

YOUR HEALTH PLAN

Bupa 

Membership Guide

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

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bupaglobal.com



WELCOME

Within this membership guide, **you'll** find easy to understand information about **your** plan.

This includes:

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

This membership guide must be read alongside **your** membership certificate and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your** plan documentation. To make the most of **your** plan, please read the 'Table of Benefits', 'Exclusions' and '**Your** Membership' sections carefully to get a full understanding of **your** cover.

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

Bold words

Words in bold have particular meanings in this membership guide. Please check their definition in the Glossary before **you** read on. **You** will find the Glossary in the back of this membership guide.

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Remember we can offer a second medical opinion service

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

CONTACT US

Open 24 hours a day, 365 days a year

You can call **us** at any time of the day or night for advice, support and assistance by people who understand **your** situation.

Healthline* +44 (0) 1273 333 911

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

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

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

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

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**. **Our** assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

General enquiries +44 (0) 1273 323 563

Your Bupa Global customer services helpline:

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

Email: info@bupaglobal.com
Web: bupaglobal.com
Fax: +44 (0) 1273 820 517

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

Your calls may be recorded or monitored.

* **We** obtain health, travel and security information from third parties. **You** should check this information as **we** do not verify it, and so cannot be held responsible for any errors or omissions, or any loss, damage, illness and/or injury that may occur as a result of this information.

Correspondence

Any correspondence, including **your** claims, should be sent to the following address:

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

Easier to read information

Braille, large print or audio

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

Making a complaint

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

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

If **you** have any comments or complaints, **you** can call the **Bupa Global** customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year.

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

YOUR WEBSITE: **MEMBERSWORLD**

We want to put you in control of your health insurance.

That's why **we** give **you** access to MembersWorld, an exclusive and secure website where **you** can manage **your** health plan in an easier and faster way.

We want to make **your** experience as simple and stress free as possible, so **you** can spend **your** time on the things that matter to **you**.

In just a few clicks, it's easy to:

- o check **your** benefits
- o update **your** details and read documents
- o pre-authorise **in-patient** and **day-case treatment**
- o submit and track **your** claims*
- o access a comprehensive library of health and wellbeing information
- o access **our** 24-hour live webchat service
- o request a second medical opinion at no extra cost
- o specify a preferred address for claim reimbursements – useful if **you** have multiple addresses or are travelling.

There are many more benefits online; log in to see for yourself.

* MembersWorld may not be able to track claims in the U.S. as a third party is used here.

It's all there. Easy to find, simple and faster to use.

Why not spend a few moments to sign up to MembersWorld and start taking control of **your** plan today.

Go to: **bupaglobal.com/membersworld** to find out more.



PRE-AUTHORISATION

Please remember to pre-authorise your treatment

CALL: +44 (0) 1273 333 911
FAX: +44 (0) 1273 866 301

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

Your calls may be recorded or monitored.

If **we** pre-authorise **your treatment**, this means that **we** will pay up to the limits of **your** plan, provided that all the following requirements are met:

- the **treatment** is eligible **treatment** that is covered by **your** plan,
- **you** have an active membership at the time that **treatment** takes place,
- **your** subscriptions are paid up to date,
- the **treatment** carried out matches the **treatment** authorised,
- **you** have provided a full disclosure of the condition and **treatment** required,
- **you** have enough benefit entitlement to cover the cost of the **treatment**,
- **your** condition is not a **pre-existing condition**,
- the **treatment** is medically necessary, and
- the **treatment** takes place within 31 days after pre-authorisation is given.

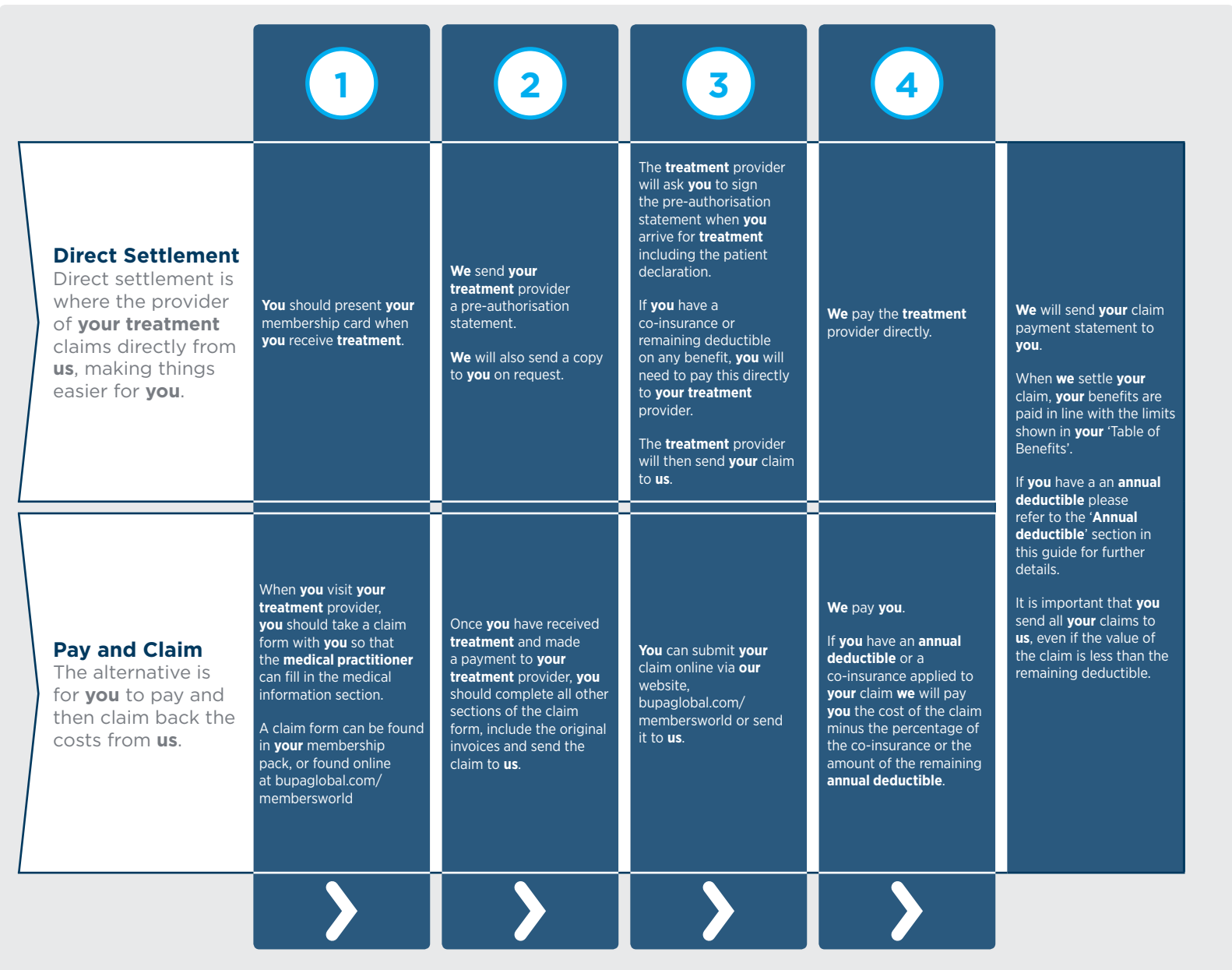
This is a summary, please refer to the 'Pre-authorisation' section of this membership guide, and membership certificate for full details on how to claim.



HOW TO CLAIM

Whether **you** choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the **agreement** of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient treatment** or **day-case treatment**. Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or **healthcare facility**.

If **you** need assistance with a claim call **us** on **+44 (0) 1273 323 563**
or go online at **bupaglobal.com/membersworld**
or email **us** on **info@bupaglobal.com**
These details can be found on **your** membership card.



Things you need to know about your Worldwide Health Options plan

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How your plan works

In this section **you'll** find information on how **your** plan works.

Find out more about:

- **our** service
- what happens if **you** need **treatment**
- **treatment** in the USA
- how to claim
- how **you** will be paid

Our service

As a **Bupa Global** member, **you** have access to a number of services to help make **your** life easier.

Round the clock reassurance from our Bupa Global Assistance

Our dedicated Medical Centre gives **you** the confidence of knowing that all **your** medical and wellbeing needs will be looked after by medically trained people who understand **your** situation.

You can call **our** Medical Centre on +44 (0) 1273 333 911 for healthcare advice, support and assistance at any time of the day or night.

What help can you expect?

You'll find **our Bupa Global** Assistance an accessible, knowledgeable and comprehensive resource for all health related questions and concerns. **We** will talk in **your** own language and give **you** access to medical experts and local facilities around the globe.

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

- medical referral options and advice
- booking appointments
- medical 'second opinions'
- travel advice
- security advice

* **We** obtain health, travel and security information from third parties. **You** should check this information, as **we** cannot be held responsible for any errors or omissions, or any loss, damage, illness and/or injury that may occur as a result of this

information.

If **you** have purchased the Worldwide Evacuation option **you** can ask **us** to arrange evacuations and repatriations, including:

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

Our Bupa Global Assistance teams will handle **your** case from start to finish, so that **you** can always talk to someone who knows what is happening and they will aim to give **you** the support and consistent advice **you** require.

You'll be treated as a valued individual rather than a policy number – **we** believe that every person and situation is different, and **we** focus on finding answers and solutions that work specifically for **you**.

Online support at MembersWorld

To make **your** life easier and save **you** time and hassle, **we** have created an exclusive, secure and password protected members website.

You can log on to **your** MembersWorld website at bupaglobal.com/membersworld from anywhere in the world to manage **your** cover and access a comprehensive library of information and expert advice.

You can use **our** online features to:

- check cover and pre-authorise in-patient and **day-case treatment**
- view **your** plan documents
- update **your** personal details
- track the progress of **your** claims
- search **our** international **hospital** directory
- download claim forms and other useful documents
- talk to **us** using webchat

Get expert health advice from bupa.com

Our health area is full of up-to-date information that can help **you** to stay fit and well. Look up the names of commonly used medicines and find out how they work and any side-effects and alternatives.

What happens if you need treatment

If for any reason **you** need **treatment**, please get in touch with **us** first. **We** can then check **your** cover, talk through any concerns **you** may have and arrange prior approval*.

* **Your insurer** cannot be held responsible for any loss, damage, illness and/or injury that may occur as a result of receiving medical **treatment** at a **hospital** or from a **medical practitioner**, even when **we** have approved the **treatment** as being covered under **your** plan.

Pre-authorisation (Prior Approval)

We want to make sure things run as smoothly as possible. After all, the last thing **you** want to worry about when **you** are not well is filling in forms and paying bills.

That is why **we** ask **you** to seek prior approval before going into **hospital**. It's important that **you** contact **us** before receiving **treatment**, whether **you** are:

- staying overnight in **hospital**
- visiting **hospital** as a **day-case**
- having **treatment** for cancer
- having advanced imaging, for example magnetic resonance imaging (MRI), computerised tomography (CT) or positron emission tomography (PET)

We can then confirm that **your treatment** is covered by **your** plan. **Our** medically qualified staff can also offer advice and help to make sure **you** are receiving the most appropriate care.

Prior approval also allows **us** to be in direct contact with **your hospital** or clinic, so that **we** can take care of the bills, while **you** concentrate on getting well.

When **we** have been contacted about prior approval, **we** will send a pre-authorisation statement to **your hospital** or clinic, to let them know that **your treatment** is covered and ask them to send all the bills directly to **us**.

We will also send **you** a pre-authorisation statement. This can be used as a claim form to send to **us** with the original invoices if **you** need to pay for any of **your treatment**.

From time to time **we** may ask **you** for more detailed medical information, for example, to rule out any relation to a **pre-existing condition**. **We** may require that **you** have a medical examination by an independent **medical practitioner** appointed by **us** (at **our** cost) who will then provide **us** with a medical report. If this information is not provided in a timely manner once requested this may result in a delay in pre-authorisation and to **your** claims being paid. If this information is not provided to **us** at all this may result in **your** claims not being paid.

Important rules: please note that pre-authorisation is only valid if all the details of the authorised **treatment**, including dates and locations, match those of the **treatment** received. If there is a change in the **treatment** required, if **you** need to have further **treatment**, or if any other details change, then **you** or **your** consultant must contact **us** to pre-authorise this separately. **We** make **our** decision to approve **your treatment** based on the information given to **us**. **We** reserve the right to withdraw **our** decision if additional information is withheld or not given to **us** at the time the decision is being made.

