

A guide to your Company Africa Plan



Membership Guide

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

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bupaglobal.com



Contents

- 2 Welcome
- 3 Contact us
- 4 Welcome to MembersWorld
- 5 Wellbeing Services
- 6 Pre-authorisation
- 7 The claiming process
- 8 **Your** health plan benefits
- 9 Things **you** need to know about **your** plan

Remember we can offer a second medical opinion service

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

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://membersworld.bupaglobal.com>

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

You can access details about **your** plan any time of the day or night through MembersWorld. Alternatively **you** can call **us** anytime for advice, support & assistance by people who understand **your** situation.

Healthline*

(inside Kenya):

+254 (0) 207 602 027

(rest of the world):

+44 (0) 1273 323 911

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

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

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

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

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**.

Our assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

General enquiries

MembersWorld is the first place to go for information about:

- Cover details
- Pre-authorisation
- Claims
- Membership & payment queries

It's often the quickest way to contact **us** too:

<https://membersworld.bupaglobal.com>

Alternatively:

Phone:

(inside Kenya): +254 (0) 207 602 027

(rest of the world): +44 (0) 1273 323 563

Fax: +44 (0) 1273 820517

Email: info@bupaglobal.com

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

Your calls may be recorded or monitored.

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

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 log onto MembersWorld or 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.

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, often the quickest way to contact **us** is via MembersWorld.

Alternatively **you** can contact **us** via one of the following methods:

Phone:

(inside Kenya): +254 (0) 207 602 027

(rest of the world): +44 (0) 1273 323 563

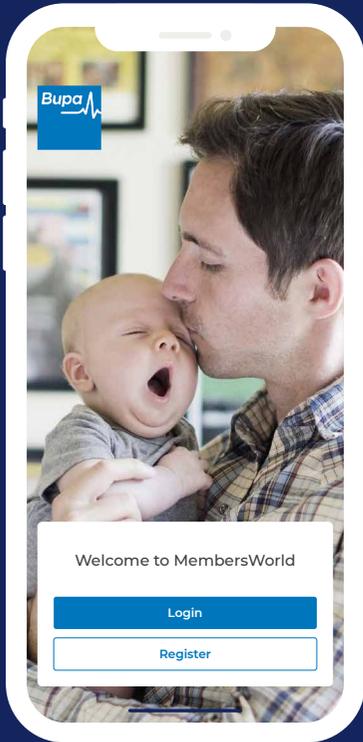
Fax: +44 (0) 1273 820 517

Email: info@bupaglobal.com

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

Welcome to Membersworld

Your MembersWorld account gives you access to **Bupa Global** whenever **you** need it.



You can register for MembersWorld at: <https://membersworld.bupaglobal.com> and download the **Bupa Global** MembersWorld App from **your** app store.

MembersWorld is for everyone on the policy aged 16 and over.

All **dependants** over 16 can access these services, so it's important they register too.

If **you** are the **principal member** and would like to access information about **your dependants** in MembersWorld, they will need to register for an account and give permission. They can do this by simply going to their account settings and updating their consent options.

If **you** are not the **principal member**, **you** will not be able to access information about other **dependants** in MembersWorld.



How to access MembersWorld

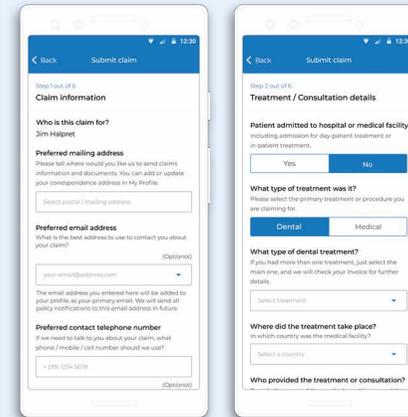
You can access and register online at <https://membersworld.bupaglobal.com> with **your** favourite web browser or via **our** app.

Search for "MembersWorld" on the App Store or Google Play and download to **your** device for access to **your** account on-the-go



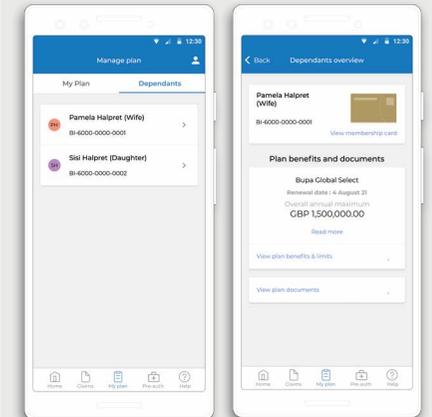
Claims and pre-authorisations

- Submit claims*
- Request pre-authorisation
- View and track progress*
- Review and send more or missing information



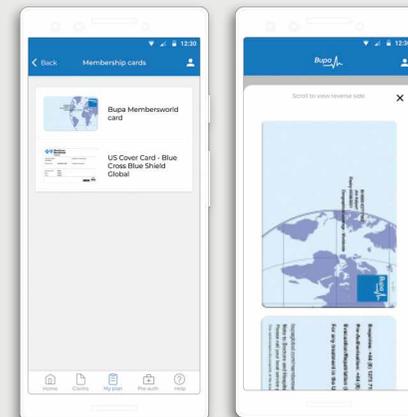
Dependants

- View **dependants'** plans, documents and membership cards
- Submit and view claims*
- Allow the **principal member** to manage a **dependants'** account



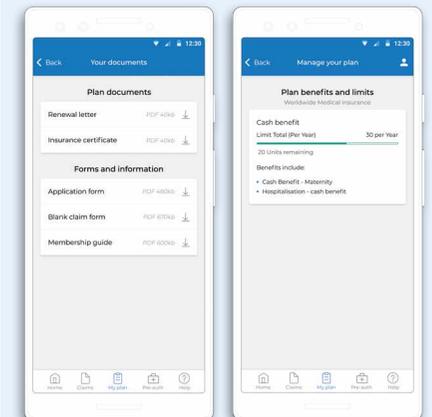
Membership cards

- Access to **your** membership cards whenever **you** need them



Policy documents

- View and download documents for your plan



*MembersWorld may not track claims in the U.S. as we use a **service partner** here.

Wellbeing Services

At **Bupa Global**, we understand wellbeing means more than simply **your** physical health. **Our** wellbeing programmes support **you** and **your** family in all the moments that matter including **your** physical and mental health. **You** can start using these wellbeing programmes right away!

Your Wellbeing

Explore **Bupa Global's** ever-growing health and lifestyle webpages at www.bupaglobal.com/en/your-wellbeing

Find a wealth of inspiring articles, practical information and easy to follow tips to help **you** and **your** family live longer, healthier, happier lives.

Second Medical Opinion*

As a **Bupa Global** customer, **you** can access a second medical opinion from leading international **specialists**.

This virtual service can give **you** added reassurance and confidence in **your** diagnosis or **treatment** recommendation to help **you** take the most appropriate steps with regards to **your** health. An independent team of **doctors** will review **your** previous medical history, along with any proposed **treatment** and issue **you** with a detailed report including recommendations for the best approach towards optimal recovery.

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact the **Bupa Global** Customer Service team on **+44 (0) 1273 323 563** or email info@bupaglobal.com

Bupa Global retains the right to change the scope of these services.

Select services* noted on this page of the membership guide are provided by independent third-party service provider(s); access to these services is procured by **Bupa Global** for **your** use. These services depend on third-party availability. **Bupa Global** assumes no liability and accepts no responsibility for information provided by the services detailed above

They are available to **you** from the very start of **your** policy at no extra cost. The use of the services listed on this page does not impact **your** policy premiums or erode benefits from **your** plan. For more information on any of these services please contact Customer Services.

Global Virtual Care*

Our virtual consult app provides **you** and **your dependants** with on demand access to a **network** of highly qualified international doctors. The doctor can help **you** and **your** family to better understand **your** symptoms and how to get the best care available - wherever **you** are in the world.

Features include (depending on local regulations):

- Video and telephone consultations
- **Doctor's** notes
- Selfcare
- Referrals
- Prescriptions



Access virtual consultations with a doctor any time of the day or night by signing-in to the MembersWorld app. If **you** haven't registered yet, go to the MembersWorld page to get started.

Download Global Virtual Care from either App Store or Google Play.

Bupa LifeWorks*

Designed to help **you** with all of life's questions, issues and concerns, Bupa LifeWorks is **your** global Employee Assistance Programme and gives **you** and **your** family instant access to advice from professionals in **your** language. Get confidential support for **your** mental, financial, physical and emotional wellbeing including short-term counselling. Help is available 24 hours a day, 7 days a week and 365 days a year online, by phone or mobile app. **You** also have access to a range of services, including expert tips and toolkits, as well as a wealth of online articles, podcasts, videos, and more.

Getting started is simple, visit lifeworks.com or search "LifeWorks" on the App Store or on Google Play, and look out for the LifeWorks logo.

'Log in' for the first time using the company code 'Bupa', then enter **your** MembersWorld email address and password to sign in.

Pre-authorisation

The importance of pre-authorisation

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**
- help **you** find a provider within **our network**
- explain any limits that apply
- tell the provider that **you** are a **Bupa Global** member. **We** have agreements with **our network** providers for **treatment** charges
- case-manage complex **treatment**. The table of benefits clearly shows the complex **treatments we** want **you** to tell **us** about. Please contact **us** if **you** need any of these. **We** may ask for more information (for example to check if any policy exclusion applies)
- 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**.

If **you** have **treatment** with a provider who is not part of the **network**, **we** may only pay costs that are **reasonable and customary**. This could leave **you** with a shortfall to pay.

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** with one of **our network** providers, **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?

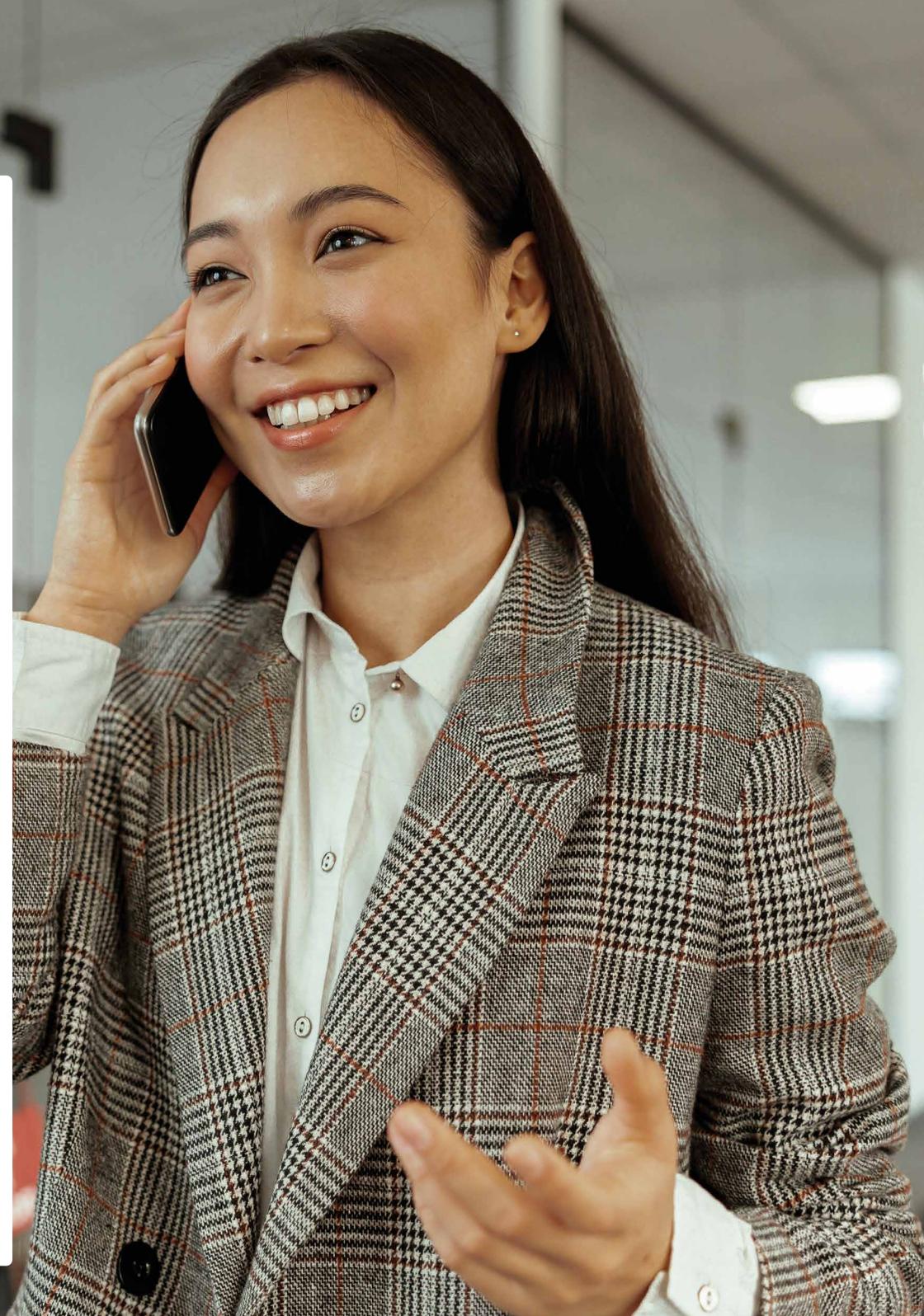
Login to the MembersWorld app, go to <https://membersworld.bupaglobal.com> or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

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.



