

U.S. Pharmacy Network Guide

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Bupa 

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Out-patient Prescription Drug benefit

Our out-patient prescription drug benefit is designed to support **you** when **you** purchase eligible prescription medications in the U.S. With **your** Blue Cross Blue Shield Global card, depending on **your** plan of benefits, **you** may have no cost or **you** may only pay a co-payment at time of purchase. A **co-payment** may be a defined U.S. Dollar amount or percentage of any eligible cost of the medication, at time of purchase. We will settle our part of the cost directly with the **network pharmacy** – so you don't have to worry about collecting receipts or making a claim for reimbursement.

The out-patient prescription drug benefit is only available for medications prescribed by a U.S. physician and purchased at a U.S. pharmacy, that is part of the network.

This is a summary. Please ensure **you** read the full details in the membership guide included at the beginning of this guide.

Please also review the section entitled Pharmacy Exclusions on pages 13-14 of this guide.

Any words written in bold are defined terms that are relevant to your cover. You can check their meaning in “The Glossary”.

It's as easy as 1, 2, 3!

1. Find a network pharmacy

There are more than 65,000 U.S. pharmacies in the network that **you** can use, including large chains and independent stores. To locate a **network pharmacy** near **you**, simply visit bupaglobalaccess.com/pharmacy which will link **you** to the website for searching U.S. based pharmacies.

2. Get to know your formulary drug list

When being prescribed a medicine by **your** doctor, **you** should work with them to make an informed decision about the choice of **your** prescription. To assist **you** with this discussion and review, please reference the **Formulary Drug List** via bupaglobalaccess.com/pharmacy.

The **Formulary Drug List** places commonly prescribed medications into two tiers based on a combination of factors, including cost. If **your co-payment** is a percentage of the cost of the medication, the **Formulary Drug List** is still a useful reference guide to review medication alternatives. Tier 1 is the lowest cost option for **you** (**generic** medications) and Tier 2 is for all brand names and higher cost medications. The amount that **you** pay (**your co-payment**) for each tier is determined by **your** corporate benefit plan, so check **your** plan documents for details.

The **Formulary Drug List** includes **brand-name** and **generic** prescription medications, all of which have been approved by the U.S. Food and Drug Administration (FDA). When **you're** prescribed a medication, ask **your** doctor to consult the list to help **you** get the most out of **your** out-patient prescription drug benefit. **You** may find there are equally effective alternatives to Tier 2 prescriptions in Tier 1. Please be aware that 'compounded medications' (medications with one or more ingredients that are prepared on-site by a pharmacist) will usually be classified in the Tier 2 category. Also, if there are any medications on the list that **you** are not covered for, they will be outlined in your membership guide.

3. Keep your Blue Cross Blue Shield Global card handy

Whenever **you** need to purchase a prescription medicine, **you** should go to one of the network pharmacies and show them **your** Blue Cross Blue Shield Global card.

All **you** need to do is pay the appropriate **co-payment**, if applicable, (details of **your co-payment** or deductible can be found in **your** membership guide) and collect **your** prescription. The pharmacy will settle the claim with **us** directly, so **you** won't have to fill out any forms or send **us** any receipts.

Getting value for money on your medications

The out-patient prescription drug benefit is designed to help **you** make informed decisions about **your** choice of prescription – allowing **you** to find cost efficient solutions without compromising on quality.

Here are some of the things that might help you keep your prescriptions affordable:

Use your out-patient pharmacy benefit to full effect

Always compare medication pricing via the **Formulary Drug List** located at bupaglobalaccess.com/pharmacy or by calling the pharmacy help desk number on **your** Blue Cross Blue Shield Global card. Remember, **you** will pay less for medications in Tier 1.

Consider generic medications as an alternative to known brand-names

While there are exceptions, **generic** medications tend to cost less than well known **brand-names**, but always discuss the options with **your** doctor.

