history with date of onset of EACH medical condition in the application form.
- Waiting period of 6 months applicable is from the first scheme enrolment. Waiting period does not apply for members who were previously insured, subject to proof of previous medical insurance cover.
- All benefits are Inclusive of its Coinsurance (where coinsurance is applicable).
- The Scheme is designed for expatriate population only as per eligibility specified for Low Salary Band (LSB) segment by DHA.
- This is only a summary of benefits and standard policy exclusions; standard policy wording containing benefit definitions, terms and conditions can be obtained on request or downloaded from our website www.sukoon.com or call us on our Toll-Free Number 800 SUKOON (785666) from Monday to Friday 8:00 am to 8:00 pm, Saturday from 8:00 am to 5:00 pm or email us on healthcare@sukoon.com while quoting your reference number.
- It is important that you read all these documents carefully before you sign confirmation of acceptance.

Table of Benefits

Benefit Description	Extent of coverage
Annual Aggregate Policy Limit (including any coinsurance and / or deductible)	150,000 AED per person
Geographical Area of coverage / Territorial Limits	Emirate of Dubai
Emergency medical treatment (including Ambulance services)	UAE only (Across all emirates)
Pre-existing conditions: • Definition: Pre – existing medical condition means any disease, illness or injury for which a person receives treatment or experience symptoms, incurs expense, receives diagnosis from a physician (even if no treatment is given) or was aware of at any time during last 05 years prior to applying for insurance. • Acute medical emergency is covered without any waiting period.	Treatment of pre-existing conditions are covered subject to 6 months waiting period: • Waiting period shall apply if individual is insured first time after entering UAE. No waiting period shall apply if an uninterrupted policy is issued (i.e., No waiting period if continuity of coverage applies). • Undeclared pre – existing medical conditions are NOT covered.
Chronic Conditions (Newly developed Non – Pre-existing) Definition: A disease, Illness or Injury (including a mental condition) which has at least one of the following characteristics: • Has no known cure or recurs. Has only symptomatic/ palliative cure whereby the state of disease never cured. • Is caused by changes which cannot be reversed, • Requires the individual to be specially trained or rehabilitated. • Needs prolonged supervision, monitoring or treatment. Acute medical emergency is covered without any waiting period.	Treatment of pre-existing conditions are covered subject to 6 months waiting period: • Waiting period shall apply if individual is insured first time after entering UAE. No waiting period shall apply if an uninterrupted policy is issued (i.e., No waiting period if continuity of coverage applies). • Undeclared pre – existing medical conditions are NOT covered.

Medical Providers Network	
Subject to ongoing changes. Available online at www.sukoon.com	Vital Eco Network

Referral Rule:

- Specialist's consultations or treatments shall NOT be covered without the insured member first consulting a General Practitioner (GP) who is licensed by DHA or by other licensing authority of UAE (MoH, DoH). The GP must make a referral together with reasons via DHA e - Referral system.
- Treatment within Network Hospitals: Coverage is restricted to inpatient and emergency treatment ONLY.
- Outpatient Treatment within network hospitals is NOT COVERED unless referred by a network General Practitioner (GP) in clinics for advice/consultation by a specialists / consultant at hospitals with justifications via the e - Referral system for services not available in the designated network clinics.

Inpatient Healthcare Services (at designate hospitals - Pre-authorization is required)	
Elective Treatment	
Inside UAE / Inside Network – (Direct Billing)	Covered
Inside UAE / Outside Network – (Reimbursement)	Not Covered
Outside UAE – (Reimbursement)	Not Covered
Emergency Treatment	
Inside UAE / Inside Network – (Direct Billing)	Covered
Inside UAE / Outside Network – (Reimbursement)	Covered
Outside UAE (Within covered Territory - Reimbursement)	Not Covered
Room Accommodation	Shared Room
Coinsurance	20% coinsurance payable by the insured with a cap of 500 AED payable per encounter with an annual aggregate cap of 1000 AED.
Diagnostic Investigations (Lab, Scan and X-ray) and other prescribed medically necessary diagnostic procedures e.g., endoscopy & histopathology.	Covered subject to prior approval
Emergency Treatment	Covered subject to approval within 24 – hours of admission
Ambulance Services (subject to standard exclusions)	Covered in UAE for medical emergency only
Accommodation Costs for one parent staying with a child up to the age of 18 years.	100 AED Per day
Accommodation Costs for one accompanying family member in case of critical medical conditions. *1 Subject to treating doctor recommendation	100 AED Per day
Day-care treatment including out-patient minor surgeries > 6 hours stay.	Covered
Internal Prosthetic devices implanted during covered surgeries. *1	Covered
Organ transplantation ▪ Coverage is restricted for Recipients only. ▪ Coverage is limited to transplantation of the following organs only: ▪ Kidney, Liver, Lung, Pancreas, Heart and Small Bowel	▪ Covered up to 100,000 AED per person. ▪ Outpatient services are subject to 20% coinsurance.
Kidney Dialysis	▪ Covered up to 60,000 AED per person. ▪ Outpatient services are subject to 20% coinsurance.

