

A guide to your Bupa Malta Private Clinic Plan

LifeStar

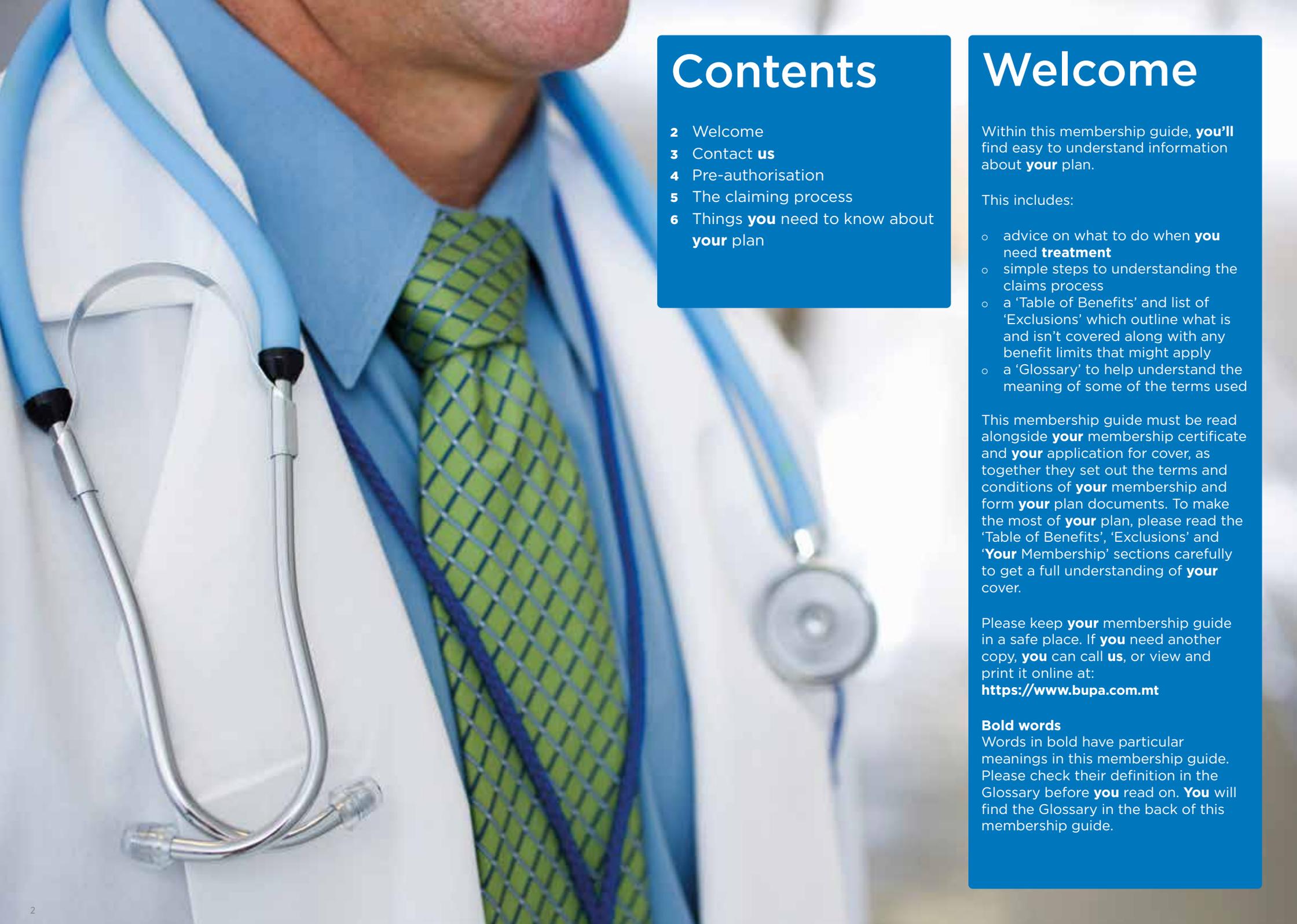


Membership Guide

This booklet explains the terms and conditions of the **Bupa Malta** Private Clinic Plan. Detailed information such as making a claim and moving country can be found in this booklet.

From 1 January 2024

[bupa.com.mt](https://www.bupa.com.mt)



Contents

- 2 Welcome
- 3 Contact **us**
- 4 Pre-authorisation
- 5 The claiming process
- 6 Things **you** need to know about **your** plan

Welcome

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

This includes:

- o advice on what to do when **you** need **treatment**
- o simple steps to understanding the claims process
- o a 'Table of Benefits' and list of 'Exclusions' which outline what is and isn't covered along with any benefit limits that might apply
- o 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 documents. 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:

<https://www.bupa.com.mt>

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.

Contact us

Open 24 hours a day, 365 days a year

Emergency line +356 79 342 342

You can call **us** outside of office hours in the case of a medical emergency:

- **we** are ready to help
- **we** can check **your** cover and pre-authorise treatment

General enquiries +356 21 342 342

Your Bupa Malta customer services helpline:

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

Email: bupa@lifestarinsurance.com

Web: <https://www.bupa.com.mt>

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.

Contact details changed?

It's very important that **you** let **us** know when **you** change **your** contact details (correspondence address, email or telephone). **We** need to keep in touch with **you** so **we** can provide **you** with important information about **your** plan or **your** claims. Simply call, email or write to **us**.

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 make sure **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, email or write to us.

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.

Correspondence

Any correspondence should be sent to the following address:

- Bupa Malta, LifeStar Health Limited
Testaferrata Street Ta'Xbiex,
XBX 1403 Malta
- Or by email on
bupa@lifestarinsurance.com

LifeStar Health Limited is a registered agent for Bupa Global Designated Activity Company and is regulated by the Malta Financial Services Authority.

Pre-authorisation

The importance of pre-authorisation

Call: +356 21 342 342

Email: bupa@lifestarinsurance.com

We want everything to run smoothly when **you** need **treatment**. That way **you** can focus on getting better.

Why should I pre-authorise treatment?

So that **you** can tell **us** about **treatment** that **you** need to have. **You** should contact **us** before **you** have **your treatment** to give **us** the details. **We** can then:

- check if the policy covers **your treatment**
- check if the provider is part of **our network**
- explain any limits that apply
- tell the provider that **you** are a **Bupa Malta** member.
- see if **we** can pay any bills directly to the provider. This will mean **you** don't have to pay and claim the costs from **us**.

We may only pay costs that are **reasonable and customary**. This could leave **you** with a shortfall to pay. If this is the case, **we** will communicate this to **you** in writing.

Before **we** can authorise **treatment** or pay a claim **we** may ask for more information, for example a medical report. If **we** don't receive this promptly, there may be a delay to pre-authorisation and to paying **your** claim. If **we** do not receive this at all, **we** may not be able to pay **your** claim.

We may appoint an independent medical professional and ask **you** to have a medical examination with them (at **our** cost). They will then give **us** a medical report.

When **you** have pre-authorised **treatment**, **we** will cover the costs if, at the time **you** have that **treatment**:

- the policy is in force
- **you** are covered by the policy
- premiums are paid up to date
- the pre-authorisation is still valid. When **we** authorise treatment, **we** will tell **you** how long it is valid for.

How do I pre-authorise my treatment?

Contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

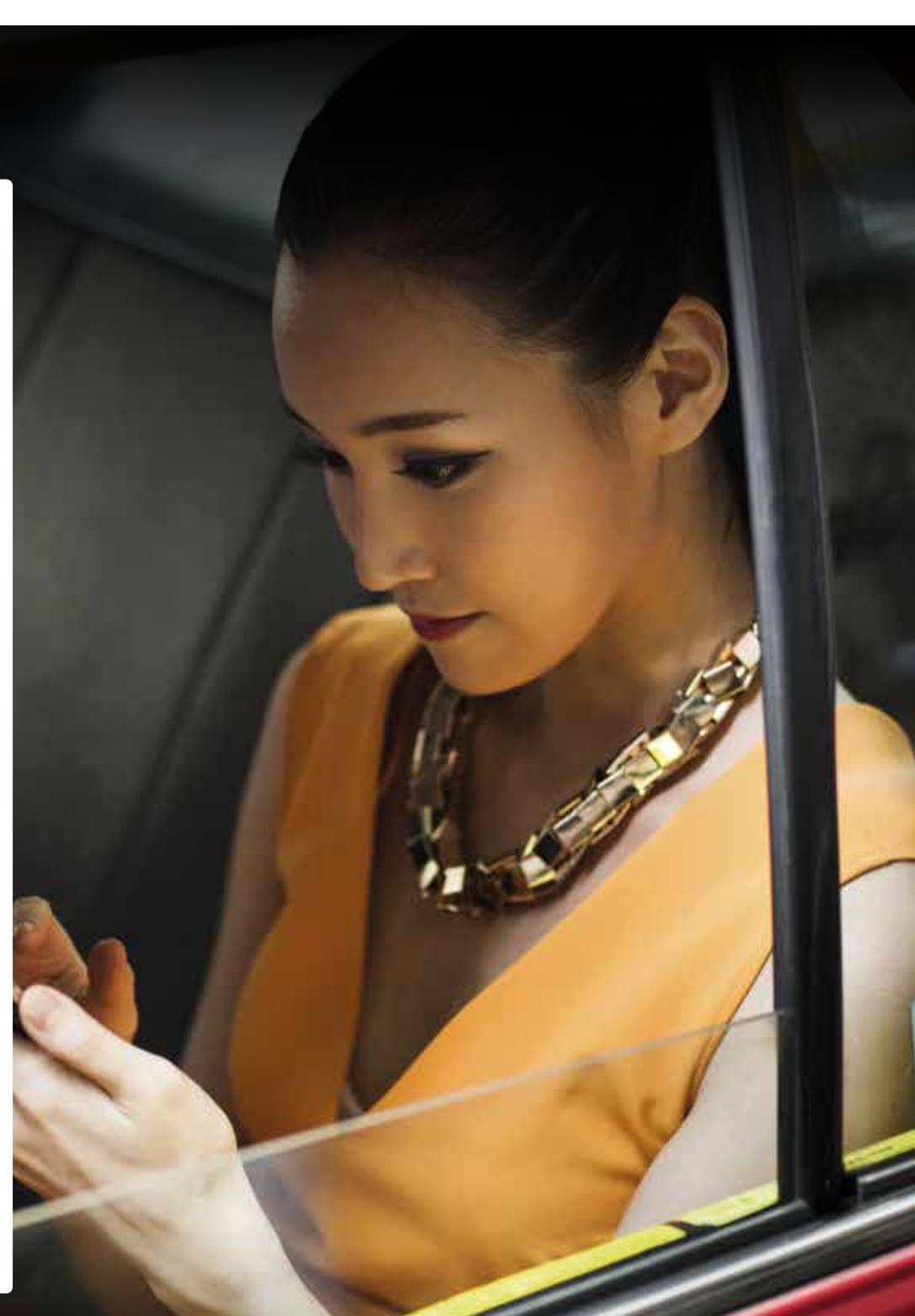
What if my pre-authorisation is no longer valid? Can I get a new one?