The claiming process

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

- go online at <https://membersworld.bupaglobal.com>
- call **us** on: (inside Kenya): +254 (0) 207 602 027
(rest of the world): +44 (0) 1273 323 563
- email info@bupaglobal.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 participating **hospital** or **healthcare facility**.

How to make a claim

The quickest way to submit **your** claim is to log on to **your** MembersWorld account and submit **your** claim electronically. **You** have the choice of submitting an on-line claim or uploading any completed claim form.

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

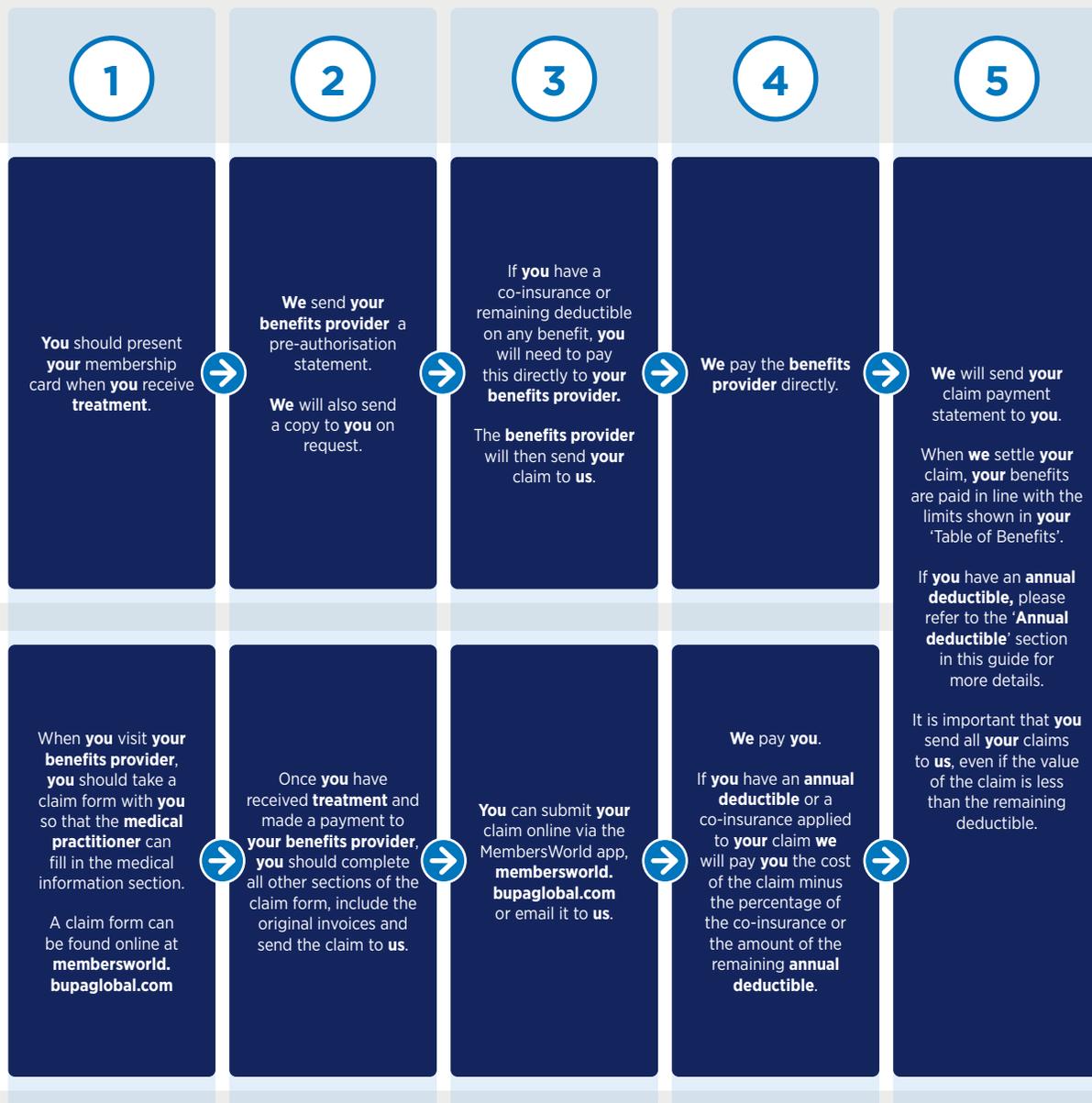
Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

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**.



Your Health Plan Benefits

The 'table of benefits' provides an explanation of what is covered on **your health plan** and the associated limits.

Benefit limits

Benefit limits There are two kinds of benefit limits:

1. The 'overall annual maximum' – the maximum amount **we** will pay in total for all benefits, for each person, in each **membership year**.
2. Individual benefit limits – the maximum amount **we** will pay for individual benefits such as home nursing.

All benefit limits apply to each **member**. Some apply each **membership year**, which means that once a limit has been reached, the benefit will no longer be available until **your sponsor** renews **your health plan**. Others apply for the whole of **your** lifetime, which means that once a limit has been reached, no further benefits will be paid, regardless of the renewal of **your health plan**.

Currencies

All the benefit limits and notes are set out in three currencies: USD, GBP and EUR. The currency in which **we** receive the premium is the currency that applies to **your** membership for the purpose of the benefit limits. This is shown on **your** insurance certificate.

Waiting periods

You will notice that waiting periods apply to some of the benefits. This means that **you** cannot make a claim for that particular benefit until **you** have been covered for the full duration of the waiting period stated.

I have a deductible. What is this?

If **you** have an **annual deductible**, this is the amount **you** must pay each **membership year** towards covered claims before **we** start paying.

It's important that **you** send all **your** claims to **us**, even if the value of **your** claim is less than the **annual deductible**. **We** won't make any payment, but the claim will count towards **your annual deductible**. If **your** claim is for an amount higher than the value of **your annual deductible** or remaining **annual deductible**, **we** will pay costs in line with **your** benefit limits.

The deductible applies:

- each **membership year**
- separately for each person

Here's an example of how the deductible works:

You have an annual deductible of USD 500 on your health plan.

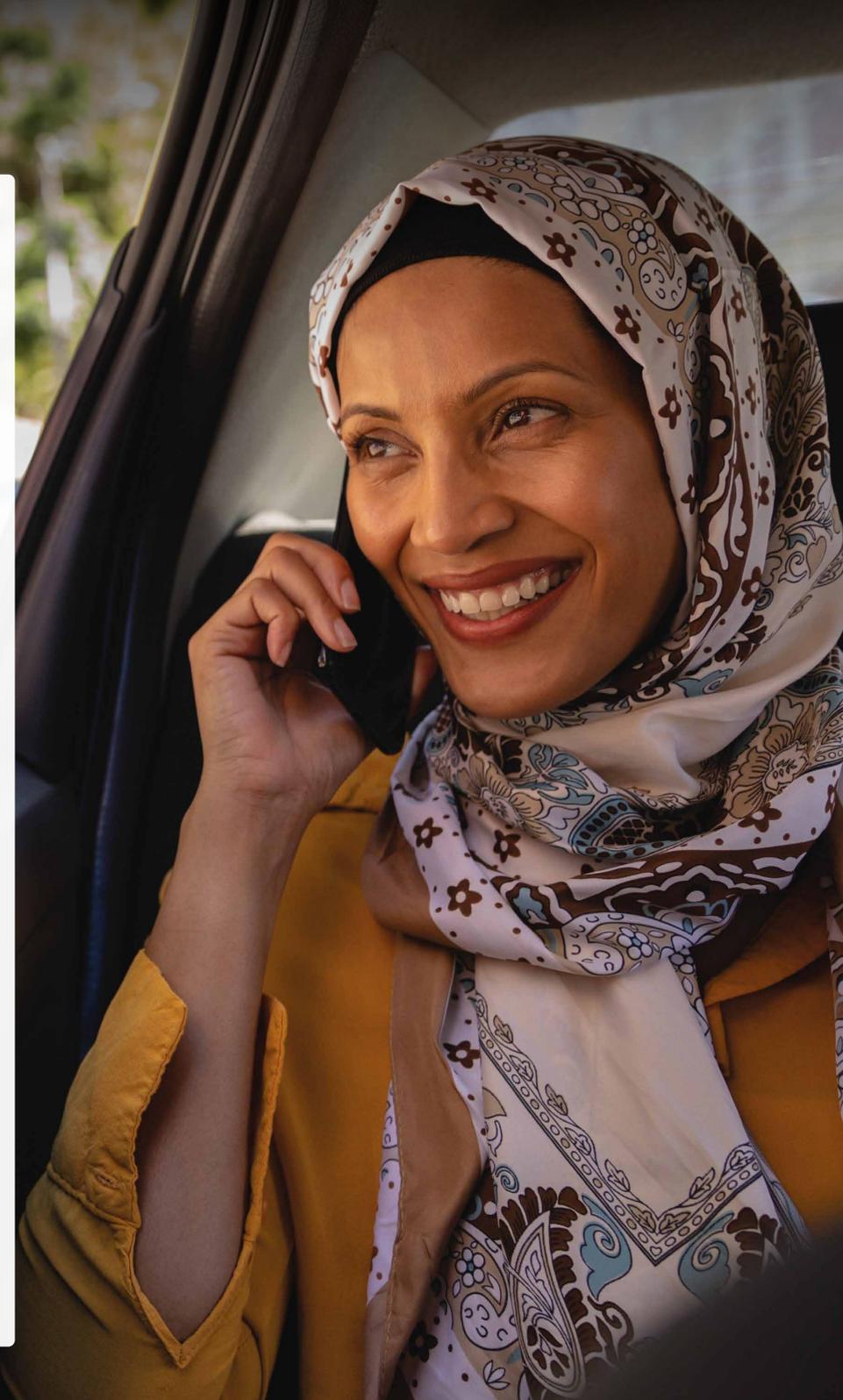
You visit a family doctor. This is out-patient treatment. The visit costs **USD 100**.

You pay the doctor and send the receipt to **us**. This counts towards **your annual deductible** for the **membership year**.

You now have **USD 400** left to pay towards **your annual deductible** for the **membership year**.

Later in the year **you** have surgery which the **policy** covers. **You** are in hospital for a week. The cost of this is more than **your** remaining **annual deductible**.

You pay the remaining **USD 400** of **your annual deductible**, and **we** pay the rest. **You** will not have any more **annual deductible** left to pay towards **treatment** for this **membership year**.



Things you need to know about your Company plan

- 9 How to use your plan
- 10 About your Membership
- 10 What is covered?
- 12 Summary of Benefits and Exclusions
- 15 Table of Benefits
- 31 What is not covered?
- 38 Pre-authorisation
- 38 Assistance Cover
- 39 Annual Deductibles
- 40 Your Membership
- 42 Making a claim
- 44 Making a Complaint
- 45 Adding Dependants
- 45 Privacy notice
- 46 Glossary

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 within **your area of cover**. If **you** don't know where to go, please contact **our** Healthline service for help and advice on +254 (0) 207 602 027 (inside Kenya) or +44 (0) 1273 333 911 (rest of the world).

Participating hospitals

To help **you** find a facility, **we** have developed a **network** of medical centres, called participating **hospitals** and clinics. **We** can normally arrange direct settlement with these facilities for **your** covered **in-patient treatment**. Please contact **us** for more details.

We also have a number of **hospitals** and clinics that **we** can arrange direct settlement with for **your** covered **out-patient treatment**. For a full list of these facilities please contact **us**, **your** intermediary or **your sponsor** who will be in receipt of regular updates. If **you** have an **annual deductible** on **your** policy, **you** will have access to in-patient direct settlement only.