Outpatient Healthcare Services (Outpatient services are restricted exclusively to network clinics only)	
Consultation in person or virtual is covered *(Follow up on same medical condition and at the same provider is free within 7 days from first consultation date)*	
General Practitioner – GP	Covered subject 20% Coinsurance per visit
Specialist or Consultant – SP	Covered subject to referral by a GP (Please see the referral rule above) subject 20% Coinsurance per visit
Virtual/ Teleconsultation by General Practitioner (GP) or Specialist or Consultant – SP	Covered subject NIL Coinsurance per visit
Pharmacy (Cost of prescribed drugs and medicines) • Covered up to an annual limit of 2,500 AED (including 30% coinsurance). • Restricted to formulary products where available. • Pre-approval is required for long term medication above 30 days • No cover for drugs and medicines in excess of the annual limit • Vitamins prescribed as replacement therapy for known vitamin deficiency conditions up to prescribed pharmaceutical limit only.	
Diagnostics, Investigations & Procedures (Lab, Scan, X-ray, endoscopy, etc.)	Covered subject to 20% coinsurance
Outpatient procedures	Covered subject to 20% coinsurance
Physiotherapy [*1]	Covered subject to 20% coinsurance *(Maximum 6 sessions per year)*
Disease Management Program - DMP ▪ Administered through designated providers	Covered subject to 20% coinsurance
Maternity (Limits & Coverage) • Maternity cover is subject to disclosure and Individual Underwriting (DHA implementing regulations apply). • Nine (09) months waiting period is applicable in following cases: ∞ If a female worker is not enrolled by her employer along with other employees (employer attempts to enrol her while she is already pregnant – late addition/ enrolment). ∞ Non-working spouses. • Any pregnancy, which is conceived within forty calendar days from the date of issuance of this policy shall not be covered unless agreed and accepted by the insurer on payment of additional premium. • All Inpatient and Outpatient service are subject to **10% coinsurance** payable by the insured. • 8 visits to primary healthcare facility. • All consultations by PHC Obstetrician for low risk or Specialist Obstetrician for high risk, on referral. Initial investigations include the below: ∞ FBC and Platelets ∞ Blood group, rhesus status and antibodies ∞ VDRL ∞ MSU & urinalysis ∞ Rubella serology ∞ HIV ∞ FBS, random s or A1c ∞ Hep C, where recommended ∞ GTT where recommended ∞ 3 antenatal ultrasound scans Visits to includes reviews, checks and tests in accordance with DHA Antenatal Care Protocols	
Inside UAE – Inside Network	Covered
Outpatient Ante/Post-Natal Consultation	Covered
Outpatient Ante/Post-Natal Investigations	Covered
In-patient maternity services	Maximum benefit limit is 10,000 AED per normal delivery/ C-section *(Life threatening maternity complications are covered up to indemnity limit)*

Normal Delivery [*1]	10,000 AED
Medically necessary C-Section [*1]	10,000 AED
Inside UAE – Outside Network & Abroad. Limit specified is an aggregate for all services (Subject to policy deductibles)	Not Covered

Newborn Cover (Covered services are as per MOHAP guidelines and protocols)

- A Newborn delivered in UAE is covered up to 30 days as part of the mother's insurance and shall share the same indemnity limit. Continuity of cover is subject to scheme opted for allows dependents, addition notification within 30 days and the newborn added to the policy.
- BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)

Co-Insurance/Deductible Inside UAE – Outside Network (Co-Insurance applies over and above Network Deductions)

Emergency in UAE. In Emergency cases as defined by PD 02-2017, healthcare services outside the scope of health insurance are covered until stabilization.	
Coinsurance (with or without PAR)	0%
Basis of Claims Settlement	Reimbursed at Actual value
Elective in UAE. If treatment / service is not available within the network, then cover is 100% at actual subject to PAR [*1]	
Coinsurance (with or without PAR)	0%
Basis of Claims Settlement	Not Applicable

Preventive services, vaccines and immunizations (Covered up to a limit of AED 100/- per person per year)