How does it work?

Please follow these simple steps:

- make sure **you** take **your** membership card when **you** go for **treatment**
- give **your** card to the admissions staff when **you** arrive and ask them to contact **us** – all the information they need is on the card

- **we** will confirm whether the **treatment you** are having is covered and that **your** membership is in order
- please note: If **you** have chosen to pay a **deductible**, **we** will collect any amount due from **your** bank or credit card
- **we** aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for in-patient **treatment** or **day-case treatment**

And that is it. **You** can then relax and have **your treatment** knowing that **we** will take care of the costs for **you**.

Our approach to costs

When **you** are in need of a **treatment** provider, **our** dedicated team can help **you** find a **recognised medical practitioner, hospital or healthcare facility** within **network**.

Alternatively, **you** can view a summary of benefits providers on Facilities Finder at bupaglobal.com/en/facilities/finder. Where **you** choose to have **your treatment** and services with a **treatment** provider in **network**, **we** will cover all eligible costs of any covered benefits, once any applicable co-insurance or **deductible** amount which **you** are responsible to pay has been deducted from the total claimed amount.

Should **you** choose to have covered benefits with a **treatment** provider who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. This means that the costs charged by the **treatment** provider must be no more than they would normally charge, and be similar to other benefits providers providing comparable health outcomes in the same geographical region. These may be determined by **our** experience of usual, and most common, charges in that region. Government or official medical bodies will sometimes publish guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure). In such cases, or where published insurance industry standards exist, **we** may refer to these global guidelines when

assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** made by an 'out-of-**network**' **treatment** provider will not be paid.

This means that, should **you** choose to receive covered benefits from an 'out-of-**network**' **treatment** provider:

- **you** will be responsible for paying any amount over and above the amount which **we** reasonably determine to be **Reasonable and Customary** – this will be payable by **you** directly to **your** chosen 'out-of-**network**' **treatment** provider;
- **we** cannot control what amount **your** chosen 'out-of-**network**' **treatment** provider will seek to charge **you** directly.

There may be times when it is not possible for **you** to be treated at a **treatment** provider in **network**, for example, if **you** are taken to an 'out-of-**network**' **treatment** provider in an **emergency**. If this happens, **we** will cover eligible costs of any covered benefits (after any applicable co-insurance or **deductible** has been deducted).

If **you** are taken to an 'out-of-**network**' **treatment** provider in an **emergency**, it is important that **you**, or the **treatment** provider, contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. If it is the best thing for **you**, **we** may arrange for **you** to be moved to a **treatment** provider in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **treatment** provider in **network** only the **Reasonable and Customary** costs of any covered benefits received following the date of the transfer being offered will be paid (after any applicable co-insurance or **deductible** has been deducted).

Additional rules may apply in respect of covered benefits received from an 'out-of-**network**' **treatment** provider in certain countries.

Treatment in the USA

If **you** chose to include USA cover, **we** have special arrangements in place if **you** need to have **treatment** or be hospitalised or visit a **doctor** while **you** are there. These include access to a select **network** of quality **hospitals** and other medical **treatment** providers with direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**. To access these benefits, and avoid penalties, prior approval must be obtained for all **treatment** in **hospital** using the same simple process as before.

Please call 844 369 3797 (from inside the **US**) or +1 844 369 3797 (from outside the **US**).

When **you** get prior approval for **your treatment** and **you** go to a **network hospital**, all covered expenses are paid in full – direct to the providers of **your treatment**.

This cover still gives **you** the freedom to choose to have **your treatment** at any **hospital**. However, if **you** decide to have **your treatment** at a **hospital** which is not included in the **network**, **you** will be required to share the cost and pay 20 percent of **your** covered expenses.

There may be occasions when it is not possible for **you** to be treated at a **network hospital**.

These include:

- there is no **network hospital** within 30 miles/ 50 kilometres of **your** address
- the **treatment you** need is not available in the **network hospital**

In these cases, **we** won't ask **you** to share the cost of **your treatment**.

If **you** choose not to get prior approval for **your treatment** in **hospital**, **you** will be required to pay 50 percent of **your** covered expenses. Without prior approval, the special arrangements and **network** pricing **we** have put in place for **you** cannot be accessed.

Of course **we** understand that there are times when **you** cannot get prior approval, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission. **We** can then make sure **you** are getting the right care, in the right place. If **you** have been taken to a **hospital** which is not part of the **network**, and if it is the best thing for **you**, **we** will arrange for **you** to be moved to a **network hospital** to continue **your treatment** once **you** are stable.

If **we** have been notified within 48 hours of an **emergency** admission to **hospital**, **we** will not ask **you** to share the cost of **your treatment**.

How to claim

We always aim to settle **your** claim directly with **your treatment** provider. If **we** cannot do this for any reason, please send **us** a claim by post. If **you** subscribe to **our** secure MembersWorld website, **you** can view **your** documents online, upload **your** claims and view **your** claims statement.

To help **us** to settle **your** claim promptly, **you** should include:

- a fully completed claim form
- all the original invoices for **your treatment**

We cannot return original documents such as invoices or letters, but **we** are happy to send copies if **you** ask for these when **you** submit **your** claim.

We may need to ask for extra information to help **us** process **your** claim, for example:

- medical reports or other information about **your** condition
- the results of any independent medical examination that **we** may ask for at **our** expense
- written confirmation that **you** cannot claim against another person or insurer

If this is the case, there will be a delay before **we** are able to make any claim payment.

We will pay for:

- **treatment** and conditions included on **your** plan while **you** are covered by **your** membership
- costs as described in **your** 'Table of benefits' as applicable on the date(s) of **your treatment**
- **treatment** which is clinically appropriate and suitable for **you**
- **active treatment** of a disease, illness or injury that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health
- costs for **treatment** which **you** have received, but not deposits or advance payments for **treatment** to be received in the future, or registration/administration fees charged by the provider of **treatment**
- **Reasonable and Customary** costs. This means that the costs charged by **your treatment** provider should not be more than they would normally charge and be representative of charges by other **treatment** providers in the same area*

* Guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure) may be published by a government or official medical body. In such cases, or where published insurance industry standards exist, **Bupa Global** may refer to these when assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** costs may not be paid.

We will not pay for **treatment** which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your treatment**, when it is reasonable for **us** to do so.

How you will be paid

We will pay only one of the following:

- the member who received the **treatment**
- the **main member**
- the **treatment** provider, or
- the executor or administrator of the member's estate

We will pay by either:

- electronic transfer direct to **your** bank account, or
- cheque

Electronic transfers are quick, secure and convenient, and **we** even pay the administration costs for making payments in this way. **Our** bank is instructed to pass these charges back to **us** for payment, but sometimes **you** will still be charged by **your** local bank. If this happens, **we** will refund these costs to **you**.

Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **our** error.

If **you** wish **us** to pay **you** using electronic transfer, **we** will need the following details:

- full account number
- SWIFT code
- bank address
- IBAN number (if **your** account is held in Europe)

Please include all this information in the payment section of **your** claim form.

If **we** pay **you** by cheque and **you** don't cash it within 6 months, it will no longer be valid. If this happens simply get in touch and **we** will send **you** a replacement.

Which currency will you be paid in?

We will pay **you** in the currency **you** asked for in the payment section of **your** claim form, unless **we** are not allowed to due to international banking regulations, or where this may expose **us** (or **our** Bupa group of companies and administrators) to

any sanction, prohibition or restriction under the laws of any relevant jurisdiction and/or United Nations resolution. If this happens, **we** will pay **you** in the currency **you** use to pay **us**, or, at **our** discretion, such other currency **we** are permitted and able to make payment in, if any such payment is permitted to be made.

If **we** have to make a conversion from one currency to another, the exchange rate **we** use will be Reuters closing spot rate set at 16.00 **UK** time on the **UK** working day preceding the invoice date. If there is no invoice date, **we** will use the date of **your treatment**.

How much will you be paid?

Your benefits are paid in line with the limits shown in **your** 'Table of benefits', and any **deductibles** **you** may have chosen.

The benefit limits are shown in three currencies (see **your** 'Table of benefits').

The currency in which **you** have chosen to pay **your** subscriptions is the one **we** use to calculate **your** benefits.

There are different types of benefit limits, which are quoted separately for each person included in **your** membership:

- annual maximum – **we** will pay up to this amount for all **treatments** in total, each **membership year**
- money limit – **we** will pay up to this amount for a particular **treatment**, each **membership year**
- visits limit – **we** will cover up to this number of visits or **treatments**, each **membership year**
- lifetime limit – **we** will pay up to this amount (in money or visits) for the whole of **your** membership of this plan*
- single condition limit – **we** will pay up to this amount (in money or visits) for a single diagnosis, each **membership year**

* Exception – the lifetime limit for **psychiatric treatment** in **hospital** applies to the whole of **your** membership with **your insurer**. Please read about **psychiatric treatment** in **your** 'Table of benefits'.

Discretionary payments

Sometimes, in certain situations, **we** may pay for **treatment you** have received which is outside the terms of **your** cover. This is called a discretionary or ex-gratia payment. Any payment that **we** may make on this basis will still count towards the maximum limits on **your** membership. If **you** receive a discretionary payment like this, it does not mean that **we** are required to pay similar costs in the future.

We are not required to pay for any **treatment** or condition that is not covered by **your** plan, even if **we** have paid an earlier claim for similar or identical **treatments** or conditions.

Claiming for treatment when others are responsible

You must complete the appropriate section of the claim form if **you** are claiming for **treatment** that is needed when someone else is at fault, for example in a road accident in which **you** are a victim. If so, **you** will need to take any reasonable steps **we** ask of **you** to assist **us** to:

- recover from the person at fault (such as through their insurance company) the cost of the **treatment** paid for by **Bupa Global**, and
- claim interest if **you** are entitled to do so

If any person is to blame for any injury, disease, illness, condition or other event in relation to which **you** receive any covered benefits, **we** may make a claim in **your** name.

You must provide **us** with any assistance **we** reasonably require to help make such a claim, for example:

- providing **us** with any documents or witness statements;
- signing court documents; and
- submitting to a medical examination.

We may exercise **our** rights to bring a claim in **your** name before or after **we** have made any payment under the membership. **You** must not take any action, settle any claim or otherwise do anything which adversely affects **our** rights to bring a claim in **your** name.

Claiming with joint or double insurance

You must complete the appropriate section on the claim form if **you** have any other insurance cover for the cost of the **treatment** or benefits **you** have claimed from **us**. If **you** do have other insurance cover, this must be disclosed to **us** when claiming, and **we** will only pay **our** share of the cost of the **treatment** or benefits claimed.