Yes. Just follow the process again.

What if I need to go to hospital in an emergency?

In an emergency there might not be time to contact **us**. If this happens, it is important that the hospital contacts **us** within 48 hours.

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



The claiming process

If **you** need assistance with a claim **you** can

- Call **us** on **+356 21 342 342**
- Email **us** on **bupa@lifestarinsurance.com**

Whether **you** choose direct settlement 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 **hospital** or **healthcare facility** within **network**.

How to make a claim

The quickest way to submit **your** claim is to fill out the claim form which **you** can download from <https://www.bupa.com.mt> or contact **us** and **we** will be happy to send **you** a copy.

You can send **us your** claim form by email or by post.

Make sure **we've** got all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.

Make sure **you** have given **your** correct bank details.

Direct Settlement

Direct settlement is where the provider of **your treatment** claims directly from **us**, making things easier for **you**.

Pay and Claim

The alternative is for **you** to pay and then claim back the costs from **us**.

1

You should present **your** membership card when **you** receive **treatment**.



2

We send **your benefit provider** a pre-authorisation statement.

We will also send a copy to **you** on request.



3

The **benefit provider** will ask **you** to sign the pre-authorisation statement when **you** arrive for **treatment**, including the patient declaration.

If **you** have any remaining **deductible**, **we** will pay the **provider** in full and collect any remaining **deductible** from **you** using the payment details **we** hold for **you** before authorising **your treatment**.



4

We pay the **benefit provider** directly.



5

We will send **your** claim payment statement to **you**.

When **we** settle **your** claim, **your** benefits are paid in line with the limits shown in **your** 'Table of Benefits'.

If **you** have an **annual deductible**, please refer to the '**Annual deductible**' section in this guide for more details.

It is important that **you** send all **your** claims to **us**, even if the value of the claim is less than the remaining deductible.

When **you** visit **your benefit provider**, **you** should take a claim form with **you** so that the **medical practitioner** can fill in the medical information section.

A claim form can be found online at <https://www.bupa.com.mt>



Once **you** have received **treatment** and made a payment to **your benefit provider**, **you** should complete all other sections of the claim form, include the original invoices and send the claim to **us**.



You can submit **your** claim by email or post at:

Bupa Malta,
LifeStar Health Limited
Testaferrata Street
Ta' Xbiex XBX 1403
Malta



We pay **you**.

If **you** have an **annual deductible** applied to **your** claim **we** will pay **you** the cost of the claim minus the amount of the remaining **annual deductible**.



Things you need to know about your Private Clinic plan

- 6 About your Membership
- 6 How to use your plan
- 6 What is covered?
- 8 Summary of Benefits and Exclusions
- 10 Table of Benefits
- 18 What is not covered?
- 25 Making a Claim
- 26 Annual Deductibles
- 26 Paying premiums and other charges
- 27 Your Membership
- 29 Making a Complaint
- 30 Privacy Notice
- 31 Glossary

About your Membership

This booklet forms part of **your**, the **principal member's** contract with **us**, along with **your** application form and **your** membership certificate. This is an annual contract.

Applying and increasing your level of cover

To be covered under one of **our** plans, **you** need to be habitually resident and actually living in Malta for more than six months per year of cover and under the age of 65.

The agreement between you and us

As a member of the Private Clinic plan, **you**, the **principal member** have formed an **agreement** with **Bupa Malta** about **your** cover. Only **you**, the **principal member** and **Bupa Malta** have legal rights under this **agreement**.

This means that only **you**, the **principal member** and no other party may enforce the terms of this **agreement**. **We** will of course allow anyone who is covered under **your**, the **principal member's** membership complete access to **our** complaints and dispute resolution process.

The following must be read together as they set out the terms and conditions of **your** membership:

- **your**, the **principal member's** application for cover: this includes any quote request, applications for cover for **you** and **your dependants** (if any) and the declarations that **you**, the **principal member** made during the application process
- **your** rules and benefits in this Membership Guide
- **your** membership certificate

The full name of **your** insurer is shown on **your** membership certificate.

When your cover starts

The start date of **your** membership is the 'effective from' date shown on **your** membership certificate.

If you move to a new country or change your specified country of nationality

You, the **principal member**, must tell **us** straight away if **your specified country of residence** or **your specified country of nationality** changes. **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.

How to use your plan

Step 1: Where to get treatment

As long as it is covered by **your** plan, **you** can have **your treatment** at any recognised **hospital** or clinic. If **you** don't know where to go, please contact **our** customer service team for help and advice.

Step 2: Contact us

If **you** know that **you** may need **treatment**, please contact **us** first. This gives **us** the chance to check **your** cover, and to make sure that **we** can give **you** the support of **our** knowledge and **our** experience.

Step 3: Making a claim

Please read the 'Making a claim' section for full details of how to claim. Here are some guidelines and useful things to remember.

What to send

We must receive a fully completed claim form and the invoices and receipts for **your treatment**, within 2 years of the **treatment** date.

If this is not possible, please write to **us** with the details and **we** will see if an exception can be made.

Your claim

You must make sure that **your** claim form is fully completed by **you** and by **your medical practitioner**. The claim form is important because it gives **us** all the information that **we** need. Contacting **you** or **your medical practitioner** for more information can take time, and an incomplete claim form is the most common reason for delayed payments.

You can download a claim form from **our** website, or contact **us** to send **you** one.

How we make payments

Wherever possible, **we** will follow the instructions given to **us**:

- **we** can pay **you** or the **hospital** by bank transfer

To carry out electronic transfers, **we** need to know the full bank name, address, SWIFT code and (in Europe only) the IBAN number of **your** bank account. **You** can give **us** this information on the direct credit form.

Tracking your claim

We will process **your** claim as quickly as possible. **You** can easily check the progress of a claim **you** have made by contacting **our** customer services team.

Confirmation of your claim

When **your** claim has been assessed and paid, **we** will send a statement to **you** to confirm when and how it was paid.

What is covered?

Please read this important information about the kind of costs that **we** cover.

Treatment that we cover

For **us** to cover any **treatment** that **you** receive, it must satisfy all of the following requirements:

- it is at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received

- it is clinically appropriate in terms of type, duration, location and frequency, and
- it is covered under the terms and conditions of the plan

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.

Active treatment

This plan covers **you** for the costs of **active treatment** only. By this **we** mean **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 as quickly as possible.

Our approach to costs

When **you** are in need of a benefit provider, **our** dedicated team can help **you** find a **recognised medical practitioner, hospital or healthcare facility** within **network**. Where **you** choose to have **your treatment** and services with a benefit provider in **network**, **we** will cover all costs of any covered benefits, once any applicable co-insurance or deductible amount which **you** are responsible to pay has been taken from the total claimed amount.

Should **you** choose to have covered benefits with a benefit 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 benefit provider must be no more than they would normally charge, and be similar to other benefit 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**' benefit provider will not be paid.

This means that, should **you** choose to receive covered benefits from an 'out-of-**network**' benefit 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**' benefit provider;
- **we** cannot control what amount **your** chosen 'out-of-**network**' benefit provider will seek to charge **you** directly.

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

If **you** are taken to an 'out-of-**network**' benefit provider in an **emergency**, it is important that **you**, or the benefit 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 benefit provider in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a benefit 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 taken).

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

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.

Benefit limits

There are two kinds of benefit limits shown in this table. The 'overall annual maximum' is the maximum **we** will pay for all benefits in total for each person, each **membership year**. All benefits also have a limit applied to them separately; for example home nursing.

All benefit limits apply per member. If a benefit limit also applies per **membership year**, this means that once a benefit limit has been reached, that benefit will no longer be available until **you**, the **principal member** renew **your** plan and start a new **membership year**.

If a benefit limit applies for the whole of **your** membership, once this benefit limit has been reached, no more benefits will be paid, regardless of the renewal of **your** plan.

Currencies

All the benefit limits in the 'Table of benefits' and notes are set out in EUR currency.

If **you** are unsure which level of cover **you** have, or whether **you**, the **principal member** have an **annual deductible**, **you** can either check on **your** membership certificate, or contact the customer services helpline.

Summary of Benefits

Level

Overall annual maximum

Overall maximum benefit per person each **membership year**

●

Out-patient treatment (all fees charged must be reasonable and customary)

Consultants' fees, pathology, radiology, **diagnostic tests** and **treatment** by **therapists, complementary therapists** and **qualified nurses**

●

Mini Minor procedures performed by a **family doctor** under local anaesthetic

●

Costs for **treatment** by a **family doctor**

●

In-patient and day-case treatment (all fees charged must be reasonable and customary)

Hospital accommodation, nursing care and surgical dressings

●

Surgeons' and anaesthetists' fees for surgery, including pre- and post-operative care

●

Specialists' fees

●

Theatre charges and **intensive care**

●

Pathology, X-rays, **diagnostic tests** and therapies

●

Prosthetic implants and **appliances**

●

Parent accommodation

●

Other benefits (all fees charged must be reasonable and customary)

Advanced imaging

●

Cancer **treatment**

●

Home nursing after **in-patient treatment**

●

Local road ambulance

●

Cash benefit in a state **hospital**

●

Extended Care Option (if purchased)

Prosthetic and medical devices

●

Speech therapy

●

Complementary medical **treatment**

●

Cervical cancer screening

●

Routine mammography

●

Prostate specific antigen

●

Dental check-up

●

Dental Option (if purchased)

Dental option Levels 1 / 2 / 3

●

Summary of Exclusions

	Level
Advanced therapy medicinal products (ATMPs)	●
Artificial life maintenance	●
Birth control	●
Chronic conditions	●
Conflict and disaster	●
Congenital conditions	●
Convalescence and admission for general care	●
Cosmetic treatment	●
Deafness	●
Dental Option	●
Dental treatment /gum disease	●
Desensitisation and neutralisation	●
Developmental problems	●
Dialysis	●
Donor organs	●
Drugs and dressings for out-patient or take-home use	●
Epidemics and pandemics	●
Experimental or unproven treatment	●
Eyesight	●
Footcare	●
Genetic testing	●
HIV/AIDS	●
HRT and Bone Densitometry	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●
Healthcare services which are not medically necessary	●
Health hydros, nature cure clinics.	●
Hereditary conditions	●
Illegal activity	●
Infertility treatment	●
Obesity	●
Persistent vegetative state (PVS) and neurological damage	●
Personality disorders	●
Physical aids and devices	●
Pre-existing conditions	●
Pregnancy and childbirth	●
Preventive and wellness treatment	●
Reconstructive or remedial surgery	●
Self-inflicted injuries	●
Sexual problems/gender issues	●
Sexually transmitted diseases	●
Sleep disorders	●
Speech disorders	●
Stem cells	●
Surrogate parenting	●
Travel costs for treatment	●
Treatment for or related to gender dysphoria	●
Unrecognised medical practitioner, hospital or healthcare facility	●

This is a summary of **your** plan. Please read the table of benefits and exclusions on the following pages for detailed rules and benefit limits.

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.

Overall annual maximum

Benefits	Level	Explanation of benefits
Overall maximum benefit per person each membership year	EUR 175,000 For costs locally in Malta for treatment provided by recognised medical practitioners, hospitals or healthcare facilities.	

Out-patient treatment (all fees charged must be reasonable and customary)

Benefits	Level	Explanation of benefits
<p>Consultants' fees, pathology, radiology, diagnostic tests and treatment by therapists, complementary therapists and qualified nurses</p>	<p>Up to €250 each membership year</p>	<p>Consultants' fees for consultations</p> <p>This normally means a meeting with a consultant to assess your condition.</p> <p>Such meetings may take place in the medical practitioner's office.</p> <p>We will pay for out-patient mental health consultations after 2 years of being a member on this plan.</p> <p>Pathology, radiology and diagnostic tests</p> <p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples for specific abnormalities, ○ radiology, such as X-rays, and ○ diagnostic tests, such as electro-cardiograms (ECGs) <p>when recommended by your consultant or family doctor to help determine or assess your condition.</p> <p>Therapists, complementary therapists and qualified nurses</p> <p>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 and when recommended by your consultant or family doctor to help you treat your condition.</p> <p>This includes the cost of both the consultation and treatment, including any complementary medicine administered as part of your treatment.</p> <p>We will pay for a maximum of 10 sessions per membership year.</p> <p>Note: for dieticians, we pay the initial consultation plus two follow-up visits when needed as a result of a covered condition.</p>
<p>Mini Minor procedures performed by a family doctor under local anaesthetic</p>	<p>Up to EUR 100 for the cost of each procedure</p>	<p>We pay for surgical procedures to be performed under local anaesthetic by a family doctor.</p>
<p>Costs for treatment by a family doctor</p>	<p>Up to EUR 80 each membership year</p>	<p>We pay for family doctor treatment.</p> <p>Such meetings may take place in the specialist's or doctor's office.</p>

In-patient and day-case treatment (all fees charged must be reasonable and customary)

Important

For all in-patient and day-case treatment costs:

- it must be medically essential for **you** to occupy a **hospital** bed to receive the **treatment**
- **your treatment** must be provided, or overseen, by a **consultant**

Benefits	Level	Explanation of benefits
<p>Hospital accommodation, nursing care and surgical dressings</p>	<p>EUR 85 each day-case treatment</p> <p>Up to EUR 155 each night for a maximum of 5 nights each in-patient stay</p>	<p>Hospital accommodation</p> <p>We pay charges in respect of your hospital accommodation, including all your own meals and refreshments. We do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.</p> <p>We pay for the length of stay that 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.</p> <p>Examples: unless medically essential, we do not pay for day-case accommodation for out-patient treatment (such as an MRI scan), and we do not pay for in-patient accommodation for day-case treatment (such as a biopsy).</p> <p>Please also read convalescence and admission for general care in the 'What is not covered?' section.</p> <p>We will pay for out-patient mental health consultations after 2 years of being a member on this plan.</p> <p>Nursing care and surgical dressings</p> <p>We pay for nursing services, drugs and surgical dressings you need as part of your treatment in hospital.</p> <p>Note:</p> <p>We do not pay for drugs and surgical dressings you receive for out-patient treatment or use at home, and we do not pay for nurses hired in addition to the hospital's own staff. In the rare case where a hospital does not provide nursing staff we will pay for the reasonable cost of hiring a qualified nurse for your treatment.</p>

In-patient and day-case treatment (all fees charged must be reasonable and customary) (continued)

Benefits	Level	Explanation of benefits
Surgeons' and anaesthetists' fees for surgery, including pre- and post-operative care	<p>Minor procedures carried out under local anaesthesia, up to EUR 105 for each surgical operation</p> <p>Minor operation under general anaesthetic, up to EUR 140 for surgeon's costs and up to EUR 50 for anaesthetists' costs</p> <p>Intermediate operation under general anaesthetic, up to EUR 260 for surgeon's costs and up to EUR 85 for anaesthetists' costs</p> <p>Major operation under general anaesthetic, up to EUR 650 for surgeon's costs and up to EUR 165 for anaesthetists' costs</p>	<p>We pay surgeons' and anaesthetists' fees for a surgical operation, including all pre- and post-operative care.</p> <p>We do not pay for:</p> <ul style="list-style-type: none"> ○ assistant surgeon fees ○ follow-up consultations with your consultant, as these are paid under the consultants' fees for consultations benefit.
Specialists' fees	Up to EUR 50 each each night for a maximum of 5 nights in-patient stay	<p>We pay specialists' fees for treatment you receive in hospital if this does not include a surgical operation, for example if you are in hospital for treatment of a medical condition such as pneumonia.</p> <p>If your treatment includes a surgical operation we will only pay specialists' fees if the attendance of a specialist is medically necessary, for example, in the rare event of a heart attack following a surgical operation.</p> <p>We will pay for out-patient mental health treatment after 2 years of being a member on this plan.</p>
Theatre charges and intensive care	<p>Up to EUR 95 each Minor operation</p> <p>Up to EUR 140 each Intermediate operation</p> <p>Up to EUR 235 each Major operation</p>	<p>We pay for use of an operating theatre.</p> <p>We pay for intensive care in an intensive care unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> ○ it is an essential part of your treatment and is needed routinely by patients undergoing the same type of treatment as yours, or ○ it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery

In-patient and day-case treatment (all fees charged must be reasonable and customary) (continued)

Benefits	Level	Explanation of benefits
Pathology, X-rays, diagnostic tests and therapies	Up to EUR 200 each membership year	<p>We pay for:</p> <ul style="list-style-type: none"> <input type="radio"/> pathology, such as checking blood and urine samples <input type="radio"/> radiology (such as X-rays) and <input type="radio"/> diagnostic tests such as electro cardiograms (ECGs) <p>when recommended by your consultant to help determine or assess your condition when carried out in a hospital.</p> <p>We also pay for treatment provided by therapists, physiotherapists, and complementary therapists if it is needed as part of your treatment in hospital.</p> <p>We will pay for out-patient mental health consultations after 2 years of being a member on this plan.</p>
Prosthetic implants and appliances	Up to EUR 400 each prosthetic or appliance	<p>We pay for a prosthetic implant needed as part of your treatment. By this, we mean an artificial body part or appliance which is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> <input type="radio"/> to replace a joint or ligament <input type="radio"/> to replace one or more heart valves <input type="radio"/> to replace the aorta or an arterial blood vessel <input type="radio"/> to replace a sphincter muscle <input type="radio"/> to replace the lens or cornea of the eye <input type="radio"/> to act as a heart pacemaker <input type="radio"/> to remove excess fluid from the brain <input type="radio"/> to control urinary incontinence (bladder control) <input type="radio"/> to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the treatment <input type="radio"/> to restore vocal function following surgery for cancer <p>We also pay for the following appliances:</p> <ul style="list-style-type: none"> <input type="radio"/> a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament <input type="radio"/> a spinal support which is an essential part of a surgical operation to the spine.
Parent accommodation	Up to EUR 30 each night for a maximum of 5 nights each in-patient stay	<p>We pay for hospital accommodation for each night you need to stay with your child in the same hospital. This is limited to only one parent or legal guardian each night.</p> <p>Your child must be:</p> <ul style="list-style-type: none"> <input type="radio"/> aged under 18, and <input type="radio"/> a member of a Bupa Malta plan receiving treatment for which he or she is covered under their plan

Other benefits (all fees charged must be reasonable and customary)

Important

These benefits may be in-patient, out-patient or day-case.

Benefits	Level	Explanation of benefits
Advanced imaging	Up to EUR 200 each scan	We pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by your consultant or family doctor .
Cancer treatment	Up to EUR 500 each course of treatment	Once cancer is diagnosed, we pay 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).
Home nursing after in-patient treatment	Up to EUR 35 each day for a maximum of 26 weeks each membership year	We pay for home nursing after covered in-patient treatment . We pay if the home nursing: <ul style="list-style-type: none"> <input type="radio"/> is needed to provide medical care, not personal assistance <input type="radio"/> is necessary, meaning that without it, you would have to stay in hospital <input type="radio"/> starts immediately after you leave hospital <input type="radio"/> is provided by a qualified nurse in your home, and <input type="radio"/> is prescribed by your consultant
Local road ambulance	Up to EUR 800 each membership year	We pay for medically necessary travel by local road ambulance when related to covered in-patient treatment or day-case treatment .
Cash benefit in a state hospital	Up to EUR 25 per procedure for day-case treatment . Up to EUR 25 each night up to 40 nights each membership year for in-patient treatment .	This benefit is paid instead of any other benefit for each night you receive covered in-patient or day-case treatment without charge in a state hospital . To claim this benefit, please ask the hospital to sign and stamp your claim form and also attach the case summary given to you by the hospital .

Extended Care Option (if purchased)

The benefits listed below only apply if purchased and must be included with one of **our** health plans. **Your** membership certificate will show if **you** have purchased this cover.

Benefits	Level	Explanation of benefits
Prosthetic and medical devices	Up to a maximum benefit of EUR 235.00 for each device for the whole of your membership	<p>We pay for prosthetic and medical devices that you need as part of your treatment. We only pay once for each type or similar type of prosthetic or medical device you need during your current continuous membership of the plan.</p> <ul style="list-style-type: none"> ○ We pay 70% of the amount that you are charged for prosthetic devices which are not surgically implanted such as artificial limbs and eyes, spinal brace, callipers and breast forms, when recommended by your medical practitioner. ○ We pay 50% of the amount you are charged for medical devices such as crutches, canes, slings, splints, trusses, hearing aids, nebulisors, braces, capping of teeth and temporary rental of a wheelchair, when needed following treatment by your consultant and on your consultant's recommendation.
Speech therapy	Up to EUR 235.00 each membership year	<p>We pay for short-term speech therapy treatment recommended by your consultant and provided by a therapist if all the following apply.</p> <ul style="list-style-type: none"> ○ The speech therapy is medically necessary as part of a day-case or in-patient treatment for active treatment for which you are covered for under your membership. ○ The speech therapy takes place during or immediately following your day-case or in-patient treatment. ○ Your consultant refers you to the therapist before the treatment takes place and remains in overall charge of your care.
Complementary medical treatment	Up to EUR 235.00 each membership year	<p>We pay for treatment provided by a complementary therapist.</p> <p>The treatment must be on the recommendation of your family doctor and we need full clinical details from your family doctor before we can give our decision.</p>
Cervical cancer screening	Up to EUR 35.00 each membership year	We pay for routine screening for cervical cancer.
Routine mammography	Up to EUR 70.00 each membership year	We pay for routine mammography and this benefit is only available for female members aged 45 years and over.
Prostate specific antigen	Up to EUR 35.00 each membership year	We pay for routine screening for prostate cancer.
Dental check-up	Up to EUR 25.00 each membership year	<p>We pay for dental check-ups carried out by a dental practitioner. By a dental check-up we mean an assessment of your dental health in order to maintain dental fitness.</p> <p>We do not pay for any dental treatment that you may need as a result of your dental check-up.</p>

Dental Option (if purchased)

You can purchase levels 1-3 of the Dental Option benefits listed below with this health plan.

Benefits	Level 1	Level 2	Level 3	Explanation of benefits
Overall annual maximum	EUR 500	EUR 1,000	EUR 1,500	We will pay for covered dental treatment that you receive, for each membership year up to the limits specified below. By covered dental treatment we mean up to the specified limits. Treatment must be provided by a dental practitioner .
Dental Preventive	100% Up to EUR 50 for annual dental checks, exams and scale and polish. Up to EUR 80 for x-rays and diagnostics.	100% Up to EUR 75 for annual dental checks, exams and scale and polish. Up to EUR 90 for x-rays and diagnostics.	100% Up to EUR 100 for annual dental checks, exams and scale and polish. Up to EUR 100 for x-rays and diagnostics.	
Dental Routine and Major Restorative	65% Up to EUR 350 for root canal and abscesses. Up to EUR 90 for dental fillings. Up to EUR 350 for dentures and crowns. Up to EUR 350 for dental implants and bridgework. Up to EUR 200 for extraction of a tooth (or tooth root).	80% Up to EUR 350 for root canal and abscesses. Up to EUR 100 for dental fillings. Up to EUR 375 for dentures and crowns. Up to EUR 375 for dental implants and bridgework. Up to EUR 225 for extraction of a tooth (or tooth root).	80% Up to EUR 400 for root canal and abscesses. Up to EUR 100 for dental fillings. Up to EUR 400 for dentures and crowns. Up to EUR 400 for dental implants and bridgework. Up to EUR 250 for extraction of a tooth (or tooth root).	

Benefits	Level	Explanation of benefits
Dental option Levels 1 / 2 / 3	Optional cover	Your membership certificate will show if you have purchased this cover. Dental Option - after you have been covered on this option for six months.

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. As well as these **you** may have personal exclusions or restrictions that apply to **your** plan, as shown on **your** membership certificate.

Do you have cover for pre-existing conditions?

When **you** applied for **your** plan **you** may have been asked to provide all information about any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms before **you** became a customer - **we** call these **pre-existing conditions**.

Our medical team reviewed **your** medical history to decide the terms on which **we** offered **you** this plan. **We** may have offered to cover any **pre-existing conditions**, or decided to exclude specific **pre-existing conditions** or apply other restrictions to **your** plan. If **we** have applied any personal exclusion or other restrictions to **your** plan, this will be shown on **your** membership certificate. This means **we** will not cover costs for **treatment** of this **pre-existing condition**, related symptoms, or any condition that results from or is related to this **pre-existing condition**. Also **we** will not cover any **pre-existing conditions** that **you** did not disclose in **your** application.

If **we** have not applied a personal exclusion or restriction to **your** membership certificate, this means that any **pre-existing conditions** that **you** told **us** about in **your** application are covered under **your** plan. If **you** are unsure about anything in this section, please contact **us** for confirmation before **you** go for **your treatment**.

General Exclusions

The exclusions in this section apply as well as and alongside any personal exclusions and restrictions explained above.

For all exclusions in this section, and for any personal exclusions or restrictions shown on **your** membership certificate, **we** do not pay for conditions which are directly related to:

- excluded conditions or **treatments**
- other or increased costs arising from excluded conditions or **treatments**
- complications arising from excluded conditions or **treatments**

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

Exclusion	Notes	Rules
Advanced therapy medicinal products (ATMPs)		We do not pay for Advanced therapy medicinal products (ATMPs) , which are treatments that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell treatment .
Artificial life maintenance		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. Example: We will not pay for artificial life maintenance when you are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.
Birth control		Contraception, sterilisation, vasectomy, termination of pregnancy, family planning, such as meeting your doctor to discuss becoming pregnant or contraception. We will not pay for a pregnancy or HCG test if this is carried out solely to determine if the insured is pregnant or not.

Exclusion	Notes	Rules
Chronic conditions		<p>We do not pay for treatment of a chronic condition. By this we mean a disease, illness, injury and any mental health condition, which has one or more of the following characteristics:</p> <ul style="list-style-type: none"> ○ it recurs ○ it leads to permanent disability ○ it needs ongoing supervision or monitoring; and the treatment you are receiving is to either relieve expected or anticipated symptoms, or keep your symptoms under control ○ it needs continuous or regular treatment for more than 180 days in a membership year <p>Note:</p> <ul style="list-style-type: none"> ○ We do not classify cancer as a chronic condition. ○ If you have a medical condition which can be treated but not cured, we will pay for treatment to diagnose, stabilise and relieve the initial symptoms so they can be brought under control and minimise their effect only. ○ We will pay for treatment relating to a chronic condition when this is needed because of a sudden increase in the severity of the symptoms, and which needs in-patient or day-case treatment to bring it under control.
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
Congenital conditions		<p>Treatment received after the first 28 days following birth for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, except cancer.</p>
Convalescence and admission for general care		<p>Hospital accommodation when it is used solely or primarily for any of the following purposes:</p> <ul style="list-style-type: none"> ○ convalescence, supervision, pain management or any other purpose other than for receiving covered treatment, of a type which normally requires you to stay in hospital ○ receiving general nursing care or any other services which do not require you to be in hospital, and could be provided in a nursing home or other establishment that is not a hospital ○ receiving services from a therapist or complementary therapist ○ receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals

Exclusion	Notes	Rules
Cosmetic treatment		<p>Treatment undergone for cosmetic or psychological reasons to improve your appearance, such as a re-modelled nose, facelift, abdominoplasty or cosmetic dentistry.</p> <p>This includes:</p> <ul style="list-style-type: none"> ○ dental implants to replace a sound natural tooth ○ hair transplants for any reason ○ keloid scars; we also do not pay for scar revision, even if the scar is causing a functional problem. ○ treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons ○ any treatment for a procedure to change the shape or appearance of your breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original treatment for the cancer, when you have obtained our written consent before receiving the treatment (see 'Reconstructive or remedial surgery' in this section) <p>Examples: we do not pay for breast reduction for backache or gynaecomastia (the enlargement of breasts in men).</p> <p>Exception: This exclusion does not apply to the Dental Option, if purchased with this policy.</p>
Deafness		<p>Treatment for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.</p> <p>Exception: We may pay for treatment of deafness arising as a result of an acute condition.</p>
Dental Option		Orthodontic braces.
Dental treatment /gum disease		<p>This includes surgical operations for the treatment of bone disease when related to gum disease or damage, or treatment for, or arising from disorders of the temporomandibular joint.</p> <p>Examples: we do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth.</p> <p>We pay for a surgical operation carried out by a consultant, from the surgical operations benefit, to:</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 ○ treat irreversible bone disease involving the jaw(s) which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage ○ surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth <p>Exception: This exclusion does not apply to the Dental Option, if purchased with this policy.</p>
Desensitisation and neutralisation		Treatment to de-sensitise or neutralise any allergic condition or disorder.
Developmental problems		<p>Treatment for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> ○ learning difficulties, such as dyslexia ○ behavioural problems, such as attention deficit hyperactivity disorder (ADHD) ○ developmental problems treated in an educational environment or to support educational development
Dialysis		<p>Treatment for, or associated with, haemodialysis (the removal of waste matter from your blood by passing through a kidney machine or dialyser) or peritoneal dialysis (the removal of waste matter from your blood by introducing fluid into your abdomen which acts as a filter).</p>