Essential vaccinations and inoculations for newborn and children	Covered as stipulated in the DHA's policies and its updates
Diabetes screening	Covered as stipulated in the DHA's policies and its updates
Influenza vaccine	Covered annually
Adult Pneumococcal Conjugate Vaccine	Covered as per DHA Adult Pneumococcal Vaccination guideline
Hepatitis C virus screening and treatment	Covered as stipulated by DHA
Hepatitis B Virus Screening and treatment: To be followed as per the guidelines	Covered as per the DHA guidelines
Basic Vaccination: Vaccines for Children (0-6) [*1]	Covered as per MOH mandatory schedule
Cancer Screening and treatment	As per the DHA guidelines laid out in the Cancer support program
Medical Expenses related to Work Related Accidents, Injuries and Illness [*1]	Not Covered
Ophthalmology: Medical conditions related to it (Illness/ Injury) of the eye excluding vision, sight test & refraction error.	Covered
Recreational non-hazardous sports activities	Covered *(Professional and hazardous sports activities even if recreational are not covered)*
In emergency cases: i. Diagnostic and treatment services for dental and gum treatments. ii. Hearing and vision aids, and vision correction by surgeries and laser.	Covered subject to 20% coinsurance

Additional Benefits	
Mental Health (including Outpatient counselling)	▪ Covered up to an annual limit of **AED 800** per person subject 30% coinsurance per visit. ▪ No coinsurance if a follow-up visit is made within seven days
Dental Benefit ▪ Dental consultation, extraction, fillings, root canal treatment, scaling, x-rays, antibiotics and prophylaxis ▪ Benefit is covered ONLY at designated dental network providers subject to prior approval	▪ Covered up to an annual limit of **AED 500** per person subject 30% coinsurance per visit. ▪ No coinsurance if a follow-up visit is made within seven days
Repatriation of Mortal Remains ▪ Costs of the transportation of mortal remains of an insured person to the country of origin	▪ Covered up to limit of **AED 5,000** (on reimbursement basis)

Basma Initiative - The Patient Support Program (PSP)

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

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

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

- 1 PAR= Prior Authorization request (please refer to claim administrative & prior approval procedures)
- 2 Treatment taken inside the network if submitted on reimbursement basis will be settled at the agreed tariff of the medical provider and subject to policy deductibles/coinsurance. Policy must support reimbursement for the claim to be considered.
- The Table of benefits is to be read along with the list of exclusions applicable and Sukoon Glossary.

Conditions

1. Premium is payable annually and in advance. Premium will be computed and sent separately and will be based on the details provided on the application form.
2. If dependents are to be covered, coverage is compulsory for all family members (Wife & Children) residing in the Emirate of Dubai on valid Residence visa. No voluntary option to be exercised by any dependents.
3. Deletions must be reported immediately, and the original card must be returned. Deletions shall not be processed if the original card is not returned.
4. All addition/deletion of members on pro-rata basis.
5. The benefits offered in this quotation do not comply with the Abu Dhabi Health Authority regulation for mandatory insurance. The insured is required to report in case the group has any Abu Dhabi based members for whom a separate compliant plan can be offered.
6. This offer is valid only for applicants and their eligible dependents with a gross monthly salary / income is AED 4000 or less.
7. This offer is subject to DHA approved exclusions list.
8. Outpatient treatments are restricted to clinics only. All specialist doctor visits are subject to referral from a network general practitioner, as per the DHA referral system.
9. This scheme does not support reimbursement of claims incurring outside or inside the designated medical network or abroad. Only non-excluded, life threatening emergency medical conditions in the UAE will be considered pursuant to DHA Policy Directive Number 1 of 2016 (PD 01/2016).
10. From the date of receipt of completed documentation, Sukoon requires up to 14 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.
11. This offer is valid for 30 days from the date of this quotation.
12. The Company shall not provide cover not shall it be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, laws or regulations of the European Union, United Kingdom, United States of America, United Arab Emirates and all other jurisdictions where the Company transacts its business.
13. All benefits limits are inclusive of its co-insurance (where co-insurance is applicable).
14. Referral procedure: In respect of Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialist or consultants without the insured first consulting a General Practitioner (or equivalent, as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The General Practitioner must make his referral together with reasons via DHA e-referrals system for the claim to be considered by the insurer.
15. DHA minimum preventive services:

- Diabetes screening: this benefit is covered every 3 years for members 30 years and above. For high risk individuals entitlement age for this benefit is 18 years.
- Hepatitis C Virus Screening and treatment: To be followed as per the guidelines laid out in the Hepatitis C support program
- Cancer Screening and treatment: To be followed as per the guidelines laid out in the Cancer support program
- Adult Pneumococcal Conjugate Vaccine followed As per DHA adult Pneumococcal Vaccination guidelines
- Hepatitis B Virus Screening and treatment: To be followed as per the guidelines (TBA)

16. Annual upper aggregate claims limit (including any coinsurance and/or deductibles)
17. You are hereby reminded that you are under an obligation to ensure that you disclose to Sukoon 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 or not 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.