Summary of benefits	Level
Core cover: Worldwide Medical Insurance	
Overall annual maximum - GBP 1,700,000 / USD 2,890,000 / EUR 2,125,000*	●
Staying in hospital overnight or as a day-case	●
Parent accommodation	●
Nursing care	●
Operating room, medicines and surgical dressings	●
Intensive care , intensive therapy, coronary care and high dependency unit	●
In-patient, day-case and out-patient surgical operations , including surgeons' and anaesthetists' fees	●
Specialists' consultation fees	●
Pathology, X-rays and diagnostic tests	●
Physiotherapy, chiropractor and osteopathy, therapists, complementary therapists, dietician and speech therapist	●
Rehabilitation	●
Advanced imaging	●
Psychiatric treatment overnight in hospital , including room, board and treatment costs	●
Psychiatric treatment as a day-case , including room, board and treatment costs	●
Prosthetic implants and appliances	●
Prosthetic devices	●
Childbirth and treatment in hospital	●
Childbirth at home or birthing centre	●
Complications of maternity and childbirth	●
Medically essential Caesarean section	●
Newborn care	●
Cancer treatment	●
Transplant services	●
Hospice and palliative care	●
Local road ambulance	●
Local air ambulance	●
Home nursing	●
Hospitalisation cash benefit	●
Emergency dental treatment	●
Treatment of congenital and hereditary conditions	●
Kidney dialysis	●

Option: Worldwide Medical Plus	
Overall annual maximum - GBP 25,000 / USD 42,500 / EUR 31,250* (excluding transplant services benefits)	●
Specialists' consultation and doctors' fees	●
Physiotherapy, osteopathy and chiropractor treatment	●
Consultations and treatment with therapists, complementary therapists and qualified nurses	●
Psychiatrists', psychologists' and psychotherapist fees	●
Speech therapy	●
Pathology, X-rays and diagnostic tests	●
Young child care	●
Maternity	●
Accident-related dental treatment	●
Transplant services	●

Summary of benefits (continued)	Level
Option: Worldwide Medicines and Equipment	
Prescribed medicines and dressings	●
Durable medical equipment - up to 45 days rental each condition	●
Long-term prescription medicines	●
Option: Worldwide Wellbeing	
Overall annual maximum - GBP 5,000 / USD 8,500 / EUR 6,250*	●
Full health screen	●
Mammogram	●
Papanicolaou (PAP) test	●
Prostate cancer screen	●
Colon cancer screen	●
Bone densitometry	●
Four dietetic consultations	●
Vaccinations	●
Dental benefits	●
Dental - Preventive - 100%	●
Dental - Routine and major restorative - 80%	●
Dental - Orthodontic - 50%	●
Eye test (including consultation)	●
Spectacle lenses	●
Contact lenses	●
Spectacle frames	●
Option: Worldwide Evacuation	
Evacuation	●
Repatriation	●
Travel cost for an accompanying person	●
Travel cost for the transfer of minor children	●
Living allowance	●
Repatriation of mortal remains	●
Compassionate visit and return	●
Compassionate visit living allowance	●

Summary of exclusions

	Level
Artificial life maintenance	●
Birth control	●
Conflict and disaster	●
Convalescence and admission for general care, or staying in hospital for	●
Cosmetic treatment	●
Developmental problems	●
Donor organs	●
Epidemics and pandemics :	●
Experimental treatment	●
Eyesight	●
Foetal surgery	●
Footcare	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●
Health hydros, nature cure clinics etc.	●
Infertility treatment	●
Obesity	●
Persistent vegetative state (PVS) and neurological damage	●
Personal exclusions	●
Personality disorders	●
Pre-existing conditions	●
Preventive treatment	●
Reconstructive or remedial surgery	●
Self-inflicted injuries	●
Sexual problems/gender issues	●
Sleep disorders	●
Stem cells	●
Temporomandibular joint (TMJ) disorders	●
Travel costs for treatment	●
Unrecognised medical practitioner, hospital or healthcare facility	●
USA treatment	●

Table of Benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'What is not covered?' section so that **you** understand the exclusions on **your** plan which these benefits are subject to.

Core cover: Worldwide Medical Insurance

For treatment received whilst staying in hospital, either overnight or as a day-case

Worldwide Medical Insurance gives **you** the reassurance of covering essential **hospital treatment** **you** may need, whether in an **emergency** or a planned visit. All surgery, cancer **treatment** and advanced imaging, whether received whilst staying in **hospital** or as an **out-patient**, are also included.

This also includes **surgical operations** that do not require a **hospital** stay, for example **surgical operations**/procedures in a **specialist's** or **doctor's treatment** room as well as **surgical operations**, in **hospital** overnight, as a **day-case** or as an **out-patient**.

You may have chosen this cover on its own, or together with any combination of **our** options.

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 1,700,000 / USD 2,890,000 / EUR 2,125,000*		* It is possible that not all currencies will be available to you . Please see your membership certificate for the currency applicable to your contract.
Staying in hospital overnight or as a day-case	Paid in full	<p>We pay hospital room and board costs when:</p> <ul style="list-style-type: none">○ there is a medical need to stay in hospital○ your treatment is given or managed by a specialist○ you are staying in hospital○ the length of your stay is medically appropriate for the procedure that you are admitted for. For example, unless medically essential, we do not pay for day-case accommodation for out-patient treatment, and we do not pay for in-patient accommodation for day-case treatment.○ you occupy a standard single room with private bathroom. (This means we will not pay the extra costs of a deluxe, executive or VIP suite, etc)○ if treatment fees are charged in line with the room type, we will pay for treatment at the cost which would have been charged if you had stayed in a standard single room with private bathroom <p>If you need to stay in hospital for longer than we have given prior approval, or if your treatment plan changes, your specialist must send us a medical report as soon as possible telling us:</p> <ul style="list-style-type: none">○ your diagnosis○ treatment you have already had○ treatment that you need to have○ how long you need to stay in hospital <p>We will also pay up to GBP 10/USD 17/EUR 13 each day for personal expenses such as newspapers, television rental and guest meals when you have had to stay overnight in hospital.</p> <p>We do not pay hospital room and board charges if you are staying in hospital for any of the following reasons:</p> <ul style="list-style-type: none">○ convalescence○ general supervision○ pain management○ general nursing care without specialist treatment, except when in a hospice and receiving palliative care○ services from a therapist or complementary therapist, physiotherapist, osteopath, chiropractor, dietician or speech therapist○ domestic services such as help in walking, bathing or preparing meals, or○ receiving treatment that could have taken place as an out-patient

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Parent accommodation	Paid in full	<p>We pay room and board costs for a parent staying in hospital with their child when:</p> <ul style="list-style-type: none"> ○ the costs are for one parent or legal guardian only ○ you are staying in the same hospital as the child ○ you are staying with a child up to 18 years old, and ○ the child is a member and receiving treatment that is covered
Nursing care	Paid in full	<p>We pay for reasonable costs of a qualified nurse for your treatment if the hospital does not provide nursing staff.</p> <p>We do not pay for nurses hired in addition to the hospital's own staff.</p>
Operating room, medicines and surgical dressings	Paid in full	<p>We pay for the costs of the:</p> <ul style="list-style-type: none"> ○ operating room ○ recovery room ○ medicines and dressings used in the operating or recovery room ○ medicines and dressings for use during your hospital stay <p>We do not pay medicines and dressings prescribed for use at home unless you have bought the Worldwide Medicines and Equipment option.</p>
Intensive care , intensive therapy, coronary care and high dependency unit	Paid in full	<p>We pay room and board costs if you are treated in an intensive care/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when it is the most appropriate place for you to receive treatment and:</p> <ul style="list-style-type: none"> ○ it is an essential part of your treatment and is required routinely by patients undergoing the same type of treatment as you, or ○ it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery
In-patient, day-case and out-patient surgical operations , including surgeons' and anaesthetists' fees	Paid in full	<p>We pay for in-patient, day-case and out-patient surgical operations, procedures including surgeons' and anaesthetists' fees, as well as treatment needed immediately before and after the surgery on the same day. This includes surgical operations/procedures such as dialysis performed whether staying in hospital overnight, as a day-case or as an out-patient.</p> <p>We do not pay for out-patient treatment received prior to surgery or as a follow-up afterwards unless you have bought the Worldwide Medical Plus option.</p>
Specialists' consultation fees	Paid in full	<p>We pay for specialists' consultation fees during your stay in hospital when you have:</p> <ul style="list-style-type: none"> ○ medical treatment, for example if you have pneumonia ○ meetings with your specialist, for example to discuss your surgery ○ specialist attendance when medically necessary, for example in the unlikely event that you have a heart attack during surgery

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Pathology, X-rays and diagnostic tests	Paid in full	<p>We pay for:</p> <ul style="list-style-type: none">○ pathology, such as checking blood and urine samples○ radiology, such as X-rays○ diagnostic tests such as electrocardiograms (ECGs) <p>if recommended by your specialist to help diagnose or assess your condition when you are in hospital</p>
Physiotherapy, chiropractor and osteopathy, therapists, complementary therapists, dietician and speech therapist	Paid in full	<p>We pay for treatment provided by therapists (such as occupational therapists), complementary therapists (such as acupuncturists), physiotherapy, osteopathy, chiropractor and dietician or speech therapist if it is needed as part of your treatment in hospital, as long as this treatment is not the primary reason for your hospital stay.</p>
Rehabilitation	<p>We pay in full for up to 30 days each condition (which may be in-patient treatment or day-case treatment) each membership year</p>	<p>We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy.</p> <p>We pay for rehabilitation; only when you have received our written agreement before the treatment starts, for up to 30 days treatment for each separate condition requiring rehabilitation. For treatment in hospital one day is each overnight stay and for day-case and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for rehabilitation where it:</p> <ul style="list-style-type: none">○ starts within 30 days after the end of your treatment in hospital for a condition which is covered by your membership (such as trauma or stroke), and○ arises as a result of the condition which required the hospitalisation or is needed as a result of such treatment given for that condition <p>Note: in order to give written agreement, we must receive full clinical details from your consultant; including your diagnosis, treatment given and planned, and proposed discharge date if you stayed in hospital to receive rehabilitation.</p>
Advanced imaging	Paid in full	<p>We pay for advanced imaging such as:</p> <ul style="list-style-type: none">○ magnetic resonance imaging (MRI)○ computed tomography (CT)○ positron emission tomography (PET) <p>if recommended by your specialist to help diagnose or assess your condition, whether you need this during a hospital stay overnight, as a day-case or as an out-patient.</p>

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Psychiatric treatment overnight in hospital, including room, board and treatment costs	90 days' lifetime limit	<p>We pay for psychiatric treatment overnight in hospital or as a day-case, to include room, board and treatment costs related to the psychiatric condition.</p> <p>We pay for a total of 90 days' psychiatric treatment, during your lifetime, for which you are medically required to stay overnight in hospital.</p> <p>This applies to all Bupa administered plans you have been a member of in the past, or may be a member of in the future, even if you have had a break in your cover.</p> <p>Example: if Bupa has paid for 45 days' psychiatric treatment in hospital under another Bupa administered plan, this plan will only pay for another 45 days' treatment.</p> <p>We also pay for psychiatric treatment received as a day-case in hospital, for up to 20 days each membership year.</p>
Psychiatric treatment as a day-case, including room, board and treatment costs	Paid in full for 20 days each membership year	
Prosthetic implants and appliances	Paid in full	<p>We pay for prosthetic implants and appliances shown in the following lists.</p> <p>Prosthetic implants:</p> <ul style="list-style-type: none">○ to replace a joint or ligament○ to replace a heart valve○ to replace an aorta or an arterial blood vessel○ to replace a sphincter muscle○ to replace the lens or cornea of the eye○ to control urinary incontinence or bladder control○ to act as a heart pacemaker○ to remove excess fluid from the brain○ cochlear implant – provided the initial implant was provided to the member when under the age of five, we will pay ongoing maintenance and replacements○ breast reconstruction following surgery for cancer when the reconstruction was carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the treatment○ to restore vocal function following surgery for cancer <p>Appliances:</p> <ul style="list-style-type: none">○ a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament○ a spinal support which is an essential part of a surgical operation to the spine○ an external fixator such as for an open fracture or following surgery to the head or neck
Prosthetic devices	Each device, up to GBP 2,000, USD 3,400 or EUR 2,500	<p>We pay for the initial prosthetic device needed as part of your treatment. By this we mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of your surgical procedure.</p> <p>We do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a pre-existing condition. We will pay for the initial and up to two replacements per device for children under the age of 16.</p>

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Childbirth and treatment in hospital	Each membership year , up to GBP 8,000, USD 13,600 or EUR 10,000	<p>We pay for maternity treatment and childbirth after the mother has been a member of this plan for 24 months, including:</p> <ul style="list-style-type: none"> ○ hospital charges, obstetricians' and midwives' fees for normal childbirth ○ post-natal care required by the mother immediately following normal childbirth, such as stitches ○ up to seven days' routine care for the baby <p>Treatment for</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatiform mole) ○ foetus growing outside the womb (ectopic pregnancy) <p>are not covered from this benefit but may be covered by your other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other benefits).</p>
Childbirth at home or birthing centre	Each membership year , up to GBP 650, USD 1,105 or EUR 810	We pay for midwives' or other specialists' fees for childbirth at home or birthing centre after the mother has been a member for 24 months.
Complications of maternity and childbirth	Paid in full	<p>Once you have been covered on this health plan for 24 months:</p> <p>Treatment which is medically necessary as a direct result of pregnancy and childbirth complications.</p> <p>By complications we mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth.</p> <p>Please contact us for pre-authorisation where possible. If you require an emergency admission as a direct result of pregnancy and childbirth complications, please contact us within 48 hours of your admission.</p>
Medically essential Caesarean section	Each membership year , up to GBP 13,000, USD 22,100 or EUR 16,250	<p>We pay for hospital, obstetricians' and other medical fees for the cost of the delivery of your baby by Caesarean section, after the mother has been a member of this plan for 24 months, when it is medically essential for a Caesarean section for example as a result of non progression during labour (eg dystocia, foetal distress, haemorrhage).</p> <p>Note: if we are unable to determine that your Caesarean section was medically essential, it will be paid from your maternity and childbirth benefit limit.</p> <p>We do not pay for treatment directly related to surrogacy. We will not pay maternity benefits:</p> <ul style="list-style-type: none"> ○ to you if you act as a surrogate, or ○ to anyone else acting as a surrogate for you <p>We do not pay for treatment received as an out-patient before or after the birth unless you have bought the Worldwide Medical Plus option.</p> <p>Please read the 'Adding members to your plan' section.</p>

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Newborn care	Each membership year , up to GBP 75,000, USD 127,500 or EUR 93,750	<p>We pay newborn care benefits:</p> <ul style="list-style-type: none">○ for all treatment required for the newborn during the first 90 days' following birth, instead of any other benefit. (The first seven days of routine care for your baby will be paid from the mother's maternity benefit, whether your baby is entitled to newborn cover benefits or not)○ only for children covered under this plan within 30 days after birth and who are added from their date of birth <p>We do not pay newborn care benefits for babies born as a result of assisted reproduction technologies, ovulation induction treatment, born to a surrogate or who have been adopted, or those children being enrolled on their own membership as these children can only join once they are 91 days old.</p> <p>Please read the 'Adding members to your plan' section.</p>
Cancer treatment	Paid in full	<p>We pay for treatment of cancer, once it has been diagnosed, including:</p> <ul style="list-style-type: none">○ fees that are related specifically to planning and carrying out treatment for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy).

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Transplant services	Each condition, up to GBP 150,000, USD 255,000 or EUR 187,500	<p>We pay medical expenses for the following transplants if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"> ○ cornea ○ small bowel ○ kidney ○ kidney/pancreas ○ liver ○ heart ○ lung, or ○ heart/lung transplant <p>We will also pay medical expenses for bone marrow transplants (either using your own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy when carried out for conditions other than cancer.</p> <p>We pay donor expenses, for each condition needing a transplant whether the donor is a member or not, including:</p> <ul style="list-style-type: none"> ○ the harvesting of the organ, whether from live or deceased donor ○ all tissue matching fees ○ hospital/operation costs of the donor, and ○ any donor complications, but to a maximum of 30 days post-operatively only <p>We do not pay for treatment received as an out-patient before or after the transplant for either you or your donor unless you have bought the Worldwide Medical Plus option.</p> <p>We do not pay for anti-rejection medicines unless you have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p>We do not pay medical costs for you to have an organ harvested, when the intended recipient is not a member of a Bupa Global administered plan.</p> <p>Please read about transplant services under Worldwide Medical Plus.</p> <p>Please also read about donor organs in the 'What is not covered' section.</p>
Hospice and palliative care	Lifetime limit of GBP 20,000, USD 34,000 or EUR 25,000	<p>We pay for the following hospice and palliative care services if you have received a terminal diagnosis and can no longer have treatment which will lead to your recovery:</p> <ul style="list-style-type: none"> ○ hospital or hospice accommodation ○ nursing care ○ prescribed medicines ○ physical, psychological, social and spiritual care <p>The amount shown here is the total amount we shall pay for these expenses during the whole of your lifetime of Bupa, whether continuous or not.</p>

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Local road ambulance	Paid in full	<p>We pay for a local road ambulance:</p> <ul style="list-style-type: none">○ from the location of an accident to a hospital○ for a transfer from one hospital to another, or○ from your home to the hospital <p>When a local road ambulance is:</p> <ul style="list-style-type: none">○ medically necessary, and○ related to treatment that is covered that you need to receive in hospital
Local air ambulance	Each membership year , up to GBP 5,000, USD 8,500 or EUR 6,250	<p>We pay for a local air ambulance:</p> <ul style="list-style-type: none">○ from the location of an accident to a hospital, or○ for a transfer from one hospital to another <p>When a local air ambulance is:</p> <ul style="list-style-type: none">○ medically necessary○ used for short distances of up to 100 miles/160 kilometres, and○ related to treatment that is covered that you need to receive in hospital <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone.</p> <p>We do not pay for mountain rescue.</p> <p>We do not pay for evacuation or repatriation if the treatment you need is not available locally unless you have bought the Worldwide Evacuation option.</p>
Home nursing	Paid in full for 30 days each membership year	<p>We pay for home nursing if you have had treatment in hospital which is covered under this plan, when it:</p> <ul style="list-style-type: none">○ is prescribed by your specialist○ starts immediately after you leave hospital○ reduces the length of your stay in hospital○ is provided by a qualified nurse in your home and○ is needed to provide medical care, not personal assistance
Hospitalisation cash benefit	Up to 30 nights each membership year , up to GBP 100, USD 170 or EUR 125 per night	<p>We pay hospital cash benefit if you:</p> <ul style="list-style-type: none">○ have received treatment in hospital which is covered under this plan○ have not been charged for your room and board, and○ have not been charged for your treatment

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Emergency dental treatment	Paid in full	<p>We pay for emergency dental treatment when:</p> <ul style="list-style-type: none">○ the treatment is needed as part of your overall treatment following a serious accident causing you to stay in hospital, and○ it is not the primary reason for you to be in hospital <p>This benefit is paid instead of any other dental benefits you may have, when you need treatment as a result of a serious accident requiring hospitalisation.</p>
Treatment of congenital and hereditary conditions	Each membership year , up to GBP 20,000, USD 34,000 or EUR 25,000	<p>We pay for treatment of congenital and hereditary conditions:</p> <ul style="list-style-type: none">○ by congenital conditions we mean any abnormalities, deformities, diseases, illnesses or injuries present at birth,○ by hereditary conditions we mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of your family <p>If you have bought Worldwide Medical Plus,Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation the stated limits will apply for benefits included under those options. If you are unsure whether your condition may be classed as congenital or hereditary, please contact us for further information.</p>
Kidney dialysis	Paid in full	<p>We pay for kidney dialysis - provided as In-patient, day-case or as on out-patient.</p>

Option: Worldwide Medical Plus

For specialist treatment where you do not need to stay in hospital

Worldwide Medical Plus covers **you** for consultations with a **doctor** or **specialist** and medical **treatments** that do not require a **hospital** stay. These may include **osteopathy** or complementary therapies, for example. Some of these **treatments** or consultations may take place before or after a **hospital** stay, but many will be totally independent.

Please note: some **out-patient treatment** is paid for from the Core cover: Worldwide Medical Insurance and not from this option. These include newborn care, **out-patient surgical operations/procedures** and Dialysis. Please see benefit explanations in Worldwide Medical Insurance for details of these benefits.

These benefits are only available if you have chosen this option and it is listed on your membership certificate.

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 25,000 / USD 42,500 / EUR 31,250* (excluding transplant services benefits)		* It is possible that not all currencies will be available to you . Please see your membership certificate for the currency applicable to your contract.
Specialists' consultation and doctors' fees	Paid in full up to 35 visits each membership year	We pay for consultations or meetings with your specialist or doctor to: <ul style="list-style-type: none">○ receive treatment○ arrange treatment○ as a follow-up to treatment already received, or○ diagnose your illness or interpret your symptoms Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Physiotherapy, osteopathy and chiropractor treatment	Paid in full up to 30 visits each membership year	We pay for physiotherapy, osteopathy and chiropractor treatments , which are physical therapies aimed at restoring your normal physical functions.
Consultations and treatment with therapists, complementary therapists and qualified nurses	Paid in full up to 15 visits each membership year	We pay for nursing charges for general nursing care, for example injections or wound dressings by a qualified nurse and consultations and treatment with therapists and complementary therapists when they are appropriately qualified and registered to practice in the country where treatment is received. This includes the cost of both consultation and treatment , including any complementary medicines prescribed or administered as part of your treatment . Example: should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit.
Psychiatrists', psychologists' and psychotherapist fees	Paid in full up to 30 visits each membership year	We pay for psychiatrists', psychologists' and psychotherapist fees for: <ul style="list-style-type: none">○ meeting with your specialist to assess your condition, or○ treatment provided by a psychiatrist or psychologist or psychotherapist

Option: Worldwide Medical Plus (continued)

Benefits	Level	Explanation of benefits
Speech therapy	Paid in full	<p>We pay for speech therapy only when it is:</p> <ul style="list-style-type: none"> ○ short term for a condition such as a stroke and ○ part of the treatment for that condition ○ taking place during or immediately following treatment for that condition, and ○ recommended by your specialist <p>We do not pay for treatment of speech or language disorders such as stammering or resulting from learning difficulties or developmental studies.</p>
Pathology, X-rays and diagnostic tests	Paid in full	<p>We pay for the following if recommended by your specialist or doctor to help diagnose or assess your condition:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays) ○ diagnostic tests such as electrocardiograms (ECGs) or hearing tests
Young child care	Each membership year , up to GBP 1,000, USD 1,700 or EUR 1,250	<p>We pay the following young child benefits for children up to the age of five covered under this plan:</p> <ul style="list-style-type: none"> ○ routine preventive care and check-ups, and ○ immunisations
Maternity	Each membership year , up to GBP 3,000, USD 5,100 or EUR 3,750	<p>We pay for maternity care and treatment after you, the mother, have been covered on this option for 24 months including:</p> <ul style="list-style-type: none"> ○ treatment before and after the birth, including up to seven days' routine care for your baby, and ○ home nurse following delivery <p>We also pay for pregnancy and childbirth complications, by which we mean those conditions which only ever arise as a direct result of pregnancy or childbirth.</p> <p>These include:</p> <ul style="list-style-type: none"> ○ pre-eclampsia ○ miscarriage ○ threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb ○ still birth ○ heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage) ○ afterbirth left in the womb after delivery of the baby (retained placental membranes) ○ complications following any of the above conditions <p>Treatment for</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatiform mole) ○ foetus growing outside the womb (ectopic pregnancy) ○ are not covered from this benefit but may be covered by your other benefits. <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other benefits).</p>

Option: Worldwide Medical Plus (continued)

Benefits	Level	Explanation of benefits
Accident-related dental treatment	Each membership year , 80% up to GBP 500, USD 850 or EUR 625	<p>We pay for accident-related dental treatment that you receive from a dental practitioner for treatment during an emergency visit following accidental damage to any tooth.</p> <p>We only pay any accident-related dental treatment which takes place up to 30 days after the accident.</p>
Transplant services	Each condition, up to GBP 50,000, USD 85,000 or EUR 62,500	<p>We pay for all costs for treatment received by you or your donor for, or related to, a covered transplant which has not been provided during a stay in hospital, such as:</p> <ul style="list-style-type: none">○ specialists' and doctors' fees○ pathology, X-rays and diagnostic tests○ physiotherapy, osteopathy and chiropractor treatment, or○ any donor complications, but to a maximum of 30 days post-operatively only <p>We do not pay for anti-rejection medicines unless you have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p>Please read about transplant services under Worldwide Medical Insurance.</p>

Option: Worldwide Medicines and Equipment

For prescribed medicines and medical equipment

Often, **treatment** doesn't end when **you** leave the **hospital** or clinic or after **you** have seen a **specialist**. This option covers **you** for prescription medicines and the rental or purchase of medical appliances, such as oxygen supplies or wheelchairs. **Our** benefit for long-term prescriptions will also pay for any medicine required to manage chronic conditions such as asthma.

These benefits are only available if you have chosen this option and it is listed on your membership certificate.

Benefits	Level	Explanation of benefits
Prescribed medicines and dressings	Each membership year , up to GBP 1,500, USD 2,550 or EUR 1,875	We pay for medicines and dressings: <ul style="list-style-type: none">○ prescribed by your medical practitioner, and○ that are only used if you have a disease, illness or injury <p>If you are staying in hospital, medicines and dressings will be covered under your Worldwide Medical Insurance benefits – read note 'Operating room, medicines and surgical dressings'.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit 'Consultations and treatment with therapists and complementary therapists'.</p>
Durable medical equipment - up to 45 days rental each condition		We pay for durable medical equipment that: <ul style="list-style-type: none">○ can be used more than once○ is not disposable○ is used to serve a medical purpose○ is not used in the absence of a disease, illness or injury, and○ is fit for use in the home
Long-term prescription medicines	Each membership year , 80% up to GBP 10,000, USD 17,000 or EUR 12,500 Lifetime limit of GBP 60,000, USD 102,000 or EUR 75,000	We pay for long-term prescribed medicines: <ul style="list-style-type: none">○ after you have been covered on this option for three years, and○ which have been prescribed for a period of at least six months <p>A medical report from your specialist or doctor is required confirming:</p> <ul style="list-style-type: none">○ the condition you need the medicines for, and○ that you need to take these medicines for at least six months

Option: Worldwide Wellbeing

For a range of health screenings, vaccinations, dental and optical treatment

Our Worldwide Wellbeing option is designed to help **you** protect and maintain **your** health. It covers medical screenings that can provide valuable early detection of conditions such as cancer. It covers dental and optical **treatments**, which can play an important role in keeping **you** healthy by identifying underlying problems such as mouth cancer or diabetes.

These benefits are only available if you have chosen this option and it is listed on your membership certificate.

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 5,000 / USD 8,500 / EUR 6,250*		* It is possible that not all currencies will be available to you . Please see your membership certificate for the currency applicable to your contract.
Full health screen	Each membership year , up to GBP 600, USD 1,020 or EUR 750	We pay for a full health screening: <ul style="list-style-type: none">○ after you have been covered on this option for one membership year○ then each alternate membership year <p>A full health screening generally includes various routine tests performed to assess your state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. In addition, you may also have the specific screenings as part of a full health screening. The actual tests you have will depend on those supplied by the treatment provider where you have your screening.</p>
Mammogram		We pay for mammogram, PAP (also known as a smear test), prostate cancer screening (which may include a prostate-specific antigen (PSA) test and/or physical examination), colon cancer screening and bone densitometry.
Papanicolaou (PAP) test		These tests and/or screenings: <ul style="list-style-type: none">○ do not have a waiting period, and○ may take place independently of full health screening
Prostate cancer screen		
Colon cancer screen		
Bone densitometry		
Four dietetic consultations		We pay for dietetic consultations when required for dietary advice relating to a diagnosed disease or illness, such as diabetes.
		We do not pay for slimming classes, slimming aids and weight management.

Option: Worldwide Wellbeing (continued)

Benefits	Level	Explanation of benefits
Vaccinations		<p>We pay for vaccinations and immunisations such as:</p> <ul style="list-style-type: none">○ travel vaccinations○ malaria tablets○ pneumococcal vaccinations, or○ vaccinations to aid the prevention of cancer, such as human papilloma virus (HPV), as and when these are complete medical trials and are approved for use in the country of treatment <p>We do not pay for child immunisations up to the age of five from this benefit. If you have bought the Worldwide Medical Plus option we will pay these immunisations from the young child care benefit.</p>
Dental benefits		<p>We pay for treatment you receive from your dental practitioner. Certain dental/oral treatments will not be paid from this benefit, but from the Worldwide Medical Insurance and/or Worldwide Medical Plus benefits if you bought this option (please read notes under those benefits).</p> <p>These conditions are those which are more specialised and need to be performed by a maxillofacial or oral specialist in hospital, such as:</p> <ul style="list-style-type: none">○ put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident○ surgically remove a complicated, buried or impacted tooth, teeth or root○ benign gum cysts/jaw cysts○ chronic (large) mouth ulcers○ facial deformity such as cleft palate or lip○ facial injuries such as after an accident or cancer, or○ salivary gland diseases <p>This benefit is paid instead of any other dental benefits you may have, when you need preventive, routine or orthodontic treatment.</p>
Dental - Preventive - 100%	Each membership year , up to GBP 3,500, USD 5,950 or EUR 4,375	<p>Dental – preventive, after you have been covered on this option for six months includes:</p> <ul style="list-style-type: none">○ two check-ups/exams each membership year○ X-rays/bitewing/single view/Orthopantomogram (OPG)○ scale and polish○ gum shield/mouth guard, and○ night guard
Dental - Routine and major restorative - 80%		<p>Dental – routine and major restorative, after you have been covered on this option for six months includes:</p> <ul style="list-style-type: none">○ all fillings–either amalgam (silver) or composite (white)○ root canal treatment○ crowns/bridge○ dental implant, and○ anaesthesia costs

Option: Worldwide Wellbeing (continued)

Benefits	Level	Explanation of benefits
Dental - Orthodontic - 50%		Dental – orthodontic treatment up to the age of 19, after you have been covered on this option for two years includes: <ul style="list-style-type: none">○ consultations and monthly check-ups○ removal of deciduous/baby teeth/milk teeth/primary teeth○ treatment planning○ models/gum impressions○ extractions○ anaesthesia○ X-rays including single/bitewing/periapical (root X-ray)/full-mouth X-rays/Orthopantomogram (OPG) and Cephalometric (CEPH)○ digital photography, and○ metal braces/retainers
Eye test (including consultation)	One each membership year , 100%	We pay for one eye test each membership year , which includes the cost of your consultation and sight/vision testing.
Spectacle lenses	80%	We pay for spectacle and contact lenses which are: <ul style="list-style-type: none">○ prescribed by your eye specialist, and○ to correct a sight/vision problem such as short or long sight
Contact lenses	80%	
Spectacle frames	Once every two membership years , 80% up to GBP 150, USD 255 or EUR 185	We pay for spectacle frames. This benefit is payable: <ul style="list-style-type: none">○ once every two membership years○ only if you have been prescribed spectacle lenses Your spectacle lens prescription or invoice will be required in support of your claim for spectacle frames.

Option: Worldwide Evacuation

For when you cannot get the treatment you need in a local hospital

When the **treatment you** need is not available locally, the Worldwide Evacuation option covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**, when the **treatment you** need is not available nearby. Repatriation, which is also included, gives **you** the added option of returning to **your specified country of residence** or **specified country of nationality**, to be treated in familiar surroundings when the **treatment** is not available locally.

For all medical transfers, either evacuation or repatriation:

- **you** must contact **our service partner** for authorisation before **you** travel, on +44 (0) 1273 333 911
- **our service partners** must agree the arrangements with **you**
- **your** Worldwide Evacuation benefit is applicable for **hospital treatment**, either overnight or as a **day-case**. Evacuation only (not repatriation) may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy
- the **treatment** must be recommended by **your specialist** or **doctor**
- the **treatment** is not available locally
- the **treatment** must be eligible under **your** plan
- **you** must have cover for the country **you** are going to be treated in, for example the USA
- **you** must have Worldwide Evacuation Cover in place before **you** need the **treatment**.

You must provide **us** with any information or proof that **we** may reasonably ask **you** for to support **your** request. **We** will only pay if all arrangements are agreed and approved in advance by **Bupa Global's service partners**.

We will not approve a transfer which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your** case, when it is reasonable for **us** to do so. Evacuation or Repatriation will not be authorised if it would be against medical advice.

The costs of any **treatment you** receive either before or after an evacuation or repatriation will be paid from Worldwide Medical Insurance or any options **you** have bought as appropriate, provided this is covered under **your** plan.

We will not be able to arrange evacuation or repatriation in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone.

We cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.

Bupa Global is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on **your** behalf. In some countries **we** may use **service partners** to arrange these services locally, but **Bupa Global** will always be here to support **you**.

We do not pay for extra nights in **hospital**, when **you** are no longer receiving **active treatment** which requires **you** to be and are awaiting **your** return flight.

Option: Worldwide Evacuation (continued)

Benefits	Level	Explanation of benefits
Evacuation	Paid in full	<p>We pay the Reasonable and Customary transport costs for an evacuation:</p> <ul style="list-style-type: none">○ to the nearest place where the required treatment is available when the treatment is not available locally. (This could be to another part of the country that you are in or to another country), and○ for the return journey to the place you were transferred from <p>when this is authorised in advance by our service partners.</p> <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none">○ the reasonable cost of the return journey by land or sea, or○ the cost of an economy class air ticket <p>whichever is the lesser amount.</p> <p>We do not pay any other costs related to the evacuation such as travel costs outside of the actual evacuation which are not authorised by us or hotel accommodation.</p>
Repatriation	Paid in full	<p>We pay the Reasonable and Customary transport costs for a repatriation:</p> <ul style="list-style-type: none">○ to your specified country of nationality as given on your application form, or your specified country of residence, when the treatment is not available locally, and○ the return journey to the place you were transferred from <p>when this is authorised in advance by Bupa Global's service partners.</p> <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none">○ the reasonable cost of the return journey by land or sea, or○ the cost of an economy class air ticket <p>whichever is the lesser amount.</p> <p>We do not pay any other costs related to the repatriation such as taxis or hotel accommodation.</p> <p>In some cases, it may be more appropriate for you to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, we will pay for taxi fares.</p> <p>In some cases you may request a repatriation when contacting Bupa Global's service partners for authorisation, but this may not be medically appropriate. In these cases, we will first evacuate you to the nearest place where treatment is available. Once you have been stabilised, we may then repatriate you to your specified country of nationality or your specified country of residence.</p>

Option: Worldwide Evacuation (continued)

Benefits	Level	Explanation of benefits
Travel cost for an accompanying person	Paid in full	<p>We pay reasonable travel costs for a relative or partner to accompany you:</p> <ul style="list-style-type: none"> ○ if there is a reasonable need for you to be accompanied, and ○ the return journey to the place you were transferred from <p>when:</p> <ul style="list-style-type: none"> ○ this is authorised in advance by Bupa Global's service partners, and ○ the return journey is within 14 days of the end of the treatment <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> ○ the reasonable cost of the return journey by land or sea, or ○ the cost of an economy class air ticket <p>whichever is the lesser amount.</p> <p>We do not pay for someone to travel with you when the evacuation is for you to receive out-patient treatment.</p> <p>By 'reasonable need' we mean that you need someone to accompany you for one of the following reasons:</p> <ul style="list-style-type: none"> ○ you need assistance to board or disembark from transport ○ you need to be transferred over a long distance (1000 miles or 1600 KM) ○ there is no medical escort ○ you are very seriously ill <p>The accompanying person may travel in a different class from the member receiving treatment depending on medical requirements.</p>
Travel cost for the transfer of minor children	Paid in full	<p>We pay reasonable travel costs for minor children to be transferred with you in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> ○ it is medically necessary for you as their parent or guardian to be evacuated or repatriated ○ your spouse, partner, or other joint guardian is accompanying you, and ○ they would otherwise be left without a parent or guardian
Living allowance	For a maximum of 10 days each membership year , each day up to GBP 100, USD 170 or EUR 125	<p>We pay towards living expenses for the relative or partner who is authorised to travel with you:</p> <ul style="list-style-type: none"> ○ following an evacuation only, and ○ for up to 10 days, or your date of discharge whichever is the earlier, whilst away from their usual specified country of residence <p>We do not pay for someone to travel with you when evacuation is for out-patient treatment only.</p>

Option: Worldwide Evacuation (continued)

Benefits	Level	Explanation of benefits
Repatriation of mortal remains	Maximum benefit of GBP 6,500, USD 11,050 or EUR 8,125	<p>We pay for reasonable costs for the transportation only of your body or cremated mortal remains to your home country or to your specified country of residence:</p> <ul style="list-style-type: none">○ in the event of your death while you are away from home, and○ subject to airline requirements and restrictions <p>We do not pay for burial or cremation, the cost of burial caskets, etc, or the transport costs for someone to collect or accompany your mortal remains.</p>
Compassionate visit and return	For a maximum of five trips per lifetime. Each visit up to GBP 800, USD 1,360 or EUR 1,000	<p>We pay for economy class travel costs for one close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when you have a sudden accident or illness and are going to be hospitalised for at least five days or you have received a short-term terminal prognosis. This includes the equivalent of economy class costs of your relative's return journey to their home country.</p> <p>We pay:</p> <ul style="list-style-type: none">○ a maximum of five trips for the lifetime of your membership○ only when authorised in advance by Bupa Global's service partners <p>We also pay towards living expenses for your relative:</p> <ul style="list-style-type: none">○ following an eligible compassionate visit only, and○ for up to 10 days whilst away from their usual specified country of residence <p>We do not pay this benefit when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no further benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of minor children' or 'Living allowance' will be payable.</p>
Compassionate visit living allowance	For a maximum of 10 days each visit, each day up to GBP 100, USD 170 or EUR 125	

What is not covered?

In the 'Exclusion' section below, **we** list specific **treatments**, conditions and situations that **we** do not cover as part of **your** plan. In addition to these **you** may have personal exclusions or restrictions that apply to **your** plan, as shown on **your** membership certificate.

Important - please read

General exclusions

If **you** have not bought Worldwide Medical Plus, Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation **we** do not pay for any of the **treatments** or benefits included under those options.

The following exclusions apply to **our** core cover and each of the options. Where **we** have stated that **we** will pay for **treatment** in some circumstances, this is subject to **you** having bought the appropriate options.

Important note:

Our global health plans are non-U.S. insurance products and accordingly are not designed to meet the requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). **Our** plans may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and **we** are unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be subject to it. The provisions of the Affordable Care Act are complex and whether or not **you** or **your** dependants are subject to its requirements will depend on a number of factors. **You** should consult an independent professional financial or tax advisor for guidance. For customers whose coverage is provided under a group health plan, **you** should speak to **your** health plan administrator for more information.

Please note that, should **you** choose to have **treatment** or services with a **treatment** provider who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Additional rules may apply in respect of covered benefits received from an 'out-of-**network**' **treatment** provider in certain specific countries.

Exclusion	Notes	Rules
Artificial life maintenance		<p>Including mechanical ventilation, where such treatment will not or is not expected to result in your recovery or restore you to your previous state of health.</p> <p>Example: We will not pay for artificial life maintenance when you are unable to feed or breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.</p>
Birth control		<ul style="list-style-type: none">○ contraception○ sterilisation○ vasectomy○ termination of pregnancy unless there is a threat to the mother's health○ family planning, such as meeting your doctor to discuss becoming pregnant or contraception
Conflict and disaster		<p>We shall not be liable for any claims which concern, are due to or are incurred as a result of treatment for sickness or injuries directly or indirectly caused by you putting yourself in danger by entering a known area of conflict (as listed below) and/or if you were an active participant or you have displayed a blatant disregard for your personal safety in a known area of conflict:</p> <ul style="list-style-type: none">○ nuclear or chemical contamination○ war, invasion, acts of a foreign enemy○ civil war, rebellion, revolution, insurrection○ terrorist acts○ military or usurped power○ martial law○ civil commotion, riots, or the acts of any lawfully constituted authority○ hostilities, army, naval or air services operations whether war has been declared or not
Convalescence and admission for general care, or staying in hospital for		<ul style="list-style-type: none">○ convalescence, pain management, supervision○ receiving only general nursing care○ therapist or complementary therapist services○ domestic/living assistance such as bathing and dressing, and○ treatment that could take place as a day-case or out-patient

Exclusion	Notes	Rules
Cosmetic treatment		<p>Treatment to improve your appearance such as:</p> <ul style="list-style-type: none"> ○ facelift or re-modelled nose, abdominoplasty ○ cosmetic dentistry such as the replacement of a sound, natural tooth with an implant, veneers, etc ○ orthodontic treatment over the age of 19 (we pay for orthodontic treatment under the age of 19 if you have bought the Worldwide Wellbeing option) ○ treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, such as liposuction, whether or not it is needed for medical or psychological reasons ○ hair transplants for any reason ○ surgery to change the shape, enhance or reduce your breast(s) for any reason, except reconstruction following treatment for cancer <p>Examples: we do not pay for breast reduction for backache, or gynaecomastia (the enlargement of breasts in men).</p> <p>Note: If your doctor recommends cosmetic treatment to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, your case will be assessed by our clinical teams on an individual basis. If approved, benefits will be paid in line with the rules and benefits of your plan.</p> <p>We may pay for prophylactic surgery (surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland) when:</p> <ul style="list-style-type: none"> ○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ you have positive results from genetic testing (please note that we will not pay for the genetic testing) <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received. The limit shown under Worldwide Medical Insurance will apply for prophylactic surgery for congenital and hereditary conditions other than cancer.</p>
Developmental problems		<ul style="list-style-type: none"> ○ learning difficulties, such as dyslexia ○ behavioural problems, such as attention deficit hyperactivity disorder (ADHD) ○ problems relating to physical development such as short height, or ○ developmental problems treated in an educational environment or to support educational development
Donor organs		<ul style="list-style-type: none"> ○ mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant ○ purchase of a donor organ from any source, or ○ harvesting and storage of stem cells, when this is carried out as a preventive measure against possible future disease
Epidemics and pandemics:		<p>We do not pay for treatment for or arising from any epidemic disease and/or pandemic disease and we do not pay for vaccinations, medicines or preventive treatment for or related to any epidemic disease and/or pandemic disease.</p>
Experimental treatment		<ul style="list-style-type: none"> ○ We do not pay for any treatment or medicine which in our reasonable opinion is experimental based on acceptable current clinical evidence and practice ○ We do not pay for any treatment or medicine which in our reasonable opinion is not effective based on acceptable current clinical evidence and practice ○ We do not pay for medicines and equipment used for purposes other than those defined under their licence unless this has been pre-authorised

Exclusion	Notes	Rules
Eyesight		<p>Treatment, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Exceptions: If you have bought Worldwide Wellbeing cover, your optical benefits will be shown.</p>
Foetal surgery		Treatment or surgery undertaken in the womb before birth.
Footcare		<p>Treatment for:</p> <ul style="list-style-type: none"> ○ corns ○ calluses, or ○ thickened or misshapen nails
Harmful or hazardous use of alcohol, drugs and/or medicines		Treatment for or arising from the harmful, hazardous or addictive use of any substance including alcohol, drugs and/or medicines.
Health hydros, nature cure clinics etc.		<p>Treatment or services received in a:</p> <ul style="list-style-type: none"> ○ health hydro ○ nature cure clinic ○ spa, or ○ any similar establishment that is not a hospital
Infertility treatment		<p>Treatment to assist reproduction such as:</p> <ul style="list-style-type: none"> ○ in-vitro fertilisation (IVF) ○ gamete intrafallopian transfer (GIFT) ○ zygote intrafallopian transfer (ZIFT) ○ artificial insemination (AI) ○ prescribed drug treatment ○ embryo transport (from one physical location to another), or ○ donor ovum and/or semen and related costs <p>We pay for investigations into the cause of infertility when your specialist believes there are symptoms and/or evidence to suggest a medical cause. We wil only pay when:</p> <ul style="list-style-type: none"> ○ both you and your partner have been members of this plan (or any Bupa administered plan which includes this cover) for two years before the investigations start, and ○ you were both unaware and had not been suffering any symptoms prior to joining
Obesity		<p>Treatment for or as a result of obesity such as:</p> <ul style="list-style-type: none"> ○ slimming aids or drugs ○ slimming classes, or ○ obesity surgery
Persistent vegetative state (PVS) and neurological damage		We will not pay for treatment whilst staying in hospital for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state .

Exclusion	Notes	Rules
Personal exclusions		<p>Please check your membership certificate to see if you have any personal exclusions or restrictions on your plan. The exclusions in this section apply in addition to and alongside any such personal exclusions and restrictions.</p> <p>For all exclusions in this section, and for any personal exclusions or restrictions shown on your membership certificate, please note that:</p> <ul style="list-style-type: none"> ○ we do not pay for conditions which are directly related to excluded conditions or treatments ○ we do not pay for any additional or increased costs arising from excluded conditions or treatments ○ we do not pay for complications arising from excluded conditions or treatments. <p>Example:</p> <p>You have a personal exclusion for diabetes</p> <ul style="list-style-type: none"> ○ If your diabetes were to cause kidney problems, we would not pay for the treatment of such kidney problems. ○ If while receiving treatment for another condition, you need to stay extra nights in hospital because of your diabetes we would not pay for these extra nights. <p>Exceptions</p> <p>This section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, benefit is payable up to the limits set out in your Table of Benefits.</p>
Personality disorders		<p>Any treatment for personality disorders, including but not limited to:</p> <ul style="list-style-type: none"> ○ affective personality disorder ○ schizoid personality (not schizophrenia), or ○ histrionic personality disorder
Pre-existing conditions		<p>Any treatment for a pre-existing condition, related symptoms, or any condition that results from or is related to a pre-existing condition.</p> <p>Please contact us before your next renewal date if you or your dependants have personal exclusion(s) and believe that there will be no further treatment for that pre-existing condition after your next renewal date. In order for us to review whether to remove any personal exclusions, we must receive full current clinical details from your medical practitioner. There are some pre-existing conditions that, due to their nature, we will not review.</p>
Preventive treatment		<p>Health screening, including routine health checks and vaccinations, or any preventive treatment, except if you have bought the Worldwide Wellbeing option.</p> <p>We may pay for prophylactic surgery when:</p> <ul style="list-style-type: none"> ○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ you have positive results from genetic testing (please note that we will not pay for the genetic testing) <p>The limit shown under Worldwide Medical Insurance will apply for prophylactic surgery for congenital and hereditary conditions other than cancer.</p> <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received.</p>

Exclusion	Notes	Rules
Reconstructive or remedial surgery		<p>Treatment to restore your appearance after an illness, injury or surgery.</p> <p>We may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during your current continuous membership.</p> <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received.</p>
Self-inflicted injuries		<p>Treatment for or as a result of an injury or condition you have knowingly caused to yourself, such as in an attempted suicide.</p>
Sexual problems/gender issues		<ul style="list-style-type: none"> ○ sexual problems, such as impotence, whatever the cause, or ○ sex changes or gender reassignments
Sleep disorders		<ul style="list-style-type: none"> ○ insomnia ○ snoring ○ sleep-related disorders including sleep apnoea, or ○ participation in sleep studies beyond the initial study <p>We may pay for treatment of sleep apnoea when your specialist believes this to be life-threatening. We will only pay for:</p> <ul style="list-style-type: none"> ○ an initial sleep study ○ surgery, if medically appropriate, and ○ equipment hire, such as a Continuous Positive Airway Pressure (CPAP) machine (only if you have bought the Worldwide Medicines and Equipment option) <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received.</p>
Stem cells		<p>We do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p>
Temporomandibular joint (TMJ) disorders		<p>Temporomandibular joint (TMJ) disorders</p>
Travel costs for treatment		<p>Any travel costs related to receiving treatment.</p> <p>Examples:</p> <ul style="list-style-type: none"> ○ we do not pay for taxis or other travel expenses for you to visit a medical practitioner ○ we do not pay for travel time or the cost of any transport expenses charged by a medical practitioner to visit you <p>Exceptions:</p> <ul style="list-style-type: none"> ○ Road Ambulance cover ○ Air Ambulance cover ○ you have bought Worldwide Evacuation cover and your travel meets the qualifying conditions of that cover
Unrecognised medical practitioner, hospital or healthcare facility		<ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ Self treatment or treatment provided by anyone with the same residence, Family Members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of treatment providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder

Exclusion	Notes	Rules
USA treatment		<p>If you have not bought cover for the USA, then we will not pay for treatment received in the USA.</p> <p>If you have bought cover for the USA, we will not pay for treatment received there when:</p> <ul style="list-style-type: none">○ prior approval for your treatment was not given by our dedicated team in the USA (please read 'Prior approval' section), and○ we know or suspect that you purchased cover for and travelled to the USA for the purpose of receiving treatment for a condition, when you had already experienced symptoms of that condition. This applies whether or not your treatment was the main or sole purpose of your visit <p>Please note: If you have chosen to include cover for pre-existing conditions, this is not extended to treatment received in the USA, even when you have bought cover for treatment in the USA. Therefore, you will see a specific exclusion on your membership certificate for the costs of treatment in the USA for these pre-existing conditions.</p>

Deductibles

Deductibles are the contributions **you** make towards the cost of **your treatment**.

If **you** chose to have a **deductible** on **your** Worldwide Medical Insurance cover, additional **deductibles** will also apply if **you** opted for Worldwide Medical Plus or Worldwide Medicines and Equipment (**deductibles** do not apply to Worldwide Wellbeing or Worldwide Evacuation).

The amounts below explain the value of the **deductible** which applies to each option. **You'll** find details of **your deductibles** on **your** membership certificate.

Worldwide Medical Insurance

- GBP £ 250, 500, 1,000, 2,000, 5,000
- EUR € 300, 625, 1,250, 2,500, 6,250
- USD \$ 425, 850, 1,700, 3,400, 8,500

Option: Worldwide Medical Plus

- GBP £ 100
- EUR € 125
- USD \$ 170

Option: Worldwide Medicines and Equipment

- GBP £ 50
- EUR € 60
- USD \$ 80

How do deductibles work?

A **deductible** is the amount **you** must pay towards covered expenses before **we** will start paying for **your treatment**.

It's important that **you** send all **your** claims to **us**, even if the value of **your** claim is less than the **deductible**. **We** won't make any payment, but the claim will count towards **your deductible**.

Deductibles apply separately for **treatment you** have under each of the options. For example, if **you** have Worldwide Medical Insurance with a £500 **deductible** and have chosen Worldwide Medical Plus, the **deductible** for each would be applied as

follows:

- **You** have **treatment** in **hospital** for a broken leg, which costs £1,000
- **Deductible** applied is £500 from Worldwide Medical Insurance (as this covers **hospital treatments**)
- Amount paid by **us** is £500

- **You** have **physiotherapy** for **your** broken leg (usually paid from **your** Worldwide Medical Plus option), which costs £300
- **Deductible** applied is £100 from Worldwide Medical Plus
- Amount paid by **us** is £200

If **your** claim is for an amount higher than the value of **your deductible** or remaining **deductible**, **we** will pay for covered expenses after the **deductible** has been met in full.

Once **your deductible** has been reached, all covered expenses will be paid in line with **your** benefit limits.

Please remember:

- the **deductibles** apply separately for each person included on **your** membership
- the **deductibles** apply each **membership year**. If **you** have **treatment** which continues over **your anniversary**, the **deductible** will be payable separately for **treatment** received both before and after **your anniversary**
- the **deductible** for Worldwide Medical Insurance and each option is counted separately
- **you** must have a valid direct debit agreement or credit card authority with **us**, so **we** can collect **your deductible**
- **you** are responsible for paying the **deductible** in all circumstances

How will claims be paid?

If **we** are paying **you**:

- payment will be less the amount of the **deductible**

If **we** are paying **your treatment** provider:

- payment for covered **treatment** and within any limits will be made in full
- any **deductible** due will be collected from **you** using **your** direct debit agreement or credit card authority

We will always send **you** a claims statement showing how much has been counted towards **your deductible** and how much has been paid.

Your deductible invoice will show the amount **we** will collect from **your** account.

Changing your deductible

You can request a change to **your deductible** on **your anniversary** each year. This request could be to add or remove a **deductible**, or to increase or decrease an existing **deductible**. If **you** wish to remove or reduce **your deductible**, **we** will ask **you** to complete a medical history questionnaire. This means that **we** may apply new special restrictions or exclusions, which are personal to **you**.

If **you** add or increase a **deductible your** subscriptions will be lower. If **you** remove or reduce a **deductible your** subscriptions will be higher.

Important Information

Your membership

Your plan is an annual contract that will begin on the 'Period of cover from' date on **your** membership certificate. **Your anniversary** falls on this date in each following year of **your** membership. **Your** membership will continue automatically each year, regardless of **your** age or current state of health.

Please read 'What happens on my **anniversary**?' section.

Our legal agreement

You (the **main member**) have formed an agreement with **your insurer** about **your** cover on Worldwide Health Options. Only **you** and **your insurer** have legal rights under this agreement. This means that only **you** and no-one else may enforce the terms of this agreement, either under the Contracts (Rights of Third Parties) Act 1999 or otherwise.

You, or anyone else who is covered under **your** membership, have complete access to **our** complaints and dispute resolution process.

Please read 'Making a complaint' section.

What forms my membership?

Your membership with **us** consists of:

- **your** application, whether **you** have sent in a form or applied by telephone or online and any declarations that **you** made during **your** enrolment for **you** and other members included in **your** membership
- **your** rules and benefits in the Membership Guide within **your** membership pack
- **your** membership certificate, which shows full details of **your insurer**

What happens if I move?

You must always let **us** know when **you** change **your** address, so that **we** can keep in touch and get important documents to **you**.

If **you** move to another country, **you** must let **us** know straight away. **Your** new country may have different regulations about health insurance. **You**, the principal member, need to tell **us** of any change so that **we** can make sure that **you** have the right cover.

Specified country of residence

If **you** move to a new country or change **your specified country of nationality you**, the **main member**, must tell **us** straight away if **your** country of residence or **your specified country of nationality** changes. **We** may need to end **your** membership if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens.

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

In some countries **we** have local partners who are licensed to provide insurance cover but which are administered by **Bupa Global**. This means that customers experience the same quality **Bupa Global** service.

If **your specified country of residence** changes to a country where **we** have a local partner, in most cases **you** will be able to transfer to **our** partner's insurance policy without further medical underwriting. **You** may also be entitled to retain **your** continuity of **Bupa Global** membership; which means that for those benefits which aren't covered until **you** have been a member for a certain period, the time **you** were a member with **us** will count towards that. Please note that if **you** request a transfer to a local partner, **we** will have to share **your** personal information and medical history with the local partner.

If **you** change **your specified country of residence** or **your specified country of nationality**, please call the **Bupa Global** customer services helpline so **we** can confirm if **your** membership is affected, and, if so, whether **we** can offer **you** a transfer service.

Please read 'How are my subscriptions calculated?' section.

Without limitation to the foregoing, **we** will not be able to renew **your** membership at **your** next **anniversary** date if **you** become a permanent resident of the USA, and, if any **additional people** covered under **your** membership become a resident of the USA, **we** will not be able to renew their cover under the membership at the next **anniversary** date. 'Permanent resident' shall mean a person residing in the USA who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the USA, and 'USA' shall include the Commonwealth of Puerto Rico for this purpose.

When does my membership begin?

Your membership begins on the 'Period of cover from' date on the first membership certificate **we** send. **Your anniversary** falls on this date each year.

If **you** include any **additional people**, their membership will begin on the 'Period of cover from' date on the first membership certificate **we** send on which they are listed.

If, for any reason, **you** do not continue **your** membership, any **additional people** included in **your** plan can apply for their own membership.

What happens on my anniversary?

Your membership will continue automatically, regardless of **your** age or state of health.

We will write to **you** and let **you** know:

- any changes to the benefits provided
- any changes to **your** membership pack, or
- the subscriptions and other charges payable

Any new changes will come into effect after **your anniversary** only.

In some circumstances, **we** may decide to end the plan **you** are a member of. This is a rare event, but if it does happen **we** will do **our** best to make sure **you** are not inconvenienced in any way. **We** will:

- offer **you** membership of another suitable plan, wherever possible, or
- transfer **your** membership within one month without any new personal restrictions or exclusions

Can I cancel my membership?

You can cancel **your** membership, and that of any **additional people** covered under **your** plan, within 28 days of receiving **your** first membership certificate. Should **you** wish to, simply write, telephone or email and let **us** know. **You'll** find **our** contact details in the 'Quick Reference Guide'.

If **you** or the **additional people** covered have not made any claims, **we** will refund any subscriptions **you** have paid.

Ending your membership

You can end **your** membership by letting **us** know in writing, telephone or by email:

- as soon as possible in advance of the date **you** wish to end **your** membership
- whether or not the membership of **additional people** is also to be ended, or
- the date that **you** want **your** membership to end (**you** can't backdate the ending of **your** membership)

To help **us** continue to maintain and improve **our** level of service, **we** would appreciate it if **you** could also let **us** know the reason **you** are ending **your** membership.

Please be aware that **your** membership will end automatically in the following circumstances:

- if **you** do not pay subscriptions or other charges (such as Insurance Premium Tax (IPT) taxes or levies) before, or within 30 days of, the date they are due. If **you** are having trouble paying **your** subscriptions please get in touch – **we** may be able to help, or
- in the event of the death of the **main member**. In this case, any **additional people** in **your** plan can apply to become the **main member**. If the membership is transferred within one month of the date of death of the original **main member** and without a break in cover, **we** will not apply any new personal restrictions or exclusions

Refunding your subscriptions

We will refund any subscriptions **you** have paid which relate to a period after **your** membership ends. However, **we** are entitled to deduct money **you** may owe **us** from any refund.

How can I change my plan?

Your membership with **us** is an annual contract. This means that **we** can only add or remove options for **you** on **your anniversary** (with the exception of USA upgrades which can be requested at any time).

If **you** want to add or remove options, please contact **us** before **your anniversary** to discuss **your** choices.

If **you** add options to **your** plan, **your** subscriptions will be higher. If **you** remove options from **your** plan, **your** subscriptions will be lower.

If **you** add new options to **your** cover, **we** will ask **you** to complete a medical history questionnaire. This means that **we** may apply new special restrictions or exclusions on the new options **you** have chosen, which are personal to **you**.

Adding members to your plan

You can apply to include **additional people** on **your** membership by filling in a Worldwide Health Options form. **You** can download this easily from MembersWorld at bupaglobal.com/membersworld. Or **you** can contact **us** and **we** will send one to **you**.

The medical history for all **additional people** **you** apply to include on **your** membership, including newborn children, will be reviewed by **our** medical underwriters.

This may result in special restrictions or exclusions, which are personal to them and which will be shown on **your** membership certificate, or **we** may decline to offer cover. For newborn children any exclusions or restrictions will be applied from their 91st day of birth if they are eligible for newborn care, or **we** may decline to offer cover after 90 days of birth.

Newborn children are eligible for newborn care and can be included on **your** membership from their date of birth when:

- at least one parent has been covered on this membership for 10 months or more prior to the child's birth
- the child has not been born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted or born to a surrogate

- **you** have completed a membership amendment form and **we** have received it before **your** child is 30 days old

Newborn children who are not eligible for newborn care can be included from their 91st day once **you** have completed a Worldwide Health Options form and the process for adding **additional people** will be followed.

Newborn care is not available in the USA if cover for pregnancy has been excluded in the USA as shown on **your** certificate of cover. Please note: Children joining on their own membership (where they are the **main member**) can only join on or after their 5th birthday.

Please read 'Newborn care' benefits in **your** 'Table of benefits'.

Adding USA cover to your plan

You can apply to include coverage in USA at any time following **your** original date of joining. To apply **you** will need to complete a Worldwide Health Options form which can be downloaded easily from membersworld at bupaglobal.com/membersworld. **Your** application will be reviewed by **our** medical underwriters and may result in exclusions or restrictions specific to coverage in the USA.

Please note that **your** subscriptions will be higher or lower from the effective date of adding or removing cover for the USA.

New membership certificates

We will send **you** a new membership certificate to record any changes made on **your** plan, such as a change of address or the addition of another person.

Your new membership certificate will replace any earlier ones **you** have received with effect from the 'Certificate issue date', so please discard the previous one.

How are my subscriptions calculated?

Your subscriptions are calculated according to the country in which **you** inform **us** **you** reside and are based on a number of rating factors such as **your** age, cover (including whether **you** elect USA coverage), level of benefits selected, level of **deductible** and any underwriting loading.

Additionally, countries are grouped into zones according to a number of different factors, including the costs and frequency of **treatment** in those countries.

Any decision to vary premiums for a zone is applied to all members in the zone. On renewal **you** would therefore receive the price impact which applies across the zone to members with **your** rating factors.

How do I pay subscriptions and other charges?

The subscriptions for **your** membership must be paid by the 'Due date' shown on the invoice. All subscriptions are payable in advance. **Your** invoice will also show **you**:

- the amount **you** need to pay
- the method **you** have chosen to pay by (direct debit, credit card, etc)
- the currency **you** have chosen to pay in, and
- how often **you** need to make a payment (monthly, quarterly or yearly)

The total amount **you** have to pay on **your** invoice is inclusive of any taxes, charges or levies, such as Insurance Premium Tax (IPT).

Please pay **your** subscriptions directly to **your insurer**. If **you** pay **your** subscriptions to anyone else, such as an intermediary or insurance broker, then that person is acting on **your** behalf as **your** agent. **Your insurer** will not be responsible for any subscriptions paid to a third party. Subscriptions are collected by Bupa Insurance Services Limited who act as **our** agent for the purpose of receiving and holding premiums, making claims and refunds. **Your** subscriptions are protected by an agreement between **us** and Bupa Insurance Services Limited. The amount and method of payment is shown in **your** membership certificate.

What happens if I don't pay?

If **you** do not pay subscriptions and other charges when they are due, **your** membership may be suspended. **We** may also suspend **your** membership if **you** do not pay in full any relevant contribution for a claim **we** have paid direct to **your treatment** provider.

Claims submitted while **your** membership is suspended will not be paid. Once **you** have paid **your** subscriptions and **your** membership suspension has ended, **we** will be happy to consider **your** claim.

Will the amount I pay change?

It is likely that the amount **we** charge **you** at **your anniversary** will change. Some of the factors which might affect this include the rising cost of medical **treatments**, which **we** aim to control through negotiating cost control measures with **hospitals** and clinics. Additionally, the ages of everyone on **your** membership, **your** resident country and changes to **your** cover such as adding, changing or removing options or **deductibles** may also influence **your** subscription.

Other charges including IPT or other taxes, levies and charges may change at any time if there is a change in the rate or if any new tax, levy or charge is introduced in the country where **you** live.

Bank charges

You are responsible for any administration charges that **your** bank may make for the payment of **your** subscriptions.

Making a complaint

We are always pleased to hear about any aspect of **your** membership that **you** have particularly appreciated, or that **you** have had problems with. If something does go wrong, **we** have a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible.

If **you** have any comments or complaints, **you** can call the **Bupa Global** customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year. Alternatively **you** can email **us** at: bupaglobal.com/membersworld, or write to **us** at:

Bupa Global

Victory House
Trafalgar Place
Brighton
BN1 4FY
United Kingdom

Easier to read information

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

Taking it further

It's very rare that **we** can't settle a complaint, but if this does happen, **you** may also refer **your** complaint to the Financial Ombudsman Service.

You can:

- write to them at Exchange Tower, London E14 9SR, **UK**
- call them on 0800 023 4 567 (free from most landlines), 0300 123 9 123 or from outside the **UK** +44 (0) 20 7964 0500
- find details at their website financial-ombudsman.org.uk

Please let **us** know if **you** want a full copy of **our** complaints procedure. (None of these procedures affect **your** legal rights.)

Confidentiality

The confidentiality of personal health information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies with applicable data protection legislation and medical confidentiality guidelines. Bupa sometimes uses third parties to process data on **our** behalf. Such processing, which may be undertaken outside the EEA (European Economic Area), is subject to contractual restrictions with regard to confidentiality and security obligations in addition to the minimum requirements imposed by data protection legislation in the **UK**.

Personal data collected about **you** may be used by Bupa to process **your** claims, administer **your** membership, make suggestions about clinically appropriate **treatment**, for research and analytics, in the course of undertaking audits, and to detect and prevent fraud. For further information, please see the **Bupa Global** Privacy Policy at www.bupaglobal.com/privacypolicy.

Please note that **we** may share any dependant's information with the **main member** (being the person named as the main applicant on the application for the membership), including in relation to **treatment** and services received, claims paid, the amount of any **deductible** used and, if relevant, any medical history which impacts on the provision of the membership.

In accordance with data protection law, if **you** would like a copy of **your** personal information (for which a small fee may be payable) or **you** would like to update **your** personal information, or if **you** have any other data processing queries please call the **Bupa Global** service team on +44 (0)1273 718 379. Alternatively **you** can email or write to the team via service.uk@bupaglobal.com; or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

Useful notes and legal information

Other parties

No other party is allowed to make or confirm any changes to **your** membership on **our** behalf, or decide not to enforce any of **our** rights. No change to **your** membership will be valid unless it is confirmed in writing, which may be by letter, email or webchat. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **your insurer**, as above.

Correspondence

Letters between **us** must be sent by post and with the postage paid. **We** do not return original documents, with the exception of official documents such as birth or death certificates. However, if **you** ask **us** at the time **you** send any original documents to **us**, such as invoices, **we** can provide copies.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event that **we** cannot meet **our** financial obligations, **you** may be entitled to compensation from the FSCS, if **you** are usually resident in the EEA (European Economic Area). More information is available from the FSCS by calling +44 (0) 20 7892 7301 or on its website fscs.org.uk

Applicable law

Your membership is governed by English law. Any dispute that cannot otherwise be resolved will be dealt with by courts in England. If any dispute arises as to the interpretation of this document, then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. **You** can obtain a copy at any time by contacting **our** customer helpline on +44 (0) 1273 323 563.

Sanction clause

We will not provide cover nor pay claims under this policy if **our** obligations (or the obligations of **our** group companies and administrators) under the laws of any relevant jurisdiction, including **UK**, European Union, the United States of America, or international law, prevent **us** from doing so. **We** will normally tell **you** if this is the case unless this would be unlawful or would compromise **our** reasonable security measures. This policy does not provide cover to the extent that such cover would expose **us** (or **our** group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **UK** or United States of America, or under other relevant international law.

Fraud prevention and detection

We have the right, where appropriate, to check **your** details with fraud prevention agencies, other insurers and other relevant third parties for the purpose of preventing and detecting false information or fraudulent activity. If **you** give **us** false or inaccurate information and **we** suspect fraud, **we** may record this with a fraud prevention agency. **We** and other organisations may also use

and search these records to:

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

Fraudulent Claims

You and any dependant (or anyone acting on behalf of **you** or any dependant) must not:

- make a fraudulent or exaggerated claim under this plan;
- send **us** fake or forged documents or other false evidence, or make a false statement in support of a claim; and/or
- provide **us** with information which **you** or any dependant knows would otherwise enable **us** to refuse to pay a claim under this plan

Failure to comply with the above will give **us** the right to:

- refuse to pay the whole of the claim;
- recover any payments **we** have already made in respect of the claim; and/or
- notify **you** that this plan (or if the fraudulent claim is made by or on behalf of a particular dependant, the cover under this plan for that particular dependant) has terminated from the date of any of the acts or omissions set out above, and **we** will not refund the premium.

Provision of accurate and complete information

You and any dependant must take reasonable care to make sure that all information provided to **us** is accurate and complete, at the time **you** take out this membership, and at each renewal and variation of this membership. **You** and any dependant must also tell **us** if any of the answers to the questions in the application form change prior to this membership starting. Otherwise, the following apply

with effect from the date the membership was taken out, renewed or varied (depending on when **we** were provided with inaccurate or incomplete information).

A. **We** may treat this membership as if it had not existed if **you** deliberately or recklessly give **us** inaccurate or incomplete information.

B. Where **you** negligently or carelessly give **us** inaccurate or incomplete information, or where A. applies but **we** choose not to rely on **our** rights under A, **we** may treat the membership and any claims in a way which reflects what **we** would have done if **we** had been provided with accurate and complete information, as follows:

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

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

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

Glossary

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

Defined term	Description
Acceptable current clinical evidence:	International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people, or clinical trials which are not registered.
Active treatment:	Treatment from a medical practitioner of a disease, illness or injury that leads to your recovery, conservation of your condition or to restore you to your previous state of health as quickly as possible.
Additional people:	The other people named on your membership certificate as being members of the plan and who are eligible to be members, including newborn children.
Anniversary:	Each anniversary of the date you joined the plan. (If however you are a member of a Bupa Global Worldwide Health Options group plan with a common anniversary for all members, your anniversary will be the common anniversary for the group. We tell you the group anniversary when you join).
Assisted Reproduction Technologies:	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
Birthing centre:	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.

Defined term	Description
Bupa Global:	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
Complementary therapist:	An acupuncturist, homeopathist or Traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the treatment is received.
Day-case:	Treatment which for medical reasons requires you to stay in a bed in hospital during the day only. We do not require you to occupy a bed for day-case psychiatric treatment .
Deductible:	The amount you have to pay towards the cost of the treatment that you receive each membership year that would otherwise have been covered under your membership.
Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Dietician:	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Doctor:	<div>A person who:<ul style="list-style-type: none">○ is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment○ does not need a specialist's training, and○ is licensed to practise medicine in the country where the treatment is received.</div> <div>By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.</div>

Defined term	Description
Emergency:	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at risk.
Epidemic:	An outbreak of a contagious and infective disease that spreads quickly, affecting more persons than expected in a given time period, in a locality where the disease is not permanently prevalent or its normal prevalence have been exceeded.
Family Members:	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Hospital:	A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for: <ul style="list-style-type: none">○ carrying out major surgical operations, or○ providing treatment which only consultants can provide
Intensive care:	Includes the following. <ul style="list-style-type: none">○ High Dependency Unit (HDU) – a unit that provides a higher level of medical care and monitoring, for example in single organ system failure.○ Intensive Therapy Unit / Intensive care Unit (ITU/ICU) – a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation.○ Coronary care unit (CCU)–a unit that provides a higher level of cardiac monitoring.
Main member:	The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to you/your .

Defined term	Description
Medical practitioner:	A complementary therapist, specialist, doctor, psychologist, psychotherapist, osteopath, chiropractor, dietician, speech therapist or therapist who provides active treatment of a known condition.
Membership year:	The 12 month period for which this membership is effective, as first shown on your membership certificate and, if this health plan is renewed, each 12 month period which follows the renewal date.
Network:	A hospital , or similar facility, or medical practitioner , that has an agreement in effect with Bupa Global or a service partner to provide you with eligible treatment .
Out-patient:	Treatment given at a hospital , consulting room, doctor's office or out-patient clinic where the insured does not stay overnight or as a day-case to receive treatment .
Ovulation Induction Treatment:	Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
Pandemic:	An epidemic occurring over a widespread area (multiple countries or continents) and usually affecting a substantial proportion of the population.
Persistent vegetative state:	<div><ul style="list-style-type: none">○ a state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and○ the person does not respond to stimuli such as calling their name, or touching</div> <div>The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.</div>
Physiotherapy, osteopathy and chiropractor:	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the treatment is received.

Defined term	Description
Pre-existing condition:	<ul style="list-style-type: none"> any medical condition declared in your application for cover which has been noted as a 'personal exclusion' under your membership certificate; or any disease, illness or injury for which you received medication, advice or treatment, or you had experienced symptoms of <p>whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under your application for cover.</p> <p>Where we have accepted your transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall be deemed to mean your original application for cover under that previous insurance product.</p>
Prophylactic surgery:	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.
Psychiatric treatment:	Treatment of mental conditions, including eating disorders.
Psychologist and psychotherapist:	A person who is legally qualified and is permitted to practise as such in the country where the treatment is received.
Qualified nurse:	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment is received.
Reasonable and Customary	The 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provided by treatment providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by our experience of usual, and most common, charges in that region.

Defined term	Description
Recognised medical practitioner, hospital or healthcare facility	Any provider who is not an unrecognised medical practitioner , hospital or healthcare facility.
Rehabilitation:	Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Service partner:	A company or organisation that provides services on behalf of Bupa Global . These services may include approval of cover and location of local medical facilities.
Sound natural tooth / Sound natural teeth:	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
Specialist:	<p>A surgeon, anaesthetist or physician who:</p> <ul style="list-style-type: none"> is legally qualified to practise medicine or surgery following attendance at a recognised medical school is recognised by the relevant authorities in the country in which the treatment is received as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated <p>By 'recognised medical school' we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.</p>
Specified country of nationality:	The country of nationality specified by you in your application form or as advised to us in writing, whichever is the later.
Specified country of residence:	The country of residence specified by you in your application and shown in the membership certificate, or as advised to us in writing, whichever is the later. The country you specify must be the country in which the relevant authorities (such as tax authorities) consider you to be resident for the duration of the policy.

Defined term	Description
Speech therapist:	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Surgical operation:	A medical procedure that involves the use of instruments or equipment.
Therapists:	An occupational therapist or orthoptist, who is legally qualified and is permitted to practice as such in the country where the treatment is received.
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
UK:	Great Britain and Northern Ireland.
Unrecognised medical practitioner, hospital or healthcare facility	<ul style="list-style-type: none"> Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. Self treatment or treatment provided by anyone with the same residence, Family Members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of treatment providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder

Defined term	Description
We/us/our:	Your insurer.
You/your:	This means you , the main member and your dependants unless we have expressly stated otherwise that the provisions only refer to the main member .
Your insurer	The insurer providing your cover as stated on your membership certificate.

General services:

+44 (0) 1273 323 563

Medical related enquiries:

+44 (0) 1273 333 911

Your calls may be recorded or monitored.

Bupa Global

Victory House
Trafalgar Place
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BN1 4FY

United Kingdom

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Travel insurance

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