Exclusion	Notes	Rules
Donor organs		<p>Treatment costs for, or as a result of the following:</p> <ul style="list-style-type: none"> ○ transplants involving mechanical or animal organs ○ the removal of a donor organ from a donor ○ the removal of an organ from you for purposes of transplantation into another person ○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness ○ the purchase of a donor organ
Drugs and dressings for out-patient or take-home use		Any drugs or surgical dressings that are provided or prescribed for out-patient treatment , or for you to take home with you on leaving hospital , for any condition.
Epidemics and pandemics		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.
Experimental or unproven treatment		<p>Clinical tests, treatments, equipment, medicines, devices or procedures that are unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> ○ We do not pay for any test, treatment, equipment, medicine, device or procedure that is not in standard clinical use but is (or should, in our reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ○ We do not pay for any tests, treatment, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorized by Bupa Malta in line with its criteria for standard clinical use. <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> ○ treatment agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the UK Cancer Drugs Fund), Royal Colleges or equivalent national specialist bodies in the country of treatment; ○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the treatment is safe and effective; ○ where the treatment has received full regulatory approval by the licensing authority (e.g. US Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency...) in the location where the member has requested treatment, and is duly licensed for the condition and patient population being requested (please note - full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ○ tests, treatments, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which treatment is requested. <p>Notes:</p> <ul style="list-style-type: none"> ○ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not treated as appropriate evidence to demonstrate a test, treatment, equipment, medicine, device or procedure should be used in standard clinical use. ○ Where licensing authority approval to market tests, treatment, equipment, medicines, devices or procedures does not, in Bupa's reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Eyesight		<p>Treatment, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Examples: we will not pay for routine eye examinations, contact lenses, spectacles. We will pay for covered treatment or surgery of a detached retina, glaucoma, cataracts or keratoconus.</p>

Exclusion	Notes	Rules
Footcare		Treatment for corns, calluses, or thickened or misshapen nails.
Genetic testing		Genetic tests, when such tests are solely performed to determine whether or not you may be genetically likely to develop a medical condition. Example: we do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.
HIV/AIDS		Treatment for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, unless you have been a member for at least five years on the date of diagnosis.
HRT and Bone Densitometry		Hormone Replacement Therapy (HRT) or Bone Densitometry.
Harmful or hazardous use of alcohol, drugs and/or medicines		Treatment for or arising: <ul style="list-style-type: none"> ○ directly or indirectly, from the deliberate, reckless (including where you have displayed a blatant disregard for your personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ○ in any event, from the illegal use of any such substance
Healthcare services which are not medically necessary		Treatment or services received that are not medically necessary , such as clinic fees and fees charged for the completion of medical reports or certificates.
Health hydros, nature cure clinics.		Treatment or services received in health hydros, nature cure clinics or any establishment that is not a hospital .
Hereditary conditions		Treatment of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of your family, except cancer.
Illegal activity		We will not pay for treatment which arises, directly or indirectly, as result of your deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offences.
Infertility treatment		Treatment to assist reproduction, including but not limited to IVF treatment . Note: we pay for reasonable investigations into the causes of infertility if: <ul style="list-style-type: none"> ○ neither you nor your partner had been aware of any problems before joining, and ○ you have been a member of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start Once the cause is confirmed, we will not pay for any other investigations in the future.
Obesity		Treatment for, or needed as a result of obesity.
Persistent vegetative state (PVS) and neurological damage		We will not pay for in-patient treatment for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state .
Personality disorders		Treatment of personality disorders, including but not limited to: <ul style="list-style-type: none"> ○ affective personality disorder ○ schizoid personality (not schizophrenia) ○ histrionic personality disorder

Exclusion	Notes	Rules
Physical aids and devices		<p>Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance.</p> <p>Examples: we will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.</p>
Pre-existing conditions	<p>For pre-existing conditions for newborns, please see the exclusions for congenital and hereditary conditions in this section.</p>	<p>Please contact us before your renewal date if you or your dependants have personal exclusion(s) and would like us to review a personal exclusion. We may remove your exclusion if, in our opinion, no more treatment will be either directly or indirectly needed for the condition, or for any related condition.</p> <p>There are some personal exclusions that, due to their nature, we will not review.</p> <p>To carry out a review, we may ask for an up to date medical report from your family doctor or consultant. Any costs incurred in obtaining these details are not covered under your plan and are your responsibility.</p>
Pregnancy and childbirth		<p>Treatment, or any condition arising from pregnancy and childbirth:</p> <p>We pay for treatment of the following conditions if the mother has been a member of this plan for at least 12 months:</p> <ul style="list-style-type: none"> ○ miscarriage or when the foetus has died and remains with the placenta in the womb ○ caesarean section if this is medically necessary ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside the womb (ectopic pregnancy) ○ heavy bleeding in the hours and days immediately after childbirth (postpartum haemorrhage) ○ afterbirth left in the womb after delivery of the baby (retained placental membrane)
Preventive and wellness treatment		<p>Health screening, including routine health checks, vaccinations or any preventive treatment.</p> <p>This exclusion does not apply for preventive checks detailed under the Extended Care Option if you have purchased this rider.</p>
Reconstructive or remedial surgery		<p>Treatment needed to restore your appearance after an illness, injury or previous surgery, unless:</p> <ul style="list-style-type: none"> ○ the treatment is a surgical operation to restore your appearance after an accident, or as the result of surgery for cancer, if either of these takes place during your current continuous membership of the plan ○ the treatment is carried out as part of the original treatment for the accident or cancer ○ you have obtained our written consent before the treatment takes place
Self-inflicted injuries		<p>Treatment for, or arising from, an injury or condition that you have intentionally inflicted on yourself, for example during a suicide attempt.</p>
Sexual problems/gender issues		<p>Treatment of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.</p>
Sexually transmitted diseases		<p>Treatment for sexually transmitted diseases.</p>
Sleep disorders		<p>Treatment, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.</p>
Speech disorders		<p>Treatment for speech disorders, including stammering or speech developmental delays, unless all of the following apply:</p> <ul style="list-style-type: none"> ○ the treatment is short term therapy which is medically necessary as part of active treatment for an acute condition such as a stroke ○ the speech therapy takes place during and/or immediately following the treatment for the acute condition, and ○ the speech therapy is recommended by the consultant in charge of your treatment, and is provided by a therapist.

Exclusion	Notes	Rules
Stem cells		We do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.
Surrogate parenting		<p>Treatment directly related to surrogacy. This applies:</p> <ul style="list-style-type: none"> ○ to you if you act as a surrogate, and ○ to anyone else acting as a surrogate for you
Travel costs for treatment		<p>Any travel costs related to receiving treatment, unless otherwise covered by:</p> <ul style="list-style-type: none"> ○ local road ambulance benefit <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
Treatment for or related to gender dysphoria		We do not pay for any surgical or non-surgical treatment (including cosmetic treatment) for or related to gender dysphoria.
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 specialised 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 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 benefit providers we have sent written notice to.

Making a Claim

At times of ill health, **you** want to concentrate on getting well. **We** will do everything **we** can to make **your** claim as simple and straightforward as possible.

How to make a claim

Claim forms

Your claim form is important as it gives **us** the information that **we** need to process **your** claim. If it is not fully completed **we** may have to ask for more information. This can delay payment of **your** claim.

You must complete a new claim form:

- for each member
- for each condition
- for each in-patient or day-case stay, and

If a condition continues over six months, **we** will ask for another claim form to be completed.

What to send us

You need to return the completed form to **us** by post or by email in PDF format, with the invoices and receipts, as soon as possible. This must be within 2 years of receiving the **treatment** for which **you** are claiming. Invoices sent to **us** after 2 years will not normally be paid unless there is a good reason why it was not possible for **you** to make the claim earlier. **We** cannot return any original documents but **we** can send **you** copies if **you** request.

Requests for more information

We may need to ask **you** for more information to support **your** claim. If **we** do, **you** must provide this. Examples of things **we** might ask for include:

- medical reports and other information about the **treatment** for which **you** are claiming
- the results of any medical examination performed at **our** expense by an independent **medical practitioner** appointed by **us**
- written confirmation from **you** as to whether **you** think **you** can recover the costs **you** are claiming from another person or insurance company

If **you** do not provide the information that **we** ask for, **we** may not pay **your** claim in full.

Please also read about correspondence in the '**Your** membership' section.

Important

When making a claim please note:

- **you** must have received the **treatment** while covered under **your** membership
- payment of **your** claim will be under the terms of **your** membership and up to the benefit levels shown, that apply to **you** at the time **you** receive the **treatment**
- **we** will only pay for **treatment** costs actually incurred by **you**, not deposits or advance invoices or registration/administration fees charged by the provider of **treatment**
- **we** will only pay for **treatment** costs that are **Reasonable and Customary**
- **we** do not return original documents such as invoices, receipts or letters. However, **we** will be pleased to return copies if **you** ask **us** when **you** submit **your** claim.

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 other fraud searches.

Fraudulent Claims

If a claim on the policy is fraudulent in any way, **we** can:

- refuse to pay it and any later claim
- recover any payments **we** have already made for it and for any later claim

What if the policyholder makes a fraudulent claim?

We can cancel the policy. This will be from the date of that claim.

What if a dependant makes a fraudulent claim?

We can cancel their cover. This will be from the date of that claim.

In either case **we** don't have to refund any premium already paid to **us**.

What is an example of a fraudulent claim?

- making a false or exaggerated claim
- giving **us** false information. For example forged, falsified or manipulated documents
- not giving **us** information which **we** need to assess a claim
- refusing to give **us** information which **we** have reasonably asked for to assess a claim. For example, medical history reports, proof of payment and original invoices.

Confirmation of your claim

We will always send confirmation of how **we** have dealt with a claim to the **principal member**.

How your claim will be paid

Who we will pay

We will only make payments to the member who received the **treatment**, the **principal member** of the membership or the executor or administrator of the member's estate.

We will always send confirmation of claim settlement amount to the **principal member**. However, communication relating to a claim for **treatment** relating to a **dependant** aged 16 years and over will be addressed directly to the **dependant**.

Payment method and bank charges

We will make payment by electronic transfer. Payments made by electronic transfer are quick, secure and convenient. To receive payment by electronic transfer, **we** need the full bank account, SWIFT code, bank address details and (in Europe only) IBAN number to be provided on the claim form.

We will instruct **our** bank to recharge the administration fee relating to the cost of making the electronic transfer to **us** but **we** cannot guarantee that these charges will always be passed back for **us** to pay. In the event that **your** local bank makes a charge for a wire transfer **we** will aim to refund this as well. Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **our** error.

Other claim information

Discretionary payments

We may, in certain situations, make discretionary or 'ex gratia' payments towards **your treatment**. If **we** make any payment on this basis, this will still count towards the overall maximum amount **we** will pay under **your** membership. Making these payments does not oblige **us** to pay them in the future.

We do not have to pay for **treatment** that is not covered by **your** plan, even if **we** have paid an earlier claim for a similar or identical **treatment**.

Incorrect payment of claims

If **we** incorrectly make any payment of **your** claim, **we** reserve the right to deduct the incorrectly paid amount from future claims or seek repayment from **you**.

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 Malta**, 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.

Annual Deductibles

Please read this section if **you** have an **annual deductible** on **your** plan.

Important – please remember that:

- the **annual deductible** applies separately to each person included on **your** membership
- even if the amount **you** are claiming is less than the amount of the **annual deductible**, **you** should still submit a claim to **us**

- this is an **annual deductible**. Therefore, if **your** first claim is towards the end of **your membership year**, and **treatment** continues over **your renewal date**, the **annual deductible** is payable separately for **treatment** received in each **membership year**

What is an annual deductible?

The **annual deductible** is the total value that **your** covered claims must reach each **membership year** before **we** will start to pay any benefit.

For example, if **you** have an **annual deductible** of EUR 235, the total value of **your** covered claims must reach EUR 235 before **we** will pay any benefit.

The **annual deductible** applies separately to each person on **your**, the **principal member's** membership.

The amount of **your annual deductible** will be shown on **your** membership certificate. If **you** are unsure whether **your** cover includes an **annual deductible**, please contact **our** customer services helpline.

At any point **you** can check the amount of **your** remaining **annual deductible** by contacting **our** customer services helpline.

How an annual deductible works

If a claim is smaller than **your** remaining **annual deductible**, **you** must still submit it to **us** as normal. **We** will not pay any benefit, but the claim will count towards reaching **your annual deductible**. Upon request **we** will send **you** a statement informing **you** how much is left.

If a covered claim exceeds **your** remaining **annual deductible**, **we** will pay the amount of the claim less the remaining **annual deductible**.

Once **your annual deductible** is reached, **we** will pay all covered claims in full, up to the benefit limits of **your** plan.

How claims are paid to you

If **you** submit a claim and have asked **us** to pay **you**:

- your** benefit will be paid less the amount of the **annual deductible**
- we** will send **you** a statement showing how **your** claim has been settled, including any amounts set against the **annual deductible**

Paying premiums and other charges

All references to 'you' and 'your' in this section refer to **you**, the **principal member** only, unless stated otherwise.

Paying premiums

You or in the case of a group, **your** group **sponsor** have to pay premiums to **us** in advance for **you** and **your dependants** throughout **your** membership. The amount **you** have agreed to pay, and the method of payment **you** have chosen are shown on **your** invoice.

Your premiums must be paid in the EUR currency.

Please pay **your** premiums directly to **Bupa Malta**. If **you** pay **your** premiums to anyone else, such as an intermediary or insurance broker, then that person is acting on **your** behalf as **your** intermediary. **Bupa Malta** will not be responsible for any premiums paid to a third party.

Premiums may be collected by **LifeStar Health Limited** who act as agent for **your** insurer for the purpose of receiving and holding premiums, making claims and refunds. These payments are protected by an **agreement** between **Bupa Malta** and Bupa Global Designated Activity Company.

We retain credit/debit card authorisation details to make sure that the policy does not lapse.

If **you** are unable to pay **your** premiums for any reason please contact the customer services helpline.

Paying other charges

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

These charges will be included within the total that **you** or **your** group **sponsor** have to pay on the invoice. The charges may apply from the "effective date" of **your** membership or **your** annual **renewal date**. Any such charges must be paid to **us** when **you** or **your** group **sponsor** pays premiums, unless otherwise needed by law.

If premiums and other charges are not paid

If **you** or **your** group **sponsor** do not pay premiums and other charges in full by the date they are due, **you** and **your dependant's** membership may be suspended and claims submitted while there are premiums and charges due will not be paid.

Your and **your dependant's** membership may also be suspended if **you** do not settle in full any **annual deductible** payable by **you** for a claim. Claims submitted while repayment of an **annual deductible** is due will not be paid.

Changes to premiums and other charges

Each year on **your renewal date**, **we** may change how **we** calculate **your** premiums, how **we** determine the premiums, what **you** have to pay or the method of payment. Please note that premiums generally rise when **you** renew **your** cover. There are many factors which directly affect premiums, such as age and inflation in the worldwide cost of healthcare.

Any changes that **we** make will only apply from **your renewal date**.

The amount **you** have to pay to **us** in respect of IPT or other taxes, levies or charges, may also change at any time if there is a change in the rate, or if any new tax, levy or charge is introduced in those countries where **we** do business.

If **we** do make any changes to **your** premiums or to other charges, **we** will write to tell **you** about the changes. If **you** do not want to accept them, **you** can end **your** membership without the changes being introduced, provided that **you** do so:

- within 28 days of the date on which the changes take effect, or
- within 28 days of **us** telling **you** about the changes, whichever is later

Please remember that any bank administration charges or fees are **your** responsibility.

Your Membership

This section contains the rules about **your** membership, including when it will start and end, renewing **your** plan, how **you**, the **principal member** can change **your** cover and general information.

Starting and renewing your membership

When your cover starts

Your membership starts on the 'effective date' shown on the first membership certificate that **we** sent **you**, the **principal member** for **your** current continuous period of **Bupa Malta** Private Clinic membership.

When cover starts for others on your membership

If any other person is included as a **dependant** under **your**, the **principal member's** membership, their membership will start on the 'effective date' on the first membership certificate **we** sent **you** which lists them as a **dependant**. Their membership can continue for as long as **you**, the **principal member** remain a member of the plan.

If **your**, the **principal member's** membership ceases, **your dependants** can then, of course, apply for membership in their own right.

Please note: Children joining a child only policy, with no parent or legal guardian, can only join on or after their 5th birthday.

Each child must have their own policy and no other members are permitted.

Renewing your membership

Your membership can be renewed automatically every year on **your renewal date**, depending on acceptance of **our** renewal terms and 'If **we** make changes' in this section, by continuing to pay **your** premiums and any other payments due under **your agreement** with **us**.

If **you**, the **principal member** do not wish to renew **your** membership, **you** must let **us** know in writing as soon as **you** receive **your** renewal documents and prior to **your renewal date**.

If **we** decide to discontinue **your** plan, **you**, the **principal member** may be offered membership of another **Bupa Malta** plan as an alternative. If **you**, the **principal member** transfer within one month, without a break in **your** cover, **we** will not add any special restrictions or exclusions to **your** cover under **your** new plan that are personal to **you**, other than those which apply to **you** under this plan.

Please read 'If **we** make changes' in this section.

Ending your membership

When your membership will end

Your membership will automatically end:

- if **you**, the **principal member** do not pay any of **your** premiums on, or before, the date they are due. However, **we** may allow **your** membership to continue without **you** having to complete a new medical history, if **you**, the **principal member** pay the outstanding premiums in full within 28 days. If **you**, the **principal member** are unable to pay **your** premiums for any reason, please contact the customer service helpline
- if **you**, the **principal member** or **your** group **sponsor** do not pay the amount of any IPT, taxes, levies or charges that **you** have to pay under **your agreement** with **us** on or before the date they are due

- upon the death of the **principal member**. If the **principal member** dies the next named **dependant** on the membership certificate may apply to **Bupa Malta** to become a **principal member** of the plan in his or her own right and include the other **dependants** under their membership. If they apply to do this within 28 days, **Bupa Malta** will, at its discretion, not add any more special restrictions or exclusions to the **dependant's** cover that are personal to them as well as those which applied to the **dependant** under the plan when the **principal member** died
- if the **agreement** between **Bupa Malta** and **your** group **sponsor** is terminated
- if **your** group **sponsor** does not renew **your** membership
- if **your** group **sponsor** does not pay premiums or any other payment due under the **agreement** for **you** or for any other person

If you move to a new country or change your specified country of nationality

You, the **principal member** must tell **us** straight away if **your specified 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.

How to end your membership (Group plan)

Your group **sponsor** can end **your** membership, or that of any of **your dependants**, from the first day of a month by writing or emailing **us**. **Your** group **sponsor** cannot backdate the cancellation of **your** membership.

How to end your membership (individual plan)

You, the **principal member** can end **your** membership, or that of any of **your dependants**, from **your** next renewal by writing to **us**. **You**, the **principal member** cannot backdate the cancellation of **your** membership.

Your right to cancel

You, the **principal member** may cancel **your** membership of the plan for any reason by writing or emailing **us** within 28 days of receiving **your** first membership certificate. In that case **you**, the **principal member** will be entitled to a full refund of all premiums paid, as long as no claims have been made.

You, the **principal member** may also cancel the membership of any of **your dependants** for any reason by contacting **us** within 28 days of receiving **your** first membership certificate that names them as a **dependant**.

In that case **you**, the **principal member** will be entitled to a full refund of all **your** premiums paid relating to them, as long as no claims have been made on their behalf.

Death

Upon death of a **principal member** or a **dependant we** should be notified in writing within 28 days. Their membership will be ended and **we** will refund any premiums paid which relate to a period after it ends if no claims have been filed on their behalf.

Making changes to your cover

Your, the **principal member's**, or **your** group **sponsor's** contract is an annual one, and **you** can therefore only change **your** level of cover from **your renewal date**.

Changing your level of cover

If **you**, the **principal member**, or **your** group **sponsor** want to change **your** level of cover, please contact the customer service helpline before renewal to discuss **your** options.

If **you**, the **principal member**, or group **sponsor** want to increase **your** level of cover **we** will ask **you** to complete a medical history questionnaire form, and/or to agree to certain exclusions or restrictions to **your** cover before **we** accept **your** application.

If **you**, the **principal member**, or group **sponsor** have any concerns about **your** premiums, or if **your** circumstances have changed, please contact **us** so that **we** can try to help.

Adding dependants

You can apply to include other people under **your** membership by filling in an application form. Please contact **us**, and **we** will send one to **you**.

The medical history for all **your dependants you** apply to include on **your** membership, including newborn children over 90 days old, 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.

If we make changes

We may change the benefits and rules of **your** membership on **your renewal date**.

These changes could affect, for example:

- how much **your**, the **principal member's**, or the group **sponsor's** premiums will be
- how often **you**, the **principal member**, or the group's **sponsor** have to pay them
- the cover **you** receive

Please read 'Paying premiums' in the 'Paying premiums and other charges' section.

Any changes **we** make will only apply from **your renewal date**, regardless of when the change is made.

We will not add any personal restrictions or exclusions to someone's cover for medical conditions that started after they joined the plan, provided:

- they gave **us** the information **we** asked them for before joining, and
- they have not applied for an increase in their cover

If **we** do make any changes to **your** plan, **we** will write to tell **you**, the **principal member** about the changes. If **you**, the **principal member** do not want to accept them, **you** can end **your** membership without the changes being introduced, provided that **you** do so:

- within 28 days of the date on which the changes take effect, or
- within 28 days of **us** telling **you** about the changes, whichever is later

Amending your membership certificate

We will send **you**, the **principal member** a new membership certificate if **we** need to record any changes which **you** have requested, or **we** are entitled to make; for example adding a **dependant**, or changing the way **you** pay **your** premiums.

Your new membership certificate will replace any earlier version **you** possess as from the issue date shown on the new membership certificate.

General information

Other parties

No other person 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.

Any confirmation of **your** cover will only be valid if it is confirmed in writing by **us**.

If you change your correspondence address

Please contact **us** as soon as reasonably possible, as **we** will send any correspondence to the address **you** last gave **us**.

Correspondence

Communication between **us** must be sent by post or electronic mail. **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/receipts, **we** can provide copies.

Financial Services Compensation Scheme

We are covered by the Protection and Compensation Fund. In the unlikely event that **we** cannot meet **our** financial obligations, **you** may be entitled to compensation from the Protection and Compensation Fund. This Fund is regulated by the Protection and Compensation Fund Regulations 2003 issued under the Insurance Business Act, Cap 403 of the Laws of Malta.

Applicable law

Your membership is governed by Maltese law. Any dispute that cannot otherwise be resolved will be dealt with by courts in Malta.

If any dispute arises as to 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. This can be obtained at all times by contacting the customer services helpline.

Provision of accurate and complete information

You and any **dependant** must take reasonable care to make sure that all facts and information that **you** (or anyone acting on **your** or their behalf) provide to **us** are accurate and complete at the time **you** take out this plan and at each renewal, extension and variation of this plan.

A. If **you** or any **dependant** (or anyone acting on **your** or their behalf) :

- deliberately or recklessly give **us** inaccurate or incomplete information; and/or
- do not take reasonable care to give **us** accurate and complete information in circumstances where **we** would not have issued, renewed, extended or varied this plan to **you** at all, had **we** known about such information,

then **we** reserve the right:

- where it is **you** or someone acting on **your** behalf who has failed to comply with the obligations above, to avoid this plan - this means that **we** will treat it as if it had not existed from the start date, **renewal date** or the date that any changes were made to the

plan, as the case may be;

- where it is a **dependant** or someone acting on their behalf who has failed to comply with the obligations above, to avoid that part of this plan which applies to the **dependant** - this means that **we** will treat it as if the **dependant** was not covered by this plan from the start date, **renewal date** or the date that any changes were made to the plan, as the case may be.

B. Where A. above does not apply and **you** (or someone acting on **your** behalf) has failed to exercise reasonable care in providing **us** with information, **we** may refuse to pay all or part of a claim:

- if **we** would have provided cover to **you** on different terms, had **we** been provided with accurate and complete information, then this plan will be treated as if it had contained such term - in such circumstances, **we** will only pay a claim if the claim would have been covered by a plan containing the different terms that **we** would have applied; and
- if **we** would have provided **you** with cover under this plan at a higher premium, the amount payable on any claim will be reduced proportionally, based on the amount of premium that **we** would have charged. For example, **we** will only pay half of the claim, if **we** would have charged double the premium.

Where A. above does not apply and a **dependant** (or someone acting on their behalf) has failed to exercise reasonable care in providing **us** with information **we** may refuse to pay all or part of a claim for **treatment** received by that **dependant**:

- if **we** would have provided cover for the **dependant** on different terms, had **we** been provided with accurate and complete information, then this plan will be treated as if it had contained such terms - in such circumstances, **we** will only pay a claim if the claim would have been covered by a plan containing the different terms that **we** would have applied; and
- if **we** would have provided the **dependant** with cover under this plan at a higher

premium, the amount payable on any claim will be reduced proportionally, based on the amount of premium that **we** would have charged. For example, **we** will only pay half of the claim, if **we** would have charged double the premium.

We may alternatively add new personal restrictions or exclusions to **your** plan for **you** or any **dependant**. **We** will not add any personal restrictions or exclusions to **your** cover, for any disease, illness or injury that started after **you** or the applicable **dependant** joined the plan as long as **you**:

- gave **us** all the information **we** asked for before **you** or the applicable **dependant** joined, and
- have not applied to add any new options to **your** cover.

We reserve the right to withdraw or amend **our** decision if information is withheld, or not given to **us** at the time the decision is being made. **We** reserve the right to withdraw or amend **our** decision if information is subsequently received that may be contradictory to the information initially given to **us** at the time the decision is being made. Failure to comply with any request for other information may be deemed to be indicative of fraudulent activities. Should such a failure occur, information may be disclosed to third parties (including other insurers) with the intention of preventing and detecting fraud.

Liability

Our role under this policy is to provide **you** with insurance cover and sometimes to make arrangements (on **your** behalf) for **you** to receive any covered benefits. It is not **our** role to provide **you** with the actual covered benefits.

You the **principal member**, on behalf of yourself and the **dependants**, appoint **us** to act as intermediary for **you**, to make appointments or arrangements for **you** to receive covered benefits which **you** request. **We** will use reasonable care when acting as **your** intermediary.

We (and **our** Bupa group of companies and administrators) shall not be liable to **you** or anyone else for any loss, damage, illness and/or injury that may occur as a result of **you** receiving any covered benefits, nor for any action or failure to act of any benefits provider or other person providing **you** with any covered benefits. **You** should be able to bring a claim directly against such benefits provider or other person.

Your statutory rights are not affected.

Sanction clause

We will not provide cover and **we** shall not be liable to pay any claim or provide any benefit under this policy to the extent that such cover, payment of a claim(s) or benefits would:

- cause **us** to breach any United Nations resolutions or the trade or economic sanctions, laws or regulations of any jurisdiction to which **we** are subject (which may include without limitation those of the European Union, **United Kingdom** and/or United States of America).
- expose **us** to the risk of being sanctioned by any relevant authority or competent body; and/or
- expose **us** to the risk of being involved in conduct (either directly or indirectly) which any relevant authority or competent body would consider to be prohibited.

Where any resolutions, sanctions, laws or regulations referred to in this clause are, or become, applicable to this Policy, **we** reserve all of **our** rights to take all and any such actions as may be deemed necessary in **our** absolute discretion, to make sure that **we** continue to be compliant. **You** acknowledge that this may restrict or delay **our** obligations under this policy, and **we** may not be able to pay any claim(s) in the event of a sanctions-related concern.

Making a Complaint

Listening to you

We're committed to providing **you** with a first-class service at all times and **we'll** make every effort to meet the high standards **we've** set. If **you** feel that **we've** not achieved the standard of service **you** would expect or if **you're** unhappy in any way, then please get in touch.

By phone: +356 21 342 342

By email: bupa@lifestarinsurance.com

In writing: Branch Manager, **Bupa Malta, LifeStar Health Limited**, Testaferata Street, Ta'Xbiex XBX 1403, Malta.

In **your** communication please quote **your** policy number and identity card number and send **us** copies of any relevant documentation together with a detailed description of **your** complaint.

How will we deal with your complaint and how long is this likely to take?

Within five working days of receipt of **your** complaint **we** will send **you** a written acknowledgment which will include the next steps **we** will take to resolve it. If **we** are unable to resolve **your** complaint within two weeks of receipt of **your** complaint, **we** will let **you** know of the causes of delay and indicate by when the investigation is likely to be completed and the complaint resolved.

Your complaint will be dealt with confidentially and won't affect how **we** treat **you** in the future.

If **you** disagree with **our** final decision or **we** can't settle **your** complaint within fifteen working days, **you** may be able to refer **your** complaint to either the Office of the Arbiter for Financial Services or the Irish Financial Services and Pensions Ombudsman.

Taking it Further

To contact the Office of the Arbiter for Financial Services **you** can write to them at: 1st Floor, St Calcedonius Square, Floriana FRN 1530, Malta, or contact them by e-mail at complaint.info@financialarbiter.org.mt or by telephone on +356 21 249 245 (Freephone: 8007 2366).

The Office of the Arbiter for Financial Services will not be able to start reviewing **your** complaint until the payment of the case fee (€25) has been made.

To contact the Irish Financial Services and Pensions Ombudsman **you** can write to them at Lincoln House, Lincoln Place, Dublin 2, D02 VH29, Ireland, or contact them via email at info@fspo.ie or call them on +353 1 567 7000. For more information **you** can visit their website, www.fspo.ie

The European Commission also provides an online dispute resolution (ODR) platform which allows consumers who purchase online to submit complaints through a central site which forwards the complaint to the relevant Alternative Dispute Resolution (ADR) scheme. For more information about ODR please visit <http://ec.europa.eu/consumers/odr/>

Referring a complaint to any of the above bodies shall be without prejudice to **your** right to take legal proceedings.

Confidentiality

The confidentiality of patient and customer information is of paramount concern to Bupa Global. To this end, Bupa Global fully comply with 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), depends on contractual restrictions with regard to confidentiality and security obligations as well as 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 more information, please see

the **Bupa Malta** Privacy Policy at <https://www.bupaglobal.com/en/legal/lifestar-health-limited-privacy-notice>.

Please note that **we** may share any **dependant's** information with the **principal 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 or **you** would like to update **your** personal information, or if **you** have any other data processing queries please call the **Bupa Malta** service team on +356 21 342 342.

Alternatively **you** can email or write to the team via bupa@lifestarinsurance.com; or

Bupa Malta
LifeStar Health Limited
Testaferrata Street
Ta' Xbiex XBX 1403
Malta.

Privacy Notice

Last updated: May 2022

We are committed to protecting **your** privacy when dealing with **your** personal information. This privacy notice provides an overview of the information **we** collect about **you** and how **we** use and protect it. It also provides information about **your** rights. More details can be found in **our** Full Privacy Notice available at:

<https://www.bupaglobal.com/en/legal/lifestar-health-limited-privacy-notice>. If **you** do not have access to the internet and would like a paper copy of the Full Privacy Notice, please contact the **Bupa Malta** service team on +356 21 342 342.

Alternatively **you** can email or write to the team via bupa@lifestarinsurance.com or **Bupa Malta, LifeStar Health Limited**, Testaferrata Street, Ta' Xbiex XBX 1403, Malta. If **you** have any questions about how **we** handle **your** information, please contact **us** at gdpr@lifestarinsurance.com

Information about us

1. Scope of **our** privacy notice
2. How **we** collect personal information
3. Categories of personal information
4. Purpose of Processing Personal Data and lawful grounds of processing personal data
5. Profiling and automated decision making
6. Sharing **your** information
7. International transfers
8. How long **we** keep **your** personal information
9. **Your** rights
10. Data protection contacts

Information about us

In this privacy notice, reference to '**Bupa Malta**', '**we**', '**us**' and '**our**' are to **LifeStar Health Limited** which is registered as an insurance agent for Bupa Global Designated Activity Company ('Bupa Global').

1. Scope of our Privacy Notice

This privacy notice applies to anyone who interacts with **us** about **our** products and services in any way (for example email, website, phone, applications and any other alternatives).

2. How we collect personal information

We collect personal information from **you** and from other organisations (for example those acting on **your** behalf, like brokers, healthcare providers and so on). If **you** give **us** information about other people, **you** must make sure that they have seen a copy of this privacy notice and are comfortable with **you** giving **us** their information.

3. Categories of personal information

We process the following categories of personal data about **you** and, if applicable, from **your** **dependants**:

- Standard Personal Data: for example, information **we** use to contact **you**, identify **you** or manage **our** relationship with **you**.

- Special Categories of Personal Data: for example health information, information about race, ethnic origin and religion that allows **us** to tailor **your** case.
- Data in relation to criminal convictions and offences: **we** may get this information when carrying out anti-fraud or anti-money-laundering checks.

4. Purpose of Processing Personal Data and lawful grounds of processing personal data

We process **your** personal data and special categories of personal data on the basis set out in **our** full privacy notice, including but not limited to:

- Deal with **our** relationship with **you** (including for claims and complaints handling),
- For research and analysis, to monitor **our** expectations of performance (including of health providers relevant to **you**)
- Protect **our** rights, property, or safety, or that of **our** customers, or others. The legal reason **we** process personal information depends on what category of personal information **we** process.

We normally process standard personal information on the basis that it is necessary so **we** can perform a contract, for **our** or others' legitimate interests or it is needed or allowed by applicable law. **We** process special categories of information because it is necessary for an insurance purpose, because **we** have **your** permission or as described in **our** full privacy notice. **We** may process information about **your** criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Profiling and automated decision-making

Like many businesses, **we** sometimes use automation to provide **you** with a quicker, better, more consistent and fair service, as well as with marketing information **we** think will interest **you** (including discounts on **our** products and services). This may involve evaluating information about **you**

and, in limited cases, using technology to provide **you** with automatic responses or decisions. **You** can read more about this in **our** full privacy notice. **You** have the right to object to direct marketing and profiling relating to direct marketing. **You** may also have rights to object to other types of profiling and automated decision-making.

6. Sharing your information

We share **your** information within the Bupa group of companies, with relevant policyholders (including **your** employer if **you** are covered under a group scheme), with funders who arrange services on **your** behalf, those acting on **your** behalf (for example brokers and other intermediaries) and with others who help **us** provide services to **you** (for example healthcare providers) or who **we** need information from to handle or check claims or entitlements (for example professional associations). **We** also share **your** information in accordance with the law. **You** can read more about what information may be shared in what circumstances in **our** full privacy notice.

7. International transfers

We work with companies that **we** partner with, or that provide services to **us** (such as health-care providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, **we** transfer **your** personal information to different countries including transfers from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. **We** take steps to make sure that when **we** transfer **your** personal information to another country, appropriate protection is in place, in line with global data protection laws.

8. How long we keep your personal information

We keep **your** personal information in line with periods **we** work out using the criteria shown in the full privacy notice available on **our** website.

9. Your rights

The GDPR bestows upon the Data Subject the below rights. Please contact **us** if **you** would like to exercise any of **your** rights.

- Right to access Personal Data.
- Right of rectification.
- Right to be forgotten.
- Right to restriction of processing.
- Right of portability.
- Right to object.
- Right to not be subjected to automated decisions.
- Right to Judicial review.

10. Data protection contacts

If **you** have any questions, comments, complaints, or suggestions in relation to this notice, or any other concerns about the way in which **we** process information about **you**, please contact **us** at gdpr@lifestarinsurance.com.

You also have the right to make a complaint to **your** local supervisory authority for data protection. The contact details for the Maltese Information and Data Protection Commissioner are as follows: Information and Data Protection Commissioner, Level 2, Airways House, High Street, Sliema SLM 1549, Malta. Tel: +356 2328 7100, email: idpc.info@idpc.org.mt

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
Advanced therapy medicinal products (ATMPs)	Treatments that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell treatment .
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.
Agreement:	The agreement between Bupa Malta and the sponsor under which we have accepted you into membership of the plan.
Annual deductible:	The amount you , the principal member have to pay towards the cost of the treatment that you receive each membership year that would otherwise be covered under your membership. The amount of your annual deductible is shown on your membership certificate. The annual deductible applies separately to each person covered under your membership.
Appliance:	A knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of surgery to the spine.
Bupa Malta:	Bupa Global Designated Activity Company. Bupa Malta may also be used to refer to other companies in the Bupa group which may provide administration services in connection with your Bupa Malta plan, or to LifeStar Health Limited .
Complementary therapist:	An acupuncturist, homeopath, reflexologist, naturopath, osteopath and chiropractor. We do not pay for different treatments that lie outside mainstream medical care, such as ayurvedic treatment , aromatherapy and traditional Chinese medicine.

Defined term	Description
Consultant:	For treatment in Malta A surgeon, anaesthetist or specialist who: <ul style="list-style-type: none"> ○ is under the age of 70 years, and ○ is duly registered and authorised under the Laws of Malta to practice his speciality, and ○ whose name is listed in the appropriate specialist register kept by the Medical Council of Malta, and ○ who has been approved by Bupa Malta as a specialist.
Day-case treatment:	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 mental health treatment .
Dental practitioner	A person who: <ul style="list-style-type: none"> - is legally qualified to practice dentistry, - is recognised by the relevant authorities in the country in which the treatment takes place as having a specialised qualification following attendance at a recognised dental school, and - is permitted to practice dentistry by the relevant authorities in the country where the dental treatment takes place <p>Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.</p>
Dependants:	The other people named on your membership certificate as being members of the plan and who are covered to be members, including newborn children.
Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
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.

Defined term	Description
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 doctor:	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 which does not need a consultant's training, and ○ is licensed to practice medicine in the country where the treatment is received <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>
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
In-patient treatment:	Treatment which for medical reasons normally means that you have to stay in a hospital bed overnight or longer.

Defined term	Description
Intensive care:	<p>Intensive care includes:</p> <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.
LifeStar Health Limited	LifeStar Health Limited; Bupa Global Designated Activity Company's local agent and service partner in Malta.
Medical practitioner:	<p>A consultant, family doctor, dental practitioner, complementary therapist, or therapist who provides active treatment of a known condition.</p> <p>Medical practitioners must be:</p> <ul style="list-style-type: none"> ○ legally qualified to practice following attendance at a recognised medical school. ○ recognised by the relevant authorities in the country in which the treatment is received. ○ licensed to practice in the country where the treatment is received. <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>

Defined term	Description
Medically necessary:	<p>Treatment, medical service or prescribed drugs/medication which is:</p> <ul style="list-style-type: none"> ○ consistent with the diagnosis and medical treatment for the condition; ○ consistent with generally accepted standards of medical practice; ○ necessary for such a diagnosis or treatment; ○ not being undertaken primarily for the convenience of the member or the treating medical practitioner
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 .
Mental health treatment:	Treatment of mental conditions, including eating disorders.
Mini Minor procedure	A surgical procedure performed under a local anaesthetic by a family doctor .
Network:	A hospital, pharmacy , or similar facility, or medical practitioner which has an agreement in effect with Bupa Malta or service partner to provide you with covered treatment .
Out-patient treatment:	Treatment given at a hospital, consulting room, doctors' office or out-patient clinic where you do not go in for in-patient treatment or day-case treatment .
Pandemic:	An epidemic occurring over a widespread area (multiple countries or continents) and usually affecting a substantial proportion of the population.

Defined term	Description
Persistent vegetative state:	<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 <p>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.</p>
Pharmacy	A facility where prescribed drugs are prepared or sold.
Physiotherapy, osteopathy and chiropractic treatment:	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
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>
Principal 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
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 takes place.
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 benefit 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.
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.
Renewal date:	Each anniversary of the date you , the principal member joined the plan. (If however you are a member of a Bupa Malta group plan with a common renewal date for all members, your renewal date will be the common renewal date for the group. We tell you the group renewal date when you join.)
Service partner:	A company or organisation that provides services on behalf of Bupa Malta . 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.
Specified country of nationality:	The country of nationality specified by you in your application form or as advised to us in writing, which ever is the later.

Defined term	Description
Specified country of residence:	The country of residence specified by you in your application and shown in your 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.
Sponsor:	The company, firm or individual with whom we have entered into an agreement to provide you with cover under the plan.
Surgical operation:	A medical procedure that involves the use of instruments or equipment.
Therapist:	An occupational therapist , orthoptist, dietician, podologist, psychologist, psychotherapist, physiotherapist or speech therapist 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.

Defined term	Description
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 or Family Members. ○ 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 benefit providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder
We/us/our:	Bupa Malta.
You/your:	This means you , the principal member and your dependants unless we have expressly stated otherwise that the provisions only refer to the principal member .