Look out for pharmacies that offer discounts on generic medications

Some retail pharmacies offer prices on some **generic** drugs that are even lower than **your** Tier 1 **co-payment**. These usually include commonly prescribed medications for conditions such as asthma, anxiety, high blood pressure and infection (antibiotics). If **your** doctor has told **you** that there is a **generic** alternative appropriate for **your** treatment, check with **your** local pharmacy to see if they offer a discount on **generic** medications. **You** still need to give the pharmacist **your** Blue Cross Blue Shield Global card so the claim can be processed under your pharmacy benefit, but **you** should only have to pay **your co-payment** part of the pharmacy's discounted cost, if applicable. Details of **your co-payment** or deductible can be found in your membership guide.

Your questions answered

Who determines medication tier placements on the prescription drugs list?

Our service partner in the U.S., Universal Rx, has a **Formulary Drug List management committee** that makes all the tier placement decisions.

When do medications change tiers?

When a **generic** medication becomes available, **you** will now have a **generic** option to purchase rather than the brand version of the **prescription drug product**. Evaluations take place two times per year – January and July.

What is a generic medication?

A **generic** medication contains the same active ingredient (the chemical that makes a medication work) as the **brand-name** medication. Approximately 75 percent of **brand-name** prescription medications in the market today have a **generic** equivalent available. The **generic** medications often cost less because they do not require the same level of sales, marketing, research and development expenses as **brand-name** medications. However, prescription medications – **generic** or **brand-name** – must meet the same rigid federal standards for quality, strength and purity.

Generic medications become available after the patent on the **brand-name** medication expires. At that time, other pharmaceutical companies are permitted to manufacture a **generic** medication.

Often, companies that manufacture **brand-name** medications also produce and market **generic** medications.

When is a generic medicine more expensive than the brand-name equivalent?

It is a common misconception that generics are always lower in cost than **brand-name** medications. When a **generic** medication is first introduced, several factors may impact how it is initially priced. **You** can always check the costs of the medications **you** are purchasing via bupaglobalaccess.com/pharmacy to check if there is a cheaper alternative available to **you**.

How will I know if a generic medication is available and how much it costs?

You can ask **your** pharmacist or check via bupaglobalaccess.com/pharmacy

How do I obtain a generic medication?

Unless **your** physician has designated that the **brand-name** is required, **you** shouldn't have to ask and it's unlikely that **you** will need a new prescription from **your** doctor. However, if the **brand-name** medication is less expensive for **you** than the **generic** under **your** benefit plan, the pharmacist should dispense the **brand-name**.

What are Specialty Prescribed Drug Products?

Specialty Prescribed Drug Products are drugs/pharmaceuticals or category of drugs/pharmaceuticals, that will require **your** physician to contact the pharmacy in advance to provide additional information for coverage approval purposes. These medications generally meet most of the following criteria:

1. are produced through biotechnology or recombinant DNA technology mechanisms;
2. are high cost (typically over USD 250 per dose or USD 1000 per month of therapy);
3. are generally, but not always, administered by injection;
4. require specialized patient monitoring, special handling, or unique education prior to use;
5. have restricted distribution procedures.

Examples of drugs that qualify as **Specialty Prescribed Drug Products** include, but are not limited to, drugs/pharmaceuticals that are used to treat Crohn's disease, hemophilia, growth hormone deficiency, RSV, cystic fibrosis, multiple sclerosis, hepatitis C, rheumatoid arthritis, and Gaucher's disease.

Further Information

This guide forms part of **your** Membership Guide and must be read in conjunction with it. It is not a stand alone document.

If **you** require any further information regarding **your** out-patient prescription drug benefit, please call the pharmacy help desk phone number on the back of **your** Blue Cross Blue Shield Global card.

If **you** have any queries regarding **your** international benefit plan that do not relate to the pharmacy programme, please contact **your** Bupa customer services team.

If **you** have any questions regarding how to access medical care in the U.S. or to make a claim for U.S. services, please call the pharmacy help desk number on the back of **your** Blue Cross Blue Shield Global card.

Out-patient prescription drugs purchased in the U.S.

This information applies only to outpatient prescription drug products purchased in the U.S.

Coverage Policies and Guidelines

Our service partner may periodically change the placement of a **prescription drug product** among the tiers. **Prescription drug products** may change tiers two times per year; in January and July. These changes may occur without prior notice to **you**.

How to settle your claim

You must show **your** Blue Cross Blue Shield Global card at the time **you** obtain **your** **prescription drug product** at a **network pharmacy**. If **you** don't show **your** Blue Cross Blue Shield Global card or provide verifiable information at a **network pharmacy**, **you** will be required to pay the **usual and customary charge** for the **prescription drug product** at the pharmacy. **You** may then seek reimbursement by filing a claim. When **you** submit a claim on this basis, **you** may pay more because **you** failed to verify **your** eligibility when the **prescription drug product** was dispensed. The amount **you** are reimbursed will be based on the **prescription drug cost**, less the required **co-payment** and any dispensing fees that may apply. A claim form and additional information on the reimbursement process can be requested by calling the pharmacy help desk number on **your** Blue Cross Blue Shield Global card.

If any of **your** benefits cover for both treatment and a **prescription drug product** which have an annual limit as set out in **your** plan of benefits (e.g. HIV/AIDS drug therapy

including ART and fertility treatment), **you** may be asked to pay for the **prescription drug product** at the pharmacy and **you** can then seek reimbursement (subject to **your** annual limit) under **your** Bupa plan by filing a claim.

Please note, should **you** exceed your annual limit; or where **your** benefits cover does not include **prescription drug products**, **you** would be responsible for the cost of such items, however, as a result of having **your** plan with **us**, **you** may be eligible to receive a discount for the **prescription drug product**.

Important

Benefits for out-patient **prescription drug products** are available when the out-patient **prescription drug product** meets the definition of a **covered service** or is prescribed to prevent conception.

Understanding Tiers

Prescription drug products are categorised within two tiers. All **prescription drug products** on the **Formulary Drug List** are assigned to Tier 1 for **generic** versions of a medication or Tier 2 for brand versions of the medication.

To determine a **prescription drug product's** tier status, search for network pharmacies or access other tools, please visit bupaglobalaccess.com for the link to the U.S. search facility or call the pharmacy help desk number on **your** Blue Cross Blue Shield Global card.

Payment

You are responsible for paying the lower of the applicable **co-payment** or the retail network pharmacies contracted rate.

If **you** purchase a **prescription drug product** from a **non-network pharmacy**, **you** are responsible for any difference between what the **non-network pharmacy** charges and the amount **our service partner** would have paid for the same **prescription drug product** dispensed by a **network pharmacy**.

When a Brand-name Drug Becomes Available as a Generic.

When a **generic** becomes available for a **brand-name prescription drug product**, **you** will now have a **generic** option to purchase rather than the brand version of the **prescription drug product**. **You** will pay the **co-payment** at the time of going to the pharmacy, applicable for the tier to which the **prescription drug product** is assigned.

Supply Limits

Benefits for prescription drug products are subject to the following supply limits:

- As written by the health care provider, up to a consecutive 90-day supply of a **prescription drug product**, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits indicated by the health care provider.

- If covered under your health plan, **you** may obtain up to three cycles of a contraceptive if **you** pay a co-payment for each cycle supplied.

Advance purchase of medications is allowed for international travel subject to the refill as written by the health care provider and FDA dispensing guidelines.

For a single **co-payment**, **you** may receive a **prescription drug product** up to the stated supply limit.

Note: Some products are subject to additional supply limits based on criteria that **our service partner** has developed, subject to periodic review and modification. The limit may restrict the amount dispensed per **prescription order or refill** and/or the amount dispensed per month supply.

You may determine whether a **prescription drug product** has been assigned a maximum quantity level for dispensing, by reviewing the **Formulary Drug List** accessible via bupaglobalaccess.com/pharmacy or by calling the pharmacy help desk telephone number on **your** Blue Cross Blue Shield Global card. For a single **co-payment**, **you** may receive a **prescription drug product** up to the stated supply limit. Some products are subject to additional supply limits.

Specialty prescription drug products

Specialty prescription drug products

supply limits are as written by the health care provider, up to a consecutive 31-day supply of the speciality **prescription drug products**, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits. Supply limits apply to speciality **prescription drug products** whether obtained at a retail pharmacy or through a mail order pharmacy, if available. Also note that some **prescription drug products** require that **you** notify our **service partner** in advance to determine whether the **prescription drug product** meets the definition of a **covered service** and is not **experimental, investigational or unproven**. If **you** require certain **prescription drug products**, our **service partner** may direct **you** to a **designated pharmacy** with whom they have an arrangement to provide those **prescription drug products**.

Before certain **prescription drug products** are dispensed to **you**, either **your** physician, **your** pharmacist or **you** are required to notify our **service partner** in the U.S. The reason for the notification requirement is to determine whether the **prescription drug product**, in accordance with approved guidelines, is each of the following:

- It meets the definition of a **covered service**.
- It is not experimental, investigational or unproven.

Notification requirements

Network Pharmacy Notification

When **prescription drug products** are dispensed at a **network pharmacy**, **your** physician, the pharmacist, or **you** are responsible for notifying **our service partner**.

Non-Network Pharmacy Notification

When **prescription drug products** are dispensed at a **non-network pharmacy**, **you** or **your** physician are responsible for notifying **our service partner** as required.

If our **service partner** is not notified before the **prescription drug product** is dispensed, **you** may pay more for that **prescription order or refill**. The **prescription drug products** requiring notification are subject to periodic review and modification.

You may determine whether a particular **prescription drug product** requires notification by reviewing the **Formulary Drug List** at bupaglobalaccess.com/pharmacy or by calling the pharmacy help desk number on **your** Blue Cross Blue Shield Global card.

When **you** submit a claim on this basis, **you** may pay more because you did not notify our **service partner** before the **prescription drug product** was dispensed. The amount **you** are reimbursed will be based on the **prescription drug cost** (for **prescription drug products** from a **network pharmacy**) or the reimbursement rate (for **prescription drug products** from a **non-network pharmacy**), less the required **co-payment** that applies.

Benefits may not be available for the **prescription drug product** after **our service partner** reviews the documentation provided and determines that the **prescription drug product** is not a **covered service** or it is **experimental, investigational or unproven**.

Pharmacy exclusions

Exclusions from coverage listed in the membership certificate also apply. In addition, the following exclusions apply to out-patient prescriptions purchased in the U.S.:

- Coverage for **prescription drug products** for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
- **Prescription drug product** dispensed outside the U.S.
- Drugs which are prescribed, dispensed, or intended for use during an in-patient stay.
- **Experimental, investigational or unproven services** and medications; medications used for experimental indications and/or dosage regimens determined by **our service partner** to be **experimental, investigational or unproven**.
- **Prescription drug products** furnished by the local, state or federal government. Any **prescription drug product** to the extent payment or benefits is provided or available from the local, state or federal government (for example, Medicare) whether or not payment or benefits are received, except as otherwise provided by law.
- **Prescription drug products** for any condition, injury, sickness or mental illness arising out of, or in the course of, employment for which benefits are available under any workers' compensation law or other similar laws, whether or not a claim for such benefits is made or payment or benefits are received.
- Any product dispensed for the purpose of appetite suppression or weight loss.
- A pharmaceutical product for which benefits are provided under **your** medical cover. This exclusion does not apply to Depo Provera and other injectable drugs used for contraception.
- Durable Medical Equipment. Prescribed and non-prescribed out-patient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered.
- General vitamins, except the following which require a **prescription order or refill**: prenatal vitamins, vitamins with fluoride, and single entity vitamins.
- Medications used for cosmetic purposes.
- **Prescription drug products** that **our service partner** determines do not meet the definition of a **covered service**.
- **Prescription drug product** as a replacement for a previously dispensed **prescription drug product** that was lost, stolen, broken or destroyed.
- **Prescription drug products** when prescribed to treat infertility.
- **Prescription drug products** for smoking cessation.
- Compounded drugs (medications with one or more ingredients that are prepared on-site by a pharmacist) that

do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a **prescription order or refill**. Compounded drugs that are available as a similar commercially available **prescription drug product**. (Compounded drugs that contain at least one ingredient that requires a **prescription order or refill** are assigned to Tier 2).

- Drugs available that do not require a **prescription order or refill** by federal or state law before being dispensed (e.g over-the-counter drugs), unless **our service partner** has designated the over-the-counter medication as eligible for coverage as if it were a **prescription drug product** and it is obtained with a **prescription order or refill** from a physician. **Prescription drug products** that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain **prescription drug products** that **our service partner** has determined are therapeutically equivalent to an over-the-counter drug. Such determinations may be made up to six times during a calendar year, and **our service partner** may decide at any time to reinstate benefits for a **prescription drug product** that was previously excluded under this provision (E.g. ibuprofen 200mg per tablet).

- Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of sickness or injury.
- A **prescription drug product** that contains (an) active ingredient(s) available in and therapeutically equivalent to another covered **prescription drug product**, as defined by the **Formulary Drug List**.
- A **prescription drug product** that contains (an)active ingredient(s) which is (are) a modified version of and therapeutically equivalent to another covered **prescription drug product**, as defined by the **Formulary Drug List**.
- **Prescription drug products** when prescribed to treat impotence, whatever the cause.

You can contact the pharmacy help desk directly to discuss any of the above through the contact number provided on **your** Blue Cross Blue Shield Global card.

U.S. prescriptions savings programme

You may be eligible to receive additional discounts for **prescription drug products** that are not covered under **your** plan or when **you** have reached the annual limit of **your** out-patient prescription drug plan, if applicable to **your** plan of benefits.

This additional plan feature is a discount plan and not insurance. It provides **you** the ability to purchase a **prescription drug product** at the lowest cost; which would be the pharmacy's regular retail price or the Universal Rx discounted price. This way **you** pay the lowest available price. Please note that **you** would always be responsible for paying for the medication in full. **Your** ability to purchase a medication at a discounted rate does not indicate that the medication is covered under **your** Bupa plan.

This is an additional feature to **your** out-patient prescription drug benefit that only applies to non-covered items or if **you** have reached **your** annual plan limit.

Glossary

DEFINED TERM	DESCRIPTION
Brand-name	A prescription drug product : (1) which is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that our service partner identifies as a brand-name product, based on available data resources that classify drugs as either brand-name or generic based on a number manufacturer, pharmacy, or your physician may not be classified as brand-name by our service partner .
Bupa Global	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
Co-payment	The amount of eligible expenses which you are required to pay under the policy for certain covered services as shown in the benefit plan. A co-payment may be either a defined dollar amount or a percentage of eligible expenses .
Covered Person	An eligible person who is enrolled for coverage under the policy.
Covered Service	<p>Those health services and supplies that are provided for the purpose of preventing, diagnosing or treating a sickness or injury, and that:</p> <ul style="list-style-type: none"> A. are provided by or under the direction of a physician. Bupa Global will pay for health services and supplies provided by or under the direction of certain other health care providers as provided for in the Membership Guide, and B. are not excluded in the “What is Not Covered” section of your Membership Guide or otherwise excluded under the policy, and C. are provided while the recipient is a covered person, and D. meet the following requirements: <ul style="list-style-type: none"> 1. the health services are provided in accordance with established standards of medical practice in the U.S.; 2. the health services and supplies can be demonstrated to have a beneficial effect on health outcomes by reference to the conclusions of prevailing medical research based on well conducted randomized controlled trials or cohort studies; and 3. the health services are the most cost effective method and yield a similar outcome to other available alternatives.
Designated Pharmacy	A pharmacy that has entered into an agreement on behalf of the pharmacy with our service partner or with an organization contracting on our behalf, to provide specific prescription drug products , such as specialty prescription drug products . The fact that a pharmacy is a network pharmacy does not mean that it is a designated pharmacy .

Eligible Expenses	Usual and customary charges for covered services up to the benefit limits. Eligible expenses must not exceed the fees that the health care provider would charge any similarly situated payer for the same services. In the event that a non-network pharmacy routinely waives co-payments and/or the annual deductible for non-network pharmacy benefits, covered services for which the co-payments and/or the annual deductible are waived are not considered to be eligible expenses .
Experimental, investigational or unproven services	<p>Those medical, surgical, diagnostic, psychiatric, substance abuse or other health services, technologies, supplies, treatments, procedures, drug therapies or devices that, at the time Bupa Global makes a determination regarding coverage in a particular case, in the reasonable opinion of Bupa Global is:</p> <ul style="list-style-type: none"> A. not approved by the U.S. Food and Drug Administration (FDA) to be lawfully marketed for the proposed use and not identified in the American Hospital Formulary Service or the United States Pharmacopoeia Dispensing Information as appropriate for the proposed use; or B. subject to review and approval by any institutional review board for the proposed use; or C. the subject of an ongoing clinical trial that meets the definition of a Phase 1, 2 or 3 clinical trial set forth in the FDA regulations, regardless of whether or not the trial is actually subject to FDA oversight; or D. not demonstrated through prevailing peer reviewed medical literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed. <p>Bupa Global, in its sole judgment, may deem an experimental, investigational or unproven service a covered service for treating a life threatening sickness or condition, if it is determined by Bupa Global that the experimental, investigational or unproven service at the time of the determination:</p> <ul style="list-style-type: none"> A. is safe with promising efficacy; B. is provided in a clinically controlled research setting; and C. uses a specific research protocol that meets standards equivalent to those defined by the United States National Institutes of Health. For the purpose of this definition, the term "life threatening" is used to describe a sicknesses or injury that is more likely than not to cause death within one year of the date of the request for treatment.
Formulary Drug List (FDL)	A list that identifies those prescription drug products for which benefits may be available, depending on your plan coverage. This list is subject to our service partner's periodic review and modification.
Formulary Drug List Management Committee	The committee that our service partner designated for, among other responsibilities, classifying prescription drug products into specific tiers.
Generic	A prescription drug product: (1) that is chemically equivalent to a brand-name drug; or (2) that our service partner identifies as a generic product based on available data resources that classify drugs as either brand-name or generic based on a number of factors. You should know that all products identified as a "generic" by the manufacturer, pharmacy or your physician may not be classified as a generic by our service partner.
Network Pharmacy	<p>A pharmacy that has:</p> <ul style="list-style-type: none"> o Entered into an agreement with us or our service partner to provide prescription drug products to covered persons. o Agreed to accept specified reimbursement rates for dispensing prescription drug products. <p>A network pharmacy can be either a licensed retail or a mail order pharmacy.</p>
Non-Network Pharmacy	A U.S. pharmacy who is not a network pharmacy .
Prescription Drug Cost	The rate our service partner has agreed to pay their network pharmacy , including a dispensing fee and any sales tax, for a prescription drug product dispensed at a network pharmacy .

Prescription drug product	<p>A medication, product or device that has been approved by the U.S. Food and Drug Administration (FDA) and that can, under U.S. federal or state law, be dispensed pursuant to a prescription order or refill. A prescription drug product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of benefits under the policy, this definition includes:</p> <ul style="list-style-type: none"> ○ Inhalers (with spacers) ○ Insulin ○ The following diabetic supplies: <ul style="list-style-type: none"> ○ standard insulin syringes with needles; ○ blood-testing strips - glucose; ○ urine-testing strips - glucose; ○ ketone-testing strips and tablets; ○ lancets and lancet devices; ○ glucose monitors; ○ glucagon emergency kits; and ○ FDA approved oral agents used to control blood sugar.
Prescription Order or Refill	The directive to dispense a prescription drug product issued by a duly licensed health care provider whose scope of practice permits issuing such a directive.
Service partner	A company or organisation that provides services on behalf of Bupa Global. These services may include approval of cover and location of local medical facilities.
Specialty Prescribed Drug Products	<p>Specialty prescribed drug products are drugs/pharmaceuticals or category of drugs/pharmaceuticals, that will require your physician to contact the pharmacy in advance to provide additional information for coverage approval purposes. These medications generally meet most of the following criteria:</p> <ul style="list-style-type: none"> ○ are produced through biotechnology or recombinant DNA technology mechanisms; ○ are high cost (typically over USD 250 per dose or USD 1000 per month of therapy); ○ are generally, but not always, administered by injection; ○ require specialized patient monitoring, special handling, or unique education prior to use; ○ have restricted distribution procedures.
Usual and Customary Charge	The usual fee that a pharmacy charges individuals for a prescription drug product without reference to reimbursement to the pharmacy by third parties.
We/us/our	Bupa Global (Bupa)
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

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

General services:
+1 844 369 3797
Pharmacy help desk:
+1 855 767 1864
Your calls will be recorded
and may be monitored.

Bupa Global
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