Getting treatment in the U.S.

You must call **our** dedicated team on 844 369 3797 (from inside the U.S.), or +1 844 369 3797 (from outside the U.S.) to arrange any **treatment** in the U.S.

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** global **networks**, **our** knowledge and **our** experience.

Pre-authorising in-patient treatment and day-case treatment

You must contact **us** whenever possible before **in-patient treatment** or **day-case treatment**, for pre-authorisation. This means that **we** can confirm to **you** and to **your hospital** that **your treatment** will be covered under **your** plan.

Pre-authorisation puts **us** directly in touch with **your hospital**, so that **we** can look after the details while **you** concentrate on getting well.

The 'Pre-authorisation' section contains all of the rules and information about this.

When **you** contact **us**, please have **your** membership number ready. **We** will ask some or all of the following questions:

- what condition are **you** suffering from?
- when did **your** symptoms first begin?
- when did **you** first see **your family doctor** about them?
- what **treatment** has been recommended?
- on what date will **you** receive the **treatment**?
- what is the name of **your consultant**?
- where will **your** proposed **treatment** take place?
- how long will **you** need to stay in **hospital**?

If **we** can pre-authorise **your treatment**, **we** will send a pre-authorisation statement that will also act as **your** claim form (see Step 3 below).

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 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 form

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** MembersWorld website, or contact **us** to send **you** one. Remember that if **your treatment** is pre-authorised, **your** pre-authorisation statement will act as **your** claim form.

How we make payments

Wherever possible, **we** will follow the instructions given to **us** in the payment section of the claim form:

- **we** can pay **you** or the **hospital**
- **we** can pay by cheque or by electronic transfer
- **we** can pay in over 80 currencies

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 claim form.

Tracking a claim

We will process **your** claim as quickly as possible. **You** can easily check the progress of a claim **you** have made by logging on to **our** MembersWorld website.

Claim payment statement

When **your** claim has been assessed and paid, **we** will send a statement to **you** to confirm when and how it was paid, and who received the payment. If **you** subscribe to **our** secure MembersWorld website, **you** can view **your** documents online, upload **your** claims and view **your** claims statement.

About your Membership

This is a group insurance plan. This means that **you** are one of a group of members, which has a **sponsor** (normally the company that **you**, the **principal member** work for).

This plan is governed by an **agreement** between **your sponsor** and **Bupa Global**, which covers the terms and conditions of **your** membership. This means that there is no legal contract between **you** and **Bupa Global**. Only the **sponsor** and **Bupa Global** have legal rights under the **agreement** relating to **your** cover, and only they can enforce the **agreement**.

However, if **you** are a contributing individual, **you** will have legal rights as set out in this Membership Guide. Please see the section 'Contributing Individuals'.

As a member of the plan, **you** do have access to **our** complaints process. This includes the use of any dispute resolution scheme **we** have for **our** members.

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

- **you**, 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** insurance certificate

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

When your cover starts

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

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

You, the **principal member**, must tell **your sponsor** 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 **your sponsor** of any change so that **we** can make sure that **you** have the right cover.

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 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, maintenance of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.

Note: please see 'Wellness' and 'Full Health Screening' in the table of benefits and 'Preventive and wellness **treatment**' in the 'What is not covered?' section for information on preventive **treatment**.

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

If **you** choose to have covered benefits with a benefit provider who is not part of **our 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 usually charge, and be similar to other benefit providers offering 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, if **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 pay all covered costs of **treatment** (after any applicable co-insurance or **annual 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. If **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 **annual deductible** has been taken).

More 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 what is not covered.

Variations to your benefits

Your sponsor may have agreed variations to this benefit table with **your** insurer. If so, **your sponsor** will let **you** know of these variations.

How to read the Table of benefits

There are four levels of cover: Essential, Classic, Gold and Gold Superior. **You** need to read the column in the Table of benefits that applies to **your** level of cover, as shown on **your** insurance certificate.

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**. Some benefits also have a limit applied to them separately; for example home nursing.

Gold Superior cover only: on the Gold Superior level, this 'overall annual maximum' also incorporates an annual maximum for each condition.

All benefit limits apply to each member. If a benefit limit also applies each **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 claims will be paid, regardless of the renewal of **your** plan. This applies to all Bupa administered plans **you** have been a member of in the past, or may be a member of in the future, even if **you** have had a break in **your** cover.

Currencies

All the benefit limits in this 'Table of Benefits' and notes are set out in three currencies: USD, GBP and EUR. The currency in which **your sponsor** pays **us** premiums is the currency that applies to **your** membership for the purpose of the benefit limits. The currency applicable for **your** contract is as shown on **your** insurance certificate.

For example, if **your sponsor** pays **us** premiums in USD then the benefit limits given in USD apply to **your** membership and GBP and EUR limits do not apply to **you**.

If **you** are unsure which level of cover **you** have, the currency that applies to **your** membership, or whether **you** have an **annual deductible**, **you** can either check on **your** insurance certificate, through **our** MembersWorld website or contact the customer services helpline.

Summary of Benefits

| | Essential | Classic | Gold | Gold Superior |
|--|-----------|---------|------|----------------------|
| Overall Annual Maximum | | | | |
| Overall Annual Maximum | ● | ● | ● | ● |
| Area of cover options (chosen by your sponsor) | ● | ● | ● | ● |
| Annual deductible options | ● | ● | ● | No annual deductible |
| Out-patient treatment | | | | |
| Out-patient surgical operations | ● | ● | ● | ● |
| Consultants' fees for consultations | ● | ● | ● | ● |
| Pathology, X-rays and diagnostic tests | ● | ● | ● | ● |
| Consultants' fees, psychologists' and psychotherapists' fees for mental health treatment | ● | ● | ● | ● |
| Costs for treatment by therapists, complementary medicine practitioners and qualified nurses | ● | ● | ● | ● |
| Costs for treatment by a family doctor | ● | ● | ● | ● |
| Prescribed drugs and dressings | ● | ● | ● | ● |
| Durable Medical Equipment | ● | ● | ● | ● |
| Accident-related dental treatment | ● | ● | ● | ● |
| Wellness — mammogram, PAP test, prostate cancer screening or colon cancer screening | | ● | ● | ● |
| Full Health Screen | | ● | ● | ● |
| Vaccinations | | ● | ● | ● |
| In-patient and day-case treatment | | | | |
| Hospital accommodation | ● | ● | ● | ● |
| Intensive care | ● | ● | ● | ● |
| Prophylactic surgery | ● | ● | ● | ● |
| Reconstructive surgery | ● | ● | ● | ● |
| Mental Health treatment | ● | ● | ● | ● |
| Nursing care, drugs and surgical dressings | ● | ● | ● | ● |
| Parent accommodation | ● | ● | ● | ● |
| Pathology, X-rays, diagnostic tests and therapies | ● | ● | ● | ● |
| Specialists' fees | ● | ● | ● | ● |
| Prosthetic implants and appliances | ● | ● | ● | ● |
| Surgical operations , including pre- and post-operative care | ● | ● | ● | ● |
| Theatre charges | ● | ● | ● | ● |
| Further benefits | | | | |
| Advanced imaging | ● | ● | ● | ● |
| Cancer treatment | ● | ● | ● | ● |
| Advanced therapy medicinal products (ATMPs) | ● | ● | ● | ● |
| Healthline services | ● | ● | ● | ● |
| Bupa LifeWorks, your Global Employee Support Programme | ● | ● | ● | ● |
| HIV/AIDS drug therapy including ART | | ● | ● | ● |
| Home nursing after in-patient treatment | ● | ● | ● | ● |
| Hospice and palliative care | ● | ● | ● | ● |
| In-patient cash benefit | ● | ● | ● | ● |
| Kidney dialysis | ● | ● | ● | ● |

Summary of Benefits (continued)

| | Essential | Classic | Gold | Gold Superior |
|---|-----------|---------|------|---------------|
| Further benefits (continued) | | | | |
| Local air ambulance | ● | ● | ● | ● |
| Local road ambulance | ● | ● | ● | ● |
| Maternity cover (after a waiting period of 10 months) | ● | ● | ● | ● |
| Newborn care | ● | ● | ● | ● |
| Prosthetic devices | ● | ● | ● | ● |
| Rehabilitation | ● | ● | ● | ● |
| Transplant services | ● | ● | ● | ● |
| Treatment for or related to gender dysphoria | | | ● | ● |
| Treatment for congenital and hereditary conditions | ● | ● | ● | ● |
| Optional benefits, if purchased | | | | |
| U.S. cover | ● | ● | ● | ● |
| Dental treatment | | ● | ● | ● |
| Optical(Dental treatment and optical must be purchased together) | | ● | ● | ● |
| Assistance cover (Evacuation and Repatriation) | ● | ● | ● | ● |

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.

Summary of Exclusions

| | Essential | Classic | Gold | Gold Superior |
|--|-----------|---------|------|---------------|
| Artificial life maintenance | ● | ● | ● | ● |
| Birth control | ● | ● | ● | ● |
| Conflict and disaster | ● | ● | ● | ● |
| Convalescence and admission for general care | ● | ● | ● | ● |
| Cosmetic treatment | ● | ● | ● | ● |
| Deafness | ● | ● | ● | ● |
| Dental treatment /gum disease | ● | ● | ● | ● |
| Desensitisation and neutralisation | ● | ● | ● | ● |
| Developmental problems | ● | ● | ● | ● |
| Donor organs | ● | ● | ● | ● |
| Experimental or unproven treatment | ● | ● | ● | ● |
| Eyesight | ● | ● | ● | ● |
| Footcare | ● | ● | ● | ● |
| Genetic testing | ● | ● | ● | ● |
| Harmful or hazardous use of alcohol, drugs and/or medicines | ● | ● | ● | ● |
| Health hydros, nature cure clinics or any establishment that is not a hospital | ● | ● | ● | ● |
| Illegal activity | ● | ● | ● | ● |
| Infertility treatment | ● | ● | ● | ● |
| Obesity | ● | ● | ● | ● |
| Persistent vegetative state (PVS) and neurological damage | ● | ● | ● | ● |
| Physical aids and devices | ● | ● | ● | ● |
| Pre-existing conditions | ● | ● | ● | ● |
| Preventive and wellness treatment | ● | ● | ● | ● |
| Reconstructive or remedial surgery | ● | ● | ● | ● |
| Sexual problems | ● | ● | ● | ● |
| Sleep disorders | ● | ● | ● | ● |
| Speech disorders | ● | ● | ● | ● |
| Stem cells | ● | ● | ● | ● |
| Surrogate parenting | ● | ● | ● | ● |
| Travel costs for treatment | ● | ● | ● | ● |
| Treatment for or related to gender dysphoria | ● | ● | ● | ● |
| Treatment outside your area of cover | ● | ● | ● | ● |
| U.S. treatment | ● | ● | ● | ● |
| Unrecognised medical practitioner , provider or facility, hospital or healthcare facility | ● | ● | ● | ● |

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 what is not covered.

Overall Annual Maximum

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|---|---|---|---|---|--|
| Overall Annual Maximum | USD 2 million GBP 1.2 million EUR 1.6 million | USD 3 million GBP 1.8 million EUR 2.4 million | USD 5 million GBP 2.9 million EUR 4 million | USD 10 million GBP 5.9 million EUR 8 million | The currency applicable for your contract is as shown on your insurance certificate. |
| Area of cover options (chosen by your sponsor) | The areas of cover are: Worldwide OR Worldwide, excluding the U.S. OR Africa Plus OR Africa. | The areas of cover are: Worldwide OR Worldwide, excluding the U.S. OR Africa Plus OR Africa. | The areas of cover are: Worldwide OR Worldwide, excluding the U.S. OR Africa Plus OR Africa. | The areas of cover are: Worldwide OR Worldwide, excluding the U.S. OR Africa Plus OR Africa. | Your sponsor chose the area of cover which applies to you . This is shown on your insurance certificate. |

Overall Annual Maximum (continued)

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|--|---|---|---|-----------------------------|--|
| Annual deductible options OR USD 200, GBP 120 or EUR 160 OR USD 500, GBP 290 or EUR 400 OR USD 1,000, GBP 590 or EUR 800 OR USD 2,000, GBP 1,200 or EUR 1,600 | No annual deductible OR USD 200, GBP 120 or EUR 160 OR USD 500, GBP 290 or EUR 400 OR USD 1,000, GBP 590 or EUR 800 OR USD 2,000, GBP 1,200 or EUR 1,600 | No annual deductible OR USD 200, GBP 120 or EUR 160 OR USD 500, GBP 290 or EUR 400 OR USD 1,000, GBP 590 or EUR 800 OR USD 2,000, GBP 1,200 or EUR 1,600 | No annual deductible OR USD 200, GBP 120 or EUR 160 OR USD 500, GBP 290 or EUR 400 OR USD 1,000, GBP 590 or EUR 800 OR USD 2,000, GBP 1,200 or EUR 1,600 | No annual deductible | Please see your insurance certificate for details of any annual deductible that applies to your benefits. |

Out-patient treatment

Important

This is **treatment** which does not normally require a patient to occupy a **hospital** bed. The list below details the benefits payable for **out-patient treatment** only. If **you** are having **treatment** and **you** are not sure which benefit applies, please call **us** and **we** will be happy to help.

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|---|--|---|---|---------------|--|
| Out-patient surgical operations | Paid in full | Paid in full | Paid in full | Paid in full | We pay for out-patient surgical operations when carried out by a consultant or a family doctor . |
| Consultants' fees for consultations | We pay up to USD 2,000 GBP 1,200 or EUR 1,600 each membership year | We pay up to USD 10,900 GBP 6,400 or EUR 8,700 each membership year | Paid in full | Paid in full | This normally means a meeting with a consultant to assess your condition. Such meetings may take place: <ul style="list-style-type: none"> ○ in their office, ○ by telephone, or ○ online. |
| Pathology, X-rays and diagnostic tests | | | | | We pay for: <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) when recommended by your consultant or family doctor to help determine or assess your condition. |
| Consultants' fees, psychologists' and psychotherapists' fees for mental health treatment | | Paid in full | Paid in full | Paid in full | We cover mental health treatment during each policy year. This benefit applies to all treatment related to the mental health condition. |
| Costs for treatment by therapists , complementary medicine practitioners and qualified nurses | | We pay in full for up to 35 visits each membership year | We pay in full for up to 70 visits each membership year | Paid in full | 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 medicine practitioners when they are appropriately qualified and registered to practise in the country where treatment is received. <p>This includes the cost of both the consultation and treatment, including any complementary medicine prescribed or administered as part of your treatment.</p> <p>If any complementary medicines or treatments are supplied or carried out on a separate date to a consultation, these costs will be treated as a separate visit.</p> <p>Note: for dietitians, we pay the initial consultation plus two follow-up visits when needed as a result of a covered condition.</p> <p>Please note that obesity is not covered.</p> |

Out-patient treatment (continued)

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|---|---|---|---|--|--|
| Costs for treatment by a family doctor | Please see previous page for shared limit. | We pay in full for up to 20 visits each membership year | We pay in full for up to 35 visits each membership year | Paid in full | <p>We pay for family doctor treatment.</p> <p>Such meetings may take place:</p> <ul style="list-style-type: none"> <input type="radio"/> in their office, <input type="radio"/> by telephone, or <input type="radio"/> online. <p>We pay any vaccinations from the vaccinations benefit.</p> |
| Prescribed drugs and dressings | We pay up to USD 200, GBP 120 or EUR 160 each membership year | We pay up to USD 1,000, GBP 590 or EUR 800 each membership year | We pay up to USD 2,000, GBP 1,200 or EUR 1,600 each membership year | Paid in full | <p>We pay for the cost of drugs and dressings prescribed for you by your medical practitioner to treat a disease, illness or injury, for covered treatment.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for treatment by therapists and complementary medicine practitioners benefit.</p> |
| Durable Medical Equipment | We pay up to USD 500, GBP 290 or EUR 400 each membership year | We pay up to USD 2,000, GBP 1,200 or EUR 1,600 each membership year | We pay up to USD 5,100, GBP 3,000 or EUR 4,000 each membership year | We pay up to USD 10,000, GBP 5,800 or EUR 8,000 each membership year | <p>We pay for durable medical equipment that:</p> <ul style="list-style-type: none"> <input type="radio"/> can be used more than once <input type="radio"/> is not disposable <input type="radio"/> is used to serve a medical purpose <input type="radio"/> is not used in the absence of a disease, illness or injury and <input type="radio"/> is fit for use in the home <p>For example, oxygen supplies or wheelchairs.</p> |
| Accident-related dental treatment | We pay up to USD 410, GBP 240 or EUR 330 each membership year | Paid in full | Paid in full | Paid in full | <p>We pay for accident-related dental treatment that you receive from a dental practitioner for treatment during an emergency visit following accidental damage to any tooth.</p> <p>We only pay any accident-related dental treatment which takes place up to 30 days after the accident.</p> |
| Wellness — mammogram, PAP test, prostate cancer screening or colon cancer screening | Not covered | We pay up to USD 3,000, GBP 1,800 or EUR 2,200 each membership year | We pay up to USD 5,000, GBP 2,900 or EUR 4,000 each membership year | Paid in full | <p>We pay for these four preventive checks only.</p> <p>You need to pay and claim for this benefit.</p> |

Out-patient treatment (continued)

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|--------------------|-------------|--|--|---------------|---|
| Full Health Screen | Not covered | Please see previous page for shared limit. | Please see previous page for shared limit. | Paid in full | <p>A full health screening generally includes various routine tests performed to assess your state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. You may also have the specific screenings as part of a full health screening. The actual tests you have will depend on those supplied by the benefit provider where you have your screening.</p> <p>You need to pay and claim for this benefit.</p> |
| Vaccinations | Not covered | <p>We pay up to USD 430, GBP 250 or EUR 340 each membership year</p> | <p>We pay up to USD 1,000, GBP 590 or EUR 800 each membership year</p> | Paid in full | <p>We pay for vaccinations including vaccinations to aid the prevention of cancer, such as the human papilloma virus (HPV) vaccination, as and when such vaccines have completed medical trials and are approved for use in the country of treatment.</p> <p>We also pay for malaria tablets.</p> <p>You need to pay and claim for this benefit.</p> |

In-patient and day-case treatment

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**
- **we** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite.
- if the cost of **treatment** is linked to the type of room, **we** pay the cost of **treatment** at the rate which would be charged if **you** occupied a standard single room with a private bathroom
- the **hospital** where **you** have **your treatment** must be recognised

Long in-patient stays: 10 nights or longer

In order for **us** to cover an in-patient stay lasting 10 nights or more, **you** must send **us** a medical report from **your consultant** before the eighth night, confirming:

- **your** diagnosis
- **treatment** already given
- **treatment** planned
- discharge date

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|-------------------------------|--------------|--------------|--------------|---------------|---|
| Hospital accommodation | Paid in full | Paid in full | Paid in full | Paid in full | <p>We pay charges for 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 accommodation in a room that is no more expensive than the hospital's standard single room with a private bathroom. This means that we will not pay the extra costs of a deluxe, executive or VIP suite.</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>Please also read convalescence and admission for general care in the 'What is not covered?' section.</p> |
| Intensive care | Paid in full | Paid in full | Paid in full | Paid in full | <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 routinely needed 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 |
| Prophylactic surgery | Paid in full | Paid in full | Paid in full | Paid in full | <p>We may pay if Bupa Global's medical policy criteria is met, for example, a mastectomy when there is a significant family history and/or you have a positive result from genetic testing related to breast cancer.</p> <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit will not be paid unless pre-authorisation has been provided.</p> |

In-patient and day-case treatment (continued)

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|--|--------------|--------------|--------------|---------------|---|
| Reconstructive surgery | Paid in full | Paid in full | Paid in full | Paid in full | <p>We pay for treatment to restore your appearance after an illness, injury or surgery. We may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during your current continuous cover.</p> <p>Please contact us for pre-authorisation before proceeding with any reconstructive surgery. Benefit will not be paid unless pre-authorisation has been provided.</p> |
| Mental Health treatment | Paid in full | Paid in full | Paid in full | Paid in full | <p>We cover Mental Health treatment in hospital during each policy year, in full. This benefit applies to all treatment related to the mental health condition.</p> |
| Nursing care, drugs and surgical dressings | Paid in full | Paid in full | Paid in full | Paid in full | <p>We pay for nursing services, drugs and surgical dressings you need as part of your treatment in hospital.</p> <p>Note: we do not pay for nurses hired as well as 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> |
| Parent accommodation | Paid in full | Paid in full | Paid in full | Paid in full | <p>We pay room and board costs for the parent staying in hospital with their child when:</p> <ul style="list-style-type: none"> ○ the costs are for one parent or legal guardian only ○ the parent or guardian is staying in the same hospital as the child, ○ the child is aged 17 or under, and ○ the child is receiving treatment that is covered by this policy. |
| Pathology, X-rays, diagnostic tests and therapies | Paid in full | Paid in full | Paid in full | Paid in full | <p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays), and ○ diagnostic tests such as electrocardiograms (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 (such as physiotherapy) and complementary medicine practitioners (such as acupuncturists) if it is needed as part of your treatment in hospital.</p> |
| Specialists' fees | Paid in full | Paid in full | Paid in full | Paid in full | <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> |

In-patient and day-case treatment (continued)

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|---|--------------|--------------|--------------|---------------|--|
| Prosthetic implants and appliances | Paid in full | Paid in full | Paid in full | Paid in full | <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"> ○ to replace a joint or ligament ○ to replace one or more heart valves ○ to replace the aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ to control urinary incontinence (bladder control) ○ 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 ○ to restore vocal function following surgery for cancer <p>We also pay for the following appliances:</p> <ul style="list-style-type: none"> ○ a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament, or ○ a spinal support which is an essential part of a surgical operation to the spine |
| Surgical operations , including pre- and post-operative care | Paid in full | Paid in full | Paid in full | Paid in full | <p>We pay surgeons' and anaesthetists' fees for a surgical operation, including all pre- and post-operative care.</p> <p>Note: this benefit does not include follow-up consultations with your consultant, as these are paid under the consultants' fees for consultations benefit</p> |
| Theatre charges | Paid in full | Paid in full | Paid in full | Paid in full | We pay for use of an operating theatre. |

Further benefits

Important

These are the additional benefits provided by **your** membership of the Company plan. These benefits may be in-patient, out-patient or day-case.

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|--|--|--|--|--|---|
| Advanced imaging | Paid in full | Paid in full | Paid in full | Paid in full | 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 | Paid in full | Paid in full | Paid in full | Paid in full | 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). If your treatment involves advanced therapy medicinal products (ATMP) , this will be paid from the ATMP benefit. |
| Advanced therapy medicinal products (ATMPs) | Paid in full, one course of treatment for each condition per lifetime | Paid in full, one course of treatment for each condition per lifetime | Paid in full, one course of treatment for each condition per lifetime | Paid in full, one course of treatment for each condition per lifetime | We pay for ATMP treatment if it is: <ul style="list-style-type: none"> ○ administered by a specialist in the country where you receive it, and; ○ approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of treatment that you have, and; ○ endorsed by an independent specialist appointed by Bupa Global who confirms it: <ul style="list-style-type: none"> ○ as medically appropriate, based on established medical practice, or ○ is provided under a registered and ethically approved study (in this case we will not apply the 'experimental or unproven treatment' exclusion). <p>Please contact us for pre-authorisation before proceeding with treatment.</p> |
| Healthline services | Included | Included | Included | Included | This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +254 (0) 207 602 027 (inside Kenya) or +44 (0) 1273 333 911 (rest of the world) at any time when you need to. The following are some of the services that may be offered by telephone: <ul style="list-style-type: none"> ○ general medical information from a health professional ○ medical referrals to a specialist or hospital ○ medical service referral (such as locating a specialist) and assistance arranging appointments ○ inoculation and visa requirements information ○ emergency message transmission ○ interpreter and embassy referral <p>Note: treatment arranged through this service may not be covered under your plan. Please check your cover before proceeding.</p> |

Further benefits (continued)

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|---|---|---|---|--|--|
| Bupa LifeWorks, your Global Employee Support Programme | Included | Included | Included | Included | <p>We pay in full for up to 5 counselling sessions, each mental health condition, every membership year.</p> <p>No limit applies to the number of conditions each year.</p> <p>Bupa LifeWorks, your global Employee Assistance Programme, provides 24/7 confidential support from a specialist, plus a wealth of expert tips and toolkits to support your wellbeing, at work and at home.</p> <p>Note: The overall annual maximum benefit limit does not apply.</p> <p>Important: support and advice provided through this service does not confirm that any related treatment or other support which may be discussed would be covered under your health plan.</p> <p>For full details of how to use this service and how it works, please see the Bupa LifeWorks section of this membership guide.</p> |
| HIV/AIDS drug therapy including ART | Not covered | We pay up to USD 20,000, GBP 11,700 or EUR 16,000 each membership year | We pay up to USD 20,000, GBP 11,700 or EUR 16,000 each membership year | We pay up to USD 20,000, GBP 11,700 or EUR 16,000 each membership year | <p>We pay for HIV/AIDS drug therapy.</p> <p>Note: we pay for treatment that is not drug therapy or ART from your in-patient treatment or out-patient benefits</p> <p>Note (for Essential members only): We pay for in-patient treatment of HIV/AIDS. This does not include any drug therapy or ART.</p> |
| Home nursing after in-patient treatment | We pay up to USD 200, GBP 120 or EUR 160 each day up to a maximum of 10 days each membership year | We pay up to USD 340, GBP 200 or EUR 270 each day up to a maximum of 20 days each membership year | Paid in full up to a maximum of 30 days each membership year | Paid in full up to a maximum of 45 days each membership year | <p>We pay for home nursing after covered in-patient treatment. We pay if the home nursing:</p> <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 |
| Hospice and palliative care | We pay up to USD 41,000 GBP 24,000 or EUR 33,000 maximum benefit for the whole of your membership | We pay up to USD 41,000 GBP 24,000 or EUR 33,000 maximum benefit for the whole of your membership | We pay up to USD 41,000 GBP 24,000 or EUR 33,000 maximum benefit for the whole of your membership | Paid in full | <p>If you need in-patient, day-case or out-patient care or treatment following the diagnosis that your condition is terminal, when treatment can no longer be expected to cure your condition, we pay for your physical, psychological, social and spiritual care as well as hospital or hospice accommodation, nursing care and prescribed drugs.</p> <p>The amount shown here is the total amount we shall pay for these expenses during the whole of your lifetime of Bupa, whether continuous or not.</p> |

Further benefits (continued)

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|-------------------------|--|--|--|--|--|
| In-patient cash benefit | <p>We pay</p> <p>USD 150, GBP 90 or EUR 120</p> <p>each night up to 20 nights each membership year</p> | <p>We pay</p> <p>USD 150, GBP 90 or EUR 120</p> <p>each night up to 20 nights each membership year</p> | <p>We pay</p> <p>USD 150, GBP 90 or EUR 120</p> <p>each night up to 20 nights each membership year</p> | <p>We pay</p> <p>USD 150, GBP 90 or EUR 120</p> <p>each night up to 20 nights each membership year</p> | <p>This benefit is paid instead of any other benefit for each night you receive covered in-patient treatment without charge.</p> <p>To claim this benefit, please ask the hospital to sign and stamp your claim form. Then send the completed form to us with a covering letter stating that you were treated with no charge. Please note that you need to make sure that the medical section of your claim form is completed by your consultant.</p> |
| Kidney dialysis | Paid in full | Paid in full | Paid in full | Paid in full | We pay for kidney dialysis - provided as in-patient, day-case or as an out-patient. |
| Local air ambulance | Paid in full | Paid in full | Paid in full | Paid in full | <p>We pay for medically necessary travel for you to be transported by local air ambulance such as a helicopter, when related to covered in-patient treatment or day-case treatment, either:</p> <ul style="list-style-type: none"> ○ from the location of an accident to hospital, or ○ for a transfer from one hospital to another <p>when it is appropriate for this method of transfer to be used to transport you over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue.</p> <p>Note: this benefit does not include evacuation if the treatment you need is not available locally.</p> |
| Local road ambulance | Paid in full | Paid in full | Paid in full | Paid in full | We pay for medically necessary travel by local road ambulance when related to covered in-patient treatment or day-case treatment . |

Further benefits (continued)

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|---|--|--|--|--|---|
| Maternity cover (after a waiting period of 10 months) | <p>Maternity and childbirth, including childbirth at home or birthing centre:</p> <p>We pay up to</p> <p>USD 2,000,</p> <p>GBP 1,200 or</p> <p>EUR 1,600</p> <p>each membership year</p> <p>Medically essential caesarean section:</p> <p>We pay up to</p> <p>USD 15,000,</p> <p>GBP 8,800 or</p> <p>EUR 12,000</p> <p>each membership year</p> <p>Complications of maternity and childbirth:</p> <p>Paid in full</p> | <p>Maternity and childbirth, including childbirth at home or birthing centre:</p> <p>We pay up to</p> <p>USD 10,000,</p> <p>GBP 5,800 or</p> <p>EUR 8,000</p> <p>each membership year</p> <p>Medically essential caesarean section:</p> <p>We pay up to</p> <p>USD 21,500,</p> <p>GBP 12,600 or</p> <p>EUR 17,200</p> <p>each membership year</p> <p>Complications of maternity and childbirth:</p> <p>Paid in full</p> | <p>Maternity and childbirth, including childbirth at home or birthing centre:</p> <p>We pay up to</p> <p>USD 12,000,</p> <p>GBP 7,000 or</p> <p>EUR 9,600</p> <p>each membership year</p> <p>Medically essential caesarean section:</p> <p>We pay up to</p> <p>USD 25,500,</p> <p>GBP 15,000 or</p> <p>EUR 20,400</p> <p>each membership year</p> <p>Complications of maternity and childbirth:</p> <p>Paid in full</p> | <p>Maternity and childbirth, including childbirth at home or birthing centre:</p> <p>We pay up to</p> <p>USD 20,000,</p> <p>GBP 11,700 or</p> <p>EUR 16,000</p> <p>each membership year</p> <p>Medically essential caesarean section:</p> <p>We pay up to</p> <p>USD 28,500,</p> <p>GBP 16,800 or</p> <p>EUR 22,800</p> <p>each membership year</p> <p>Complications of maternity and childbirth:</p> <p>Paid in full</p> | <p>We pay maternity benefits only after you have been covered under the plan for 10 months. This 10-month waiting period does not apply if you have MHD (medical history disregarded) underwriting terms. Your insurance certificate will show if you have MHD underwriting terms.</p> <p>Maternity and childbirth, including childbirth at home or birthing centre (after a waiting period of 10 months)</p> <p>These benefits include for example:</p> <ul style="list-style-type: none"> o antenatal care such as ultrasound scans o hospital charges, obstetricians' and midwives' fees for pregnancy and childbirth o obstetricians' and midwives' fees for delivering your baby at home or a birthing centre o postnatal care needed by the mother immediately following normal childbirth, such as stitches <p>You need to pay and claim for antenatal and postnatal care.</p> <p>Treatment for</p> <ul style="list-style-type: none"> o abnormal cell growth in the womb (hydatidiform mole) o foetus growing outside the womb (ectopic pregnancy) <p>are not covered from this benefit but may be covered by your other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other benefits).</p> <p>Note: routine care for your baby We pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if covered, is paid from the baby's newborn care benefit, not from the mother's maternity benefit.</p> <p>Your baby is also covered for up to seven days routine care following birth if your baby was born to a surrogate mother and you, as the intended parent, have been covered on the plan for 10 months when the baby is born.</p> <p>Medically essential caesarean section (after a waiting period of 10 months) This benefit includes hospital, obstetricians' and other medical fees for the cost of the delivery of your baby by Caesarean section when medically essential. For example, non progression during labour, dystocia, foetal distress, or haemorrhage, provided the mother has been a member of this plan for at least 10 months before delivery.</p> <p>Note: if we are unable to determine that your Caesarean section was medically essential, it will be paid from your maternity and childbirth benefit limit.</p> <p>Complications of maternity and childbirth (after a waiting period of 10 months) Treatment which is medically necessary as a direct result of pregnancy and childbirth complications.</p> <p>By complications we mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth.</p> <p>Please contact us for pre-authorisation where possible. If you require an emergency admission as a direct result of pregnancy and childbirth complications, please contact us within 48 hours of your admission.</p> <p>Please also see the section 'Adding dependants'.</p> <p>Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered?' section.</p> |

Further benefits (continued)

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|---------------------|---|---|--|---------------|--|
| Newborn care | <p>We pay</p> <p>USD 150,000,</p> <p>GBP 90,000 or</p> <p>EUR 120,000</p> <p>maximum benefit for all treatment received during the first 90 days following birth</p> | <p>We pay</p> <p>USD 150,000,</p> <p>GBP 90,000 or</p> <p>EUR 120,000</p> <p>maximum benefit for all treatment received during the first 90 days following birth</p> | <p>We pay</p> <p>USD 150,000,</p> <p>GBP 90,000 or</p> <p>EUR 120,000</p> <p>maximum benefit for all treatment received during the first 90 days following birth</p> | Paid in full | <p>All treatment (including routine preventive care, check-ups and immunisations) needed for a newborn during the first 90 days' following birth shall be covered by this newborn care benefit.</p> <p>The newborn care benefit is paid instead of any other benefit.</p> <p>Newborn children must have their own membership and must be registered on a Bupa Global plan before this benefit can be claimed.</p> <p>Please see 'Adding dependants' section.</p> |
| Prosthetic devices | <p>We pay a maximum benefit of</p> <p>USD 4,000,</p> <p>GBP 2,400 or</p> <p>EUR 3,200</p> <p>for each device</p> | <p>We pay a maximum benefit of</p> <p>USD 5,100</p> <p>GBP 3,000 or</p> <p>EUR 4,000</p> <p>for each device</p> | <p>We pay a maximum benefit of</p> <p>USD 6,800</p> <p>GBP 4,000 or</p> <p>EUR 5,400</p> <p>for each device</p> | Paid in full | <p>We pay for the initial prosthetic device needed as part of your treatment. By this we mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is needed at the time of your surgical procedure. We do not pay for any replacement prosthetic devices for adults including any replacement devices needed for a pre-existing condition. We will pay for the initial and up to two replacements for each device for children aged 15 and under.</p> |
| Rehabilitation | <p>We pay in full for up to 42 days of rehabilitation treatment (which may be in-patient treatment, day-case treatment or out-patient treatment) each membership year.</p> | <p>We pay in full for up to 42 days of rehabilitation treatment (which may be in-patient treatment, day-case treatment or out-patient treatment) each membership year.</p> | Paid in full | Paid in full | <p>We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy.</p> <p>We pay for rehabilitation, only when you have received our pre-authorization before the treatment starts. For in-patient treatment one day is each overnight stay and for day-case treatment and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for rehabilitation where it:</p> <ul style="list-style-type: none"> ○ starts within six weeks of in-patient treatment which is covered by your membership (such as trauma or stroke), and ○ arises as a result of the condition which needed the in-patient treatment or is needed as a result of such treatment given for that condition <p>Note: in order to give pre-authorization, we must receive full clinical details from your consultant; including your diagnosis, treatment given and planned, and proposed discharge date if you receive rehabilitation.</p> |
| Transplant services | Paid in full | Paid in full | Paid in full | Paid in full | <p>We pay for transplant services that you need as a result of a covered condition. We pay medical expenses if you need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. We also pay for bone marrow transplants (either using your own bone marrow or that of a compatible donor) and peripheral blood stem cell transplants, with or without high-dose chemotherapy.</p> <p>We do not pay for costs associated with the donor or the donor organ.</p> <p>Note: Any drugs prescribed for use as an out-patient, including anti-rejection drugs, are paid from your out-patient treatment benefits.</p> <p>Please see donor organs in the 'What is not covered?' section.</p> |

Further benefits (continued)

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|---|--|---|--|---|--|
| Treatment for or related to gender dysphoria | Not covered | Not covered | We pay up to USD 80,000, GBP 48,000 or EUR 64,000 each membership year | Paid in full | This benefit is paid instead of any other benefit for all hormonal and surgical treatment for or related to gender dysphoria. Any mental health treatment for or related to gender dysphoria is paid from the mental health benefit and is covered to the limits that apply to the mental health benefit. All treatment under this benefit must be pre-authorised. Please refer to the 'What is not covered?' section. |
| Treatment for congenital and hereditary conditions | We pay up to USD 50,000, GBP 29,000 or EUR 40,000 each membership year | We pay up to USD 100,000, GBP 59,000 or EUR 80,000 each membership year | We pay up to USD 150,000, GBP 90,000 or EUR 120,000 each membership year | We pay up to USD 200,000, GBP 120,000 or EUR 160,000 each membership year | We pay for treatment of congenital and hereditary conditions: <ul style="list-style-type: none"> ○ by congenital conditions we mean any abnormalities, deformities, diseases, illnesses or injuries present at birth, whether diagnosed or not ○ by hereditary conditions we mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of your family. <p>If you are unsure whether your condition may be classed as congenital or hereditary, please contact us for more information.</p> |

Optional benefits, if purchased

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|-------------------------|---|---|---|---|--|
| U.S. cover | <p>100% of covered costs in network.</p> <p>Reasonable and customary costs out of network.</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorized or only 50% of covered costs may be payable.</p> | <p>100% of covered costs in network.</p> <p>Reasonable and customary costs out of network.</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorized or only 50% of covered costs may be payable.</p> | <p>100% of covered costs in network.</p> <p>Reasonable and customary costs out of network.</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorized or only 50% of covered costs may be payable.</p> | <p>100% of covered costs in network.</p> <p>Reasonable and customary costs out of network.</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorized or only 50% of covered costs may be payable.</p> | <p>U.S. cover only applies if your area of cover is 'Worldwide, including the U.S.'</p> <p>Your insurance certificate will show which area of cover applies to you.</p> <p>Pre-authorization and the U.S. provider network</p> <p>If you have U.S. cover, then before any in-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans in the U.S., you must contact our dedicated team for pre-authorization.</p> <p>Please contact them by calling 844 369 3797 (from inside the U.S.), or +1 844 369 3797 (from outside the U.S.).</p> <p>In-patient treatment, day-case treatment, cancer treatment, MRI, CT and PET scans received in the U.S. without pre-authorization may not be paid beyond 50%. Any pre-authorized treatment costs are covered according to this table of benefits.</p> <p>Our U.S. Service Partner uses a national network of hospitals, clinics and medical practitioners. This is the U.S. provider network. Our dedicated team can help you to find a hospital or clinic in the U.S. provider network, when you contact them for pre-authorization. When covered treatment takes place in the U.S. using the U.S. provider network, benefit is paid at 100%, once any co-insurance or deductible amount which may apply, and which you are responsible to pay, has been taken from the claimed amount. Where covered treatment takes place in the U.S. but outside the U.S. provider network, benefit is paid at reasonable and customary costs. Please see the "Our approach to costs" section of this membership guide.</p> <p>Please also see U.S. treatment in the 'What is not covered?' section.</p> |
| Dental treatment | Not covered | <p>We pay up to</p> <p>USD 2,000,</p> <p>GBP 1,200 or</p> <p>EUR 1,600</p> <p>maximum benefit for each membership year</p> | <p>We pay up to</p> <p>USD 3,500,</p> <p>GBP 2,100 or</p> <p>EUR 2,600</p> <p>maximum benefit for each membership year</p> | <p>We pay up to</p> <p>USD 5,000,</p> <p>GBP 2,900 or</p> <p>EUR 4,000</p> <p>maximum benefit for each membership year</p> | <p>Treatment must be provided by a dental practitioner.</p> <p>We pay (Classic and Gold members):</p> <ul style="list-style-type: none"> ○ 100% of preventive treatment (such as check-ups, X-rays, scale and polishing) ○ 80% of routine treatment (such as fillings, extractions and root canal therapy) ○ 50% of major restorative (such as crowns, bridges or implants) ○ 50% of orthodontic treatment of overbite or under bite, for members aged 18 and under. <p>We pay (Gold Superior members):</p> <ul style="list-style-type: none"> ○ 100% of preventive treatment (such as check-ups, X-rays, scale and polishing) ○ 100% of routine treatment (such as fillings, extractions and root canal therapy) ○ 100% of major restorative (such as crowns, bridges or implants) ○ 100% of orthodontic treatment of overbite or under bite, for members aged 18 and under. <p>Note (for Classic, Gold and Gold Superior members only): This benefit is available only in conjunction with the optical benefit.</p> <p>You need to pay and claim for this benefit.</p> |

Optional benefits, if purchased (continued)

| Benefits | Essential | Classic | Gold | Gold Superior | Explanation of benefits |
|---|-------------|---|---|---|--|
| Optical (Dental treatment and optical must be purchased together) | Not covered | We pay up to USD 500, GBP 290 or EUR 400 maximum benefit for each membership year | We pay up to USD 1,000, GBP 590 or EUR 800 maximum benefit for each membership year | We pay up to USD 5,000, GBP 2,900 or EUR 4,000 maximum benefit for each membership year | <p>We pay (Classic and Gold members):</p> <ul style="list-style-type: none"> ○ maximum of one eye test each membership year, which includes the cost of your consultation and sight / vision testing ○ 75% of covered costs for glasses lenses and contact lenses which are prescribed to correct a sight / vision problem, such as short or long sight ○ 75% of covered costs of glasses frames, only if you have been prescribed glasses lenses. Your glasses lens prescription or invoice will be needed in support of your claim for glasses frames. <p>We pay (Gold Superior members):</p> <ul style="list-style-type: none"> ○ maximum of one eye test each membership year, which includes the cost of your consultation and sight / vision testing ○ 100% of covered costs for glasses lenses and contact lenses which are prescribed to correct a sight / vision problem, such as short or long sight ○ 100% of covered costs of glasses frames, only if you have been prescribed glasses lenses. Your glasses lens prescription or invoice will be needed in support of your claim for glasses frames. <p>Note (for Classic, Gold and Gold Superior members only): This benefit is available only in conjunction with the dental treatment benefit.</p> <p>You need to pay and claim for this benefit.</p> |
| Assistance cover (Evacuation and Repatriation) | | | | | <p>Your insurance certificate will show if you have purchased this cover. Please see 'Assistance cover' section.</p> <p>The overall annual maximum benefit limit does not apply.</p> |

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. **You** may also have personal exclusions or restrictions that apply to **your** plan, as shown on **your** insurance certificate. No personal exclusions or restrictions shall apply where **we** have agreed with **your sponsor** that medical history has been disregarded.

Do you have cover for pre-existing conditions?

When **your sponsor** 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** insurance 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** insurance 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** insurance certificate, **we** do not pay for conditions which are directly related to:

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

Important note:

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

Please note that, if **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**. More rules may apply in respect of covered benefits received from an 'out-of-**network**' benefit provider in certain specific countries.

| Exclusion | Notes | Rules |
|-----------------------------|-------|---|
| 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 | | Any type of contraception, sterilisation, termination of pregnancy or family planning. |

| Exclusion | Notes | Rules |
|--|---|---|
| Conflict and disaster | | <p>We shall not be liable for any claims which concern, are due to or are incurred as a result of treatment for sickness or injuries directly or indirectly caused by you putting yourself in danger by entering a known area of conflict (as listed below) and/or if you were an active participant or you have displayed a blatant disregard for your personal safety in a known area of conflict:</p> <ul style="list-style-type: none"> ○ nuclear or chemical contamination ○ war, invasion, acts of a foreign enemy ○ civil war, rebellion, revolution, insurrection ○ terrorist acts ○ military or usurped power ○ martial law ○ civil commotion, riots, or the acts of any lawfully constituted authority ○ hostilities, army, naval or air services operations whether war has been declared or not |
| Convalescence and admission for general care | | <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 medicine practitioner ○ receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals |
| 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. This includes:</p> <ul style="list-style-type: none"> ○ dental implants to replace a sound natural tooth ○ hair transplants for any reason ○ 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:</p> <ul style="list-style-type: none"> ○ we do not pay for breast reduction for backache or gynaecomastia (the enlargement of breasts in men). ○ we do not pay for treatment of keloid scars. We also do not pay for scar revision, even if the scar is causing a functional problem. |
| Deafness | | <p>Treatment for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.</p> |
| Dental treatment /gum disease | <p>Please see dental treatment in the table of benefits.</p> <p>Please see accident related dental in the table of benefits.</p> | <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> |
| Desensitisation and neutralisation | | <p>Treatment to de-sensitise or neutralise any allergic condition or disorder.</p> |

| Exclusion | Notes | Rules |
|---|-------|---|
| Developmental problems | | Developmental and behavioural problems <ul style="list-style-type: none"> ○ learning difficulties, such as dyslexia. ○ developmental problems treated in an educational environment or to support educational development. |
| Donor organs | | Treatment costs for, or as a result of the following: <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 |
| Experimental or unproven treatment | | Clinical tests, treatments , equipment, medicines, devices or procedures that are unproven or investigational with regards to safety and efficacy. <ul style="list-style-type: none"> ○ We do not pay for any test, treatment, equipment, medicine, device or procedure that is not accepted standard clinical use but is (or should, in Bupa's 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-authorised by Bupa Global in line with its criteria for standard clinical use. Standard clinical use includes: <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. U.S. 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. Notes: <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 accepted 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. |

| Exclusion | Notes | Rules |
|---|--|--|
| Eyesight | Please see optical in the table of benefits. | Surgery to correct eyesight, such as laser treatment , refractive keratotomy (RK) and photorefractive keratotomy (PRK). We will pay for covered treatment or surgery for a detached retina, glaucoma, cataracts or keratoconus. We will only pay for routine eye examinations, contact lenses and glasses if you have 'dental and optical' cover. |
| 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. |
| 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 |
| Health hydros, nature cure clinics or any establishment that is not a hospital | | Treatment or services received in health hydros, nature cure clinics or any establishment that is not a hospital . |
| 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 offenses. |
| 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"> ○ you had not 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 more 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 . |
| Physical aids and devices | | Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance . Examples: we will not pay for hearing aids. |

| Exclusion | Notes | Rules |
|--|---|---|
| Pre-existing conditions | Please note: this exclusion does not apply if your sponsor has purchased cover with medical history disregarded. If you are unsure whether you have this cover, please contact the customer services helpline. | <p>Any treatment for a pre-existing condition, related symptoms, or any condition that results from or is related to a pre-existing condition.</p> <p>Please contact us before your 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> |
| Preventive and wellness treatment | Please see wellness and full health screening in the table of benefits. | <p>Health screening, including routine health checks, or any preventive treatment.</p> <p>Note: we may pay for prophylactic surgery when:</p> <ul style="list-style-type: none"> ○ there is a significant family history of the disease for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ you have positive results from genetic testing (please note that we will not pay for the genetic testing) <p>Please contact us for pre-authorisation before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our pre-authorisation process.</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 |
| Sexual problems | | Treatment of any sexual problem, including impotence (whatever the cause). |
| Sleep disorders | | Treatment , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem. |
| 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 <p>in which case we may pay at our discretion.</p> |
| Stem cells | | We do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage. |
| Surrogate parenting | Please also see maternity cover in the table of benefits. | <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 |

| Exclusion | Notes | Rules |
|---|-------|--|
| Travel costs for treatment | | <p>Any travel costs related to receiving treatment, unless otherwise covered by:</p> <ul style="list-style-type: none"> ○ local air ambulance benefit, ○ local road ambulance benefit, or ○ Assistance cover <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 | | <p>We do not pay for:</p> <ul style="list-style-type: none"> ○ any surgical treatment (including cosmetic treatment) for or related to gender dysphoria unless: <ul style="list-style-type: none"> ○ you have lived continuously for at least 12 months in the gender role that is congruent with your gender identity; and ○ we have received referral letters from two independent psychologists and/or psychiatrists detailing your personal and treatment history, progress and eligibility and confirming that such treatment is medically necessary for treating gender dysphoria; and, in any event ○ any treatment (surgical or non-surgical) for or related to gender dysphoria where such treatment is unlawful and/or gender dysphoria is not a clinically recognised condition in the country of treatment. |
| Treatment outside your area of cover | | <p>Note: We do not pay for treatment outside your area of cover.</p> <p>We may pay for treatment for the first 28 days while you are in the U.S. – see the 'U.S. treatment' exclusion.</p> <p>If your area of cover is:</p> <ul style="list-style-type: none"> ○ Africa or ○ Africa Plus <p>and you move to a country outside your area of cover, please contact your sponsor straight away. This plan will no longer be available to you if this happens.</p> |

| Exclusion | Notes | Rules |
|---|-------|---|
| U.S. treatment | | <p>If U.S. cover has not been purchased, then any treatment or services, received in the U.S. are not covered when:</p> <ul style="list-style-type: none"> ○ where this takes place after the 28th day of your visit to the U.S.; or ○ where these relate to any condition where symptoms of the condition were apparent to you before your visit to the U.S.; or ○ when we know or have reasonable grounds to conclude that you travelled to the U.S. for the purpose of receiving treatment or services - this applies whether or not your treatment or services were the main or sole purpose of your visit; or ○ where these relate to the delivery of a baby, other than in the case of unforeseen premature delivery; or ○ where these relate to a newborn baby born in the U.S., other than in the case of an unforeseen premature delivery. (In the case of unforeseen premature delivery the newborn must have been validly added to the membership) or ○ when arrangements for treatment or services were not pre-authorised by our agents in the U.S. <p>Note: in order to claim for unforeseen treatment or services received within 28 days of your arrival in the U.S., you must send a photocopy of your airline ticket and stamped passport as evidence of your arrival date with your claim.</p> <p>Please see terms around adding newborn babies in the 'Adding Dependants' sections of this membership guide.</p> <p>If U.S. cover has been purchased, then treatment or services received in the U.S. are not covered when:</p> <ul style="list-style-type: none"> ○ when arrangements were not pre-authorised by our agents in the U.S. where needed (see 'Pre-authorisation - Treatment in the U.S.' section of this membership guide); or ○ when we know or have reasonable grounds to conclude, that you purchased cover for and travelled to the U.S. for the purpose of receiving treatment or services for a condition, including pregnancy when the symptoms of the condition were apparent to you before buying the cover. This applies whether or not your treatment or services were the main or sole purpose of your visit and even if the treatment or services were pre-authorised. <p>Our Service Partner in the U.S. operates a national network of hospitals, clinics and medical practitioners. This is the U.S. provider network. You must contact our dedicated team before you have treatment, and they can help to find a suitable network provider for you. If you choose not to have your in-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans in the U.S. pre-authorised, we will only pay 50% towards the cost of covered treatment.</p> <p>For covered treatment that takes place in the U.S. using the U.S. provider network, benefit is paid at 100%, once any co-insurance or annual deductible amount which may apply, and which you are responsible to pay, has been taken from the claimed amount. When covered treatment takes place in the U.S. but outside the provider network, benefit is paid at reasonable and customary costs. Please see the "Our approach to costs" section of this membership guide.</p> |
| Unrecognised medical practitioner, provider or facility, 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, or family members ○ 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 plans. You can contact us by telephone for details of benefit providers we have sent written notice to or visit Facilities Finder at www.bupaglobal.com/en/facilities/finder |

Pre-authorization

This section contains rules and information about what pre-authorization means and how it works.

We would like to make **you** aware that there are certain benefits which **you** must receive pre-authorization for. These are detailed in **your** 'Table of Benefits'. Benefit may not be paid unless pre-authorization has been provided.

What pre-authorization means

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

- the **treatment** is covered by **your** plan
- **you** have an active membership at the time that **treatment** takes place
- **your** premiums are paid up to date
- the **treatment** carried out matches the **treatment** authorised
- **you** have provided a full disclosure of the condition and **treatment** needed
- **you** have enough benefit entitlement to cover the cost of the **treatment**
- **your** condition is not a **pre-existing condition** (see the 'What is not covered?' section)
- the **treatment** is **medically necessary**
- the **treatment** takes place within 31 days after pre-authorization is given

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

Treatment we can pre-authorise

We can pre-authorise **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans.

Direct settlement/pay and claim

Direct settlement is where the provider of **your treatment** claims directly from **us**, making things easier for **you**. The alternative is for **you** to pay and then claim back the costs from **us**.

We aim to arrange direct settlement wherever possible, but it has to be with the **agreement** of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient treatment** or **day-case treatment**.

Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or clinic.

Length of stay (in-patient treatment)

Your pre-authorization will specify an approved length of stay for **in-patient treatment**. This is the number of nights in **hospital** that **we** will cover **you** for. If **your treatment** will take longer than this approved length of stay, then **you** or **your consultant** must contact **us** for an extension to the pre-authorization.

Treatment in the U.S.

All **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, and CT and PET scans in the U.S. must be pre-authorized. If **you** are going to receive any of these **treatments**, ask **your** medical provider to contact the U.S. service center for pre-authorization. All the information they need is on **your** membership card.

We have made special arrangements if **you** need to have **treatment**, be hospitalised, or visit a doctor in the U.S. This includes access to one of the largest **networks** of medical providers and facilities, and direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**.

Treatment which has not been pre-authorized

If **you** choose not to get **your in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. pre-authorized, **we** will only pay 50% towards the cost of covered **treatment**.

Of course **we** understand that there are times when **you** cannot get **your treatment** pre-authorized, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. **We** can then make sure **you** are getting the right care, and in the right place. If **you** have been taken to a **hospital** that is out-of-**network** and, if it is the best thing for **you**, **we** may arrange for **you** to be moved to an in-**network hospital** to continue **your treatment**, once **you** are stable. If **you** decline to transfer to a provider in **network** (should this be offered to be arranged, where medically appropriate) only the **reasonable and customary** costs of any covered **treatment** or services received following the date of the transfer being offered will be paid (after any applicable co-insurance or **annual deductible** has been taken).

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

Out of network treatment

Even if **your treatment** in the U.S. has been pre-authorized, if **you** choose to use a **hospital**, clinic or **medical practitioner** out of **network**, **we** will only pay **reasonable and customary** costs towards the cost of covered **treatment**. Please see the 'Our approach to costs' section of this membership guide.

There may be times when it is not possible for **you** to be treated at an in-**network hospital**. These include:

- where there is no in-**network hospital** within 30 miles of **your** address, and
- when the **treatment you** need is not available in at in-**network hospital**

In these cases, **we** will not ask **you** to share the cost of **your treatment**.

Important rules

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

We may change or withdraw **our** decision if information is 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 more information may be treated as an sign of fraudulent activities. If such a failure occurs, information may be disclosed to third parties (including other insurers) with the intention of preventing and detecting fraud.

Assistance Cover

(optional if purchased)

This section contains the rules and information for Assistance cover, an optional benefit which helps **you** if **you** need to travel to get the **treatment** that **you** need.

Note: there are two levels of Assistance cover: Evacuation and Repatriation. **Your** insurance certificate will show if **you** have Evacuation or Repatriation but **you** can visit the MembersWorld website or contact the customer services helpline if **you** are unsure.

What is Assistance cover?

When the **treatment you** need is not available locally, the Evacuation and Repatriation options both cover **you** for reasonable transport costs to the nearest appropriate place of **treatment** where the **treatment** that **you** need is available, if it is not available locally. Repatriation also gives **you** the

option of returning to **your specified country of nationality** or **your specified country of residence** when the **treatment** is not available locally. Please note: **we** will only evacuate to countries within **your area of cover**.

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

Assistance cover—general rules

The following rules apply to both the Evacuation and Repatriation levels of cover:

- **you** must contact **our** appointed representatives for confirmation before **you** travel, on +254 (0) 207 602 027 (inside Kenya) or +44 (0) 1273 333 911 (rest of the world)
- **our** appointed representatives must agree the arrangements with **you**
- Assistance cover is applicable for **in-patient treatment** and **day-case treatment** only
- the **treatment** must be recommended by **your consultant** or **family doctor** and, for medical reasons, not available locally
- the **treatment** must be covered under **your** plan
- **you** must have cover for the country **you** are being treated in, for example the U.S.
- **you** must have the appropriate level of Assistance cover in place before **you** need the **treatment**

Evacuation or Repatriation will not be covered if **you** were aware of the symptoms of **your** condition before applying for Assistance cover.

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

How to arrange your Evacuation or Repatriation

Arrangements for Evacuation or Repatriation will be made by **our** appointed representatives and must be confirmed in advance by calling +254 (0) 207 602 027 (inside Kenya) or +44 (0) 1273 333 911 (rest of the world). **You** must provide **us** with any information or proof that **we** may reasonably ask **you** for to support **your** request. **We** will only pay if all arrangements are agreed in advance by **Bupa Global's** appointed representatives.

Evacuation cover:

What we will pay for

If **you** have Evacuation cover it will be shown on **your** insurance certificate. If **you** are still unsure **you** can visit **our** MembersWorld website or contact the customer services helpline.

- **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**. It may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.
- **We** will only pay for Evacuation to the nearest place where the **treatment** needed is available when the **treatment** is not available locally. This could be to another part of the country that **you** are in, and may not be **your** home country.
- **We** will pay for the reasonable travel costs for a relative or **your** partner to accompany **you**, but only if it is **medically necessary**.
- **We** will also pay for the reasonable costs of **yours** and **your** relative or partner's return journey to the place **you** were evacuated from. All arrangements for **your** return should be approved in advance by **Bupa Global** or **our** appointed representatives.

We will pay for either:

- the reasonable cost of the return journey from within **your area of cover** by the most direct route available by land or sea, or
- the cost of an economy class air ticket by the most direct route available

whichever is the lesser amount.

We will pay reasonable costs for the transportation only of **your** body, depending on airline requirements and restrictions, to **your** home country, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets, or the transport costs for someone to collect or accompany **your** remains.

Note: **we** do not pay for any other costs related to the evacuation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under Evacuation cover, but are payable from **your** medical cover as described in the 'What is covered?' section.

Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

Repatriation cover:

What we will pay for

If **you** have Repatriation cover it will be shown on **your** insurance certificate. If **you** are still unsure **you** can visit **our** MembersWorld website or contact the customer services helpline. Repatriation cover also includes Evacuation cover — see above.

- **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**.
- **We** will pay for repatriation to **your specified country of nationality** or **your specified country of residence**, when the **treatment** needed is not available locally.
- **We** will pay for one repatriation for each illness or injury per lifetime.
- **We** will pay the reasonable costs for a relative or **your** partner to accompany **you** to **your specified country of nationality** or **your specified country of residence** if **we** have authorised this in advance of the repatriation.
- **We** will also pay an allowance of up to USD 50, GBP 25 or EUR 37 each day for up to 10 days to cover the living expenses of the person accompanying **you**.
- **We** will pay for **you** and the person accompanying **you** to return to where **you** were repatriated from. All arrangements for

your return must be approved in advance by **Bupa Global** or **our** appointed representatives.

We will pay for either:

- the reasonable cost of the return journey by the most direct route available by land or sea, or
- the cost of a scheduled return economy class air ticket by the most direct route available, whichever is the lesser amount
- **we** will pay reasonable costs for the transportation only of **your** body, depending on airline requirements and restrictions, to **your** home country, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets, or the transport costs for someone to collect or accompany **your** remains

Note: **we** do not pay for any other costs related to the repatriation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under Repatriation cover, but are payable from **your** medical cover as described in the 'What is covered?' section.

Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

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 **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**
- if **your** claims are paid direct to **your** medical provider, **you** are responsible for paying any **annual deductible** shortfall to the provider after the claim has been assessed and paid

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 USD 500, the total value of **your** covered claims must reach USD 500 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** insurance certificate, which **you** can view online at **our** MembersWorld website. 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.

Annual deductibles are only available on the following levels of cover:

- Essential
- Classic
- Gold.

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**. **We** will send **you** a statement letting **you** know 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**

How claims are paid direct to your medical provider

If **you** have asked **us** to make a payment direct to **your** benefit provider:

- **we** will send payment to the benefit provider for the covered claim. **We** will deduct from this payment the remaining **annual deductible** on **your** membership
- **we** will send **you** a statement as usual, confirming the amount that **we** have paid towards **your** claim
- **you** are responsible for paying any shortfall to the provider after **your** claim has been assessed and paid

You are responsible for paying the **annual deductible** in all circumstances.

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.

Paying premiums and other charges

Your sponsor has to pay any and all premiums due under the **agreement**, together with any other charges (such as insurance premium tax) that may be payable.

If **you** are a contributing individual, please see the section 'Contributing Individuals'.

Starting and renewing your membership

When your cover starts

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

Renewing your membership

Your sponsor will decide on the renewal of **your** membership as part of **our agreement**.

If **you** are a contributing individual, please see the section 'Contributing Individuals'.

Ending your membership

Your sponsor can end **your**, the **principal member's** membership, or that of any of **your dependants** (if applicable), from the first day of a month by writing to **us**. **We** cannot backdate the cancellation of **your** membership.

If **you** are a contributing individual, please see the section 'Contributing Individuals'.

Your membership will automatically end:

- if the **agreement** between **Bupa Global** and **your sponsor** is terminated
- if **your sponsor** does not renew **your** membership

- if **your sponsor** does not pay premiums or any other payment due under the **agreement** for **you** or for any other person. If **you** are a contributing individual, please see the section 'Contributing Individuals'.
- if the membership of the **principal member** ends
- upon the death of the **principal member**

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

You, the **principal member** must tell **your sponsor** 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.

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

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

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

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

After your Company membership ends

You, the **principal member** can apply to transfer to a personal **Bupa Global** plan if **your** membership of **your** group plan ends. **You** can also apply for **your dependants** (if applicable) to transfer with **you**. Please contact the customer service helpline for more information.

Making changes to cover

The membership terms and conditions can change if:

- the **sponsor** and **Bupa Global** agree, or
- laws or regulators say they must change.

We will send the **principal member** a new insurance certificate if:

- they add a new **dependant** to the policy (if applicable)
- **we** need to record any other changes the **sponsor** asks for or that **we** make.

The new certificate will replace the previous one. It will take effect from the issue date (**you** can see this on the new certificate).

If **you** are a contributing individual, please see the section 'Contributing Individuals'.

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**, the **principal member** 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

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

Financial Services Compensation Scheme

We are covered by the (FSCS). In the unlikely event that **we** cannot meet **our** financial obligations, **you** may be entitled to compensation from the FSCS, if **you** are usually resident in the EEA (European Economic Area). More information is available from the FSCS by calling the Freephone number: 0800 678 1100 or 020 7741 4100 or on its website fscs.org.uk

Applicable law

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

If any dispute arises as to interpretation of this document then the English version of this document shall 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 information provided to **us** is accurate and complete, at the time **you** take out this membership, and at each renewal and variation of this membership. **You** and any **dependant** must also tell **us** if any of the answers to the questions in the application form change prior to this membership starting. Otherwise, the following apply with effect from the date the membership was taken out, renewed or varied (depending on when **we** were provided with inaccurate or incomplete information).

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

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

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

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

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

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 agent 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** agent.

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 **your** 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 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 **we** see necessary in **our** absolute discretion, to allow **us** to 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.

Contributing individuals

This section only applies to contributing individuals.

Your sponsor must pay to **us** premiums and any other payment due for **your** membership, and that of **your dependants** and every other person covered under the **agreement**. **You** contributing to the cost of premiums for **you** and/or any of **your dependants** does not in any way affect the contractual position set out in the section 'About **your** Membership'.

Contributions paid by **you** to the premiums the **sponsor** has paid for **you** (eg by payroll deduction) will be deemed to have been received by **Bupa Global** once they are received by **your sponsor**.

As soon as reasonably practicable **you** will be provided with the terms and conditions that will apply to **your** membership, and the **sponsor** will notify **you** of the contribution **you** will need to make to the cost of premiums from the effective date for the next **membership year**.

If **you** do not want **your** membership (and therefore that of **your dependants**) or the individual membership for any of **your dependants** to renew at the **renewal date you** can notify **your sponsor** at any time in advance of the **renewal date**.

If **you** wish to end **your** membership (and therefore that of **your dependants**) the following terms apply:

- **You** may end **your** membership (and therefore the membership of **your dependants**) by informing the **sponsor** within 30 days of either:
- the date **you** receive **your** terms and conditions (including **your** insurance certificate) confirming **your** membership, or
- the effective date of **your** membership

whichever is the later.

During this 30 day period if **you** have not made any claims **we** will refund to the **sponsor** all of the premiums the **sponsor** has paid for **you** for that year.

After this 30 day period **you** can end **your** membership (and therefore the membership of all **your dependants**) by informing the **sponsor** at any time during the year. In which case **we** will refund to the **sponsor** any premiums the **sponsor** has paid for **you** that relate to the period after **your** membership ends.

You may end the membership of any **dependant** by informing the **sponsor** within 30 days of either:

- the date **you** receive **your** terms and conditions (including **your** insurance certificate) confirming the membership for that **dependant**, or
- the effective date of membership for that **dependant**

whichever is the later.

During this 30 day period if no claims have been made in respect of that **dependant we** will refund to the **sponsor** all of the premiums the **sponsor** has paid for **you** that relate to that **dependant** for that year. After this 30 day period **you** can cancel a **dependant's** membership by informing the **sponsor** at any time during the year. In which case **we** will refund to the **sponsor** any premiums the **sponsor** has paid for **you** in respect of that **dependant** for the period after their membership ends.

Your membership and that of **your dependants** will automatically end if the **sponsor** does not pay premiums or any other payment due under the **agreement** for **you** or any other person, however, **we** will continue to pay eligible claims for **you** and/or **your dependant** for the period for which **you** can provide evidence (for example on payslips) that **you** paid contributions to premiums to the **sponsor**.

Where **we** have refunded to the **sponsor** premiums paid for **you** or **your dependants, you** should contact the **sponsor** in order to obtain a refund of the contributions **you** made to those refunded premiums.

Changes to your membership

If any changes to the terms and conditions of **your** membership, including **your** benefits, are agreed between the **sponsor** and **us, you** will be informed before the change takes effect. If **you** do not accept any of the changes **you** can end **your** membership by informing the **sponsor** either:

- within 30 days of the date on which the change takes effect, or
- within 30 days of **you** being told about the change

whichever is later.

Demands and needs statement

The cover provided under membership of **your** group plan is generally suitable for someone who is looking to cover the cost of a range of health expenses. **We** have not provided **you** with any advice about **your** cover and how it meets **your** individual needs. Please read **your** insurance certificate and this membership guide to make sure that the cover meets **your** needs.

Making a claim

We want it to be simple for **you** to make a claim. **We** try to pay providers directly but sometimes this isn't possible.

Claim forms

Before **we** can pay a claim, **we** need to make sure that it is a valid claim. The claim form gives **us** the information that **we** need to check that **your** claim is valid. Please make sure that **you** complete the form. If not, **we** may have to ask for more information. This can take time and delay any payment. An incomplete claim form is the most common reason for delayed payments.

You can:

- complete a claim form in MembersWorld, or
- contact **us** and **we** will send **you** one.

You must make a separate claim for each:

- member
- condition
- in-patient or day-patient stay, and
- currency of claim.

If **you** need **treatment** for more than six months, **we** can ask **you** to complete a new claim form.

What we need for your claim

We need to receive the completed form, with any invoices, receipts and prescriptions related to the claim. This must be within two years of receiving the **treatment**. **We** do not pay claims that **we** receive more than two years after **treatment** unless there is a good reason why **you** couldn't make the claim earlier.

More information

We may ask for more information about **your** claim. For example:

- medical reports or other information about **your treatment**
- the results of any medical examination by a **medical practitioner** who **we** appointed and that **we** paid for.

If **you** don't give **us** the information **we** ask for, **we** may not be able to pay **your** claim.

Important

We only pay for **treatment**:

- **you** have while **you** are on the policy
- up to the benefit levels that apply at the time **you** have it
- costs that are **reasonable and customary**.

We can't return original documents to **you** - for example invoices. However, when **you** make a claim, **you** can send **us** copies. If **you** do send an original document, **we** can send **you** a copy if **you** ask **us**.

Confirming a claim

If **you** are aged 18 or over, **we'll** explain to **you** how **we** have dealt with **your** claim. For **dependants** aged 17 and under, **we** will write to the **principal member**.

How we pay your claim

Where possible, **we** follow the instructions in the 'Payment details' section of the claim form.

Who we will pay

We only make payments to the:

- member who received the **treatment**
- provider of the **treatment**
- **principal member**
- executor or administrator of the member's estate.

We pay a **dependant** only if:

- they received the **treatment**
- they are aged 18 or over, and
- **we** have their bank details.

We do not make payments to anyone else.

Payment method

We can:

- transfer payment to **your** bank account. This is quick and secure. However, **we** can send a payment only if **we** know details of where to send the payment, for example the full account number, SWIFT code, bank address and (in Europe only) IBAN number.
- pay by cheque. **You** should cash a cheque within six months. If **you** have an out-of-date cheque, please contact **us** and **we** will replace it.

If **your** bank charges **you** for a transfer **we** make, **we** will try to refund this as well. **We** do not pay any other bank charges, for example currency exchange fees.

Payment currency and conversions

We will reimburse **you** in the currency:

- in which **we** receive the premium, or
- of the invoices **you** send **us**, or
- of **your** bank account.

Sometimes banking rules may not let **us** pay in the currency **you** would like. So, **we** will pay in the currency **we** receive the premium in.

Very rarely, paying in a certain currency may be illegal or expose **us** (or the **Bupa Group**) to United Nations sanctions. If so:

- **we** may not be able to pay **you** immediately, or
- will pay **you** in a currency which **we** are allowed to and able to.

How we convert one currency to another

The exchange rate **we** use will be Reuters closing spot rate set at 16.00 **UK** time on the **UK** working day before the invoice date. If there is no invoice date, **we** will use **your treatment** date.

Other claim information

Incorrect payment of claims

If **we** incorrectly pay **your** claim, **we** can:

- deduct the incorrectly paid amount from future claims, or
- seek repayment from **you**.

Discretionary payments

If **we** may make a payment for a benefit **your** policy doesn't cover, **we** don't have to pay identical or similar costs in the future. The payment will count towards the overall annual maximum that applies to this policy.

Claiming for treatment when others are responsible

You may need to claim for **treatment** that **you** need because someone else is at fault. An example would be if **you** were a victim in a car crash. **You** will need to complete the relevant section of the claim form. **You** will also need to take any reasonable steps **we** ask of **you** to help **us**:

- recover from the person at fault the cost of the **treatment we** paid for. This could be through their insurance company.
- claim interest if **you** are entitled to do so.

We may make a claim in **your** name. **You** must give **us** any help **we** reasonably need to make that claim. For example:

- giving **us** any documents or witness statements
- signing court documents, and
- having a medical examination.

You must not:

- take any action
- settle any claim or
- do anything which has a negative effect on **our** right to claim in **your** name.

Claiming with joint or double insurance

If **you** have other insurance for costs **you** have claimed from **us**, **you** must:

- tell **us** about this when **you** make a claim from **us**
- complete the appropriate section of the claim form.

We will only pay **our** share of the costs.

What do we do to detect and prevent fraud?

We can check **your** details with:

- fraud prevention agencies
- other insurers, and
- other relevant third parties.

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 these records to:

- help make decisions about cover 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.

Bupa LifeWorks

Bupa LifeWorks provides 24/7 confidential support and short-term counselling for **your** mental, financial, physical and emotional wellbeing. **You** also have access to a range of services, including expert tips and toolkits, as well as a wealth of online articles, podcasts, videos, and more.

Bupa Global has partnered with LifeWorks to provide **you** with access to Bupa LifeWorks provided by LifeWorks. LifeWorks is an independent provider of employee wellbeing services.

These services will be provided by LifeWorks directly to **you**.

- The service is confidential*
- Available 24 hours a day, 7 days per week, 365 days per year
- Access available worldwide online, via phone or app* and provides information, resources and counselling on any work, life, personal or family issue
- Services can be provided in a number of languages
- There is no cost to employees and their families to use this service.

Bupa LifeWorks provides counselling, information and resources on the following topics:

- Health and wellbeing:
 - Stress, depression and anxiety, substance abuse, or concern about someone else's, addictions, including gambling, domestic abuse, grief and loss, critical incidents, trauma.
- Financial and legal:
 - Budgeting, investments, retirement planning, managing loans and mortgages, managing debt, tax issues, financial concerns.
- Work-related issues:
 - Workplace stress, workplace conflict, job burnout, coping with change, career development, general workrelated issues, bullying and harassment.

- Relationships and family matters:
 - Relationship issues, separation and divorce, childcare and parenting issues, adoption, eldercare and care giving issues, education concerns and student life, relatives with disabilities.

How to contact Bupa LifeWorks

Bupa LifeWorks is accessible wherever and whenever **you** need it. Access online by visiting login.lifeworks.com or by mobile app. It's simple to install, easy to use and available in the Apple App Store or Google Play. Search "LifeWorks" and look out for the LifeWorks logo. 'Log in' for the first time using the company code 'Bupa', then enter **your Bupa Global MembersWorld** email address and password to sign in.

Bupa LifeWorks general rules

The following rules apply to the Bupa LifeWorks:

- Support and advice provided through this service does not confirm that any related **treatment** or extra support which may be discussed would be covered under **your** health plan. To discuss the cover under **your** health plan, please contact **Bupa Global** using the number on the back of **your** card.
- Access to Bupa LifeWorks, is facilitated by **Bupa Global** as an extra feature to **your** health plan under **your** table of benefits. **Your** access to Bupa LifeWorks, is facilitated by **Bupa Global** and **your** employer as an extra benefit to the insurance contract.
- Confidential and/or identifiable information which **you** may discuss with LifeWorks will not be shared with **Bupa Global** or **your** employer (LifeWorks will only share aggregated or de-identified information for reporting purposes). However, **Bupa Global