Exclusions
Excluded (non – basic) Healthcare Services

1. Healthcare Services which are not medically necessary.
2. All expenses relating to dental prostheses, orthodontic treatments, etc.
3. Care for the sake of travelling.
4. Custodial care including (1) Non-medical treatment services; (2) Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
5. Services that do not require continuous administration by specialized medical personnel.
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies). Page 10 of 12
7. All cosmetic healthcare services and services associated with replacement of an existing breast implant. Cosmetic operations which are related to an Injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body and breast reconstruction following a mastectomy for cancer are covered.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens.
10. Healthcare Services that are not performed by Authorized Healthcare Service Providers.
11. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
12. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
13. Treatment and services for contraception.
14. Treatment and services for sex transformation, sterilization or intended to correct a state of sterility or infertility or sexual dysfunction. Sterilization is allowed only if medically indicated and if allowed under the Law.
15. External prosthetic devices and medical equipment.
16. Treatments and services arising as a result of professional sports activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other professional sports activities.
17. Growth hormone therapy unless medically necessary.
18. Costs associated with hearing tests, prosthetic devices or hearing and vision aids.
19. Mental Health diseases (in-patient treatments), unless it is an emergency condition.
20. Patient treatment supplies (including for example: elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments,) excluding supplies required as a result of Healthcare Services rendered during a Medical Emergency.
21. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment); Page 11 of 12
22. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree relatives.
23. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
24. Healthcare services for adjustment of spinal subluxation.
25. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
26. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
27. Elective diagnostic services and medical treatment for correction of vision.
28. Nasal septum deviation and nasal concha resection.
29. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A, B and C.
30. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
31. Healthcare services for senile dementia and Alzheimer's disease.
32. Air or terrestrial medical evacuation and unauthorized transportation services.
33. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency that were not notified within 24 hours from the date of admission where possible.
34. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
35. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
36. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, , food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions); and all equipment not primarily intended to improve a medical condition or injury, including but not limited to: air conditioners or air purifying systems, arch supports, exercise equipment and sanitary supplies. Page 12 of 12
37. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.

38. Health services and associated expenses for organ and tissue transplants, where the Insured Person is a donor. This exclusion also applies to follow-up treatments and complications unless if left untreated will develop into an emergency.
39. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
40. Any expenses related to the treatment of sleep related disorders.
41. Services and educational programs for people of determination, this also includes disability types such as but not limited to mental, intellectual, developmental, physical and/or psychological disabilities.

Healthcare services outside the scope of health insurance (In Emergency cases as defined by PD 02-2017, the following must be covered until stabilization at minimum)

1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
4. Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other type of natural disaster.
5. Injuries resulting from criminal acts or resisting authority by the Insured Person.
6. Injuries resulting from a road traffic accident.
7. Healthcare services for work related illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, and applicable laws in this respect.
8. All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances.
9. Any investigation or treatment not prescribed by a doctor.
10. Injuries resulting from attempted suicide or self-inflicted injuries.
11. Diagnosis and treatment services for complications of exempted illnesses.
12. All healthcare services for internationally and/or locally recognized epidemics.
13. Healthcare services for patients suffering from (and related to the diagnosis and treatment of) HIV – AIDS and its complications and all types of hepatitis except virus A, B and C hepatitis.

Declaration

I/We understand that above particulars shall form the basis of contract between Sukoon Insurance Company P.S.C. (“Sukoon”) (hereafter called Sukoon) and me/us. I/We agree that any information collected or held by Sukoon (whether contained in application or obtained otherwise) may be used or disclosed by Sukoon to its associate individuals/companies or any independent third parties (within or outside UAE) for any matters related to this application, any policy issued and to provide advice information concerning products and services, which Sukoon believes may be of interests to the proposer and to communicate with the proposer for any purposes.

I hereby declare to the best of my knowledge and belief that the above information/ particulars are true and complete and full information has been disclosed. I understand that non-disclosure or misrepresentation of any fact shall result in rejection of any claim or the cancellation of any policy.

I understand and acknowledge any pregnancy not declared at the time of this application’s coverage will be at the sole discretion of the insurer. The insurer has the right to not cover any maternity claims to any undeclared pregnancy. I also acknowledge and understand any pregnancy, which arises within forty calendar days from the date of this application or date of enrolment (if application form is not signed in current date); coverage will also be at the discretion of the insurer.
I hereby declare that I have read and agreed to the policy terms, conditions, benefits, extent of coverage and exclusions.

Sponsor Name

Sponsor’s Signature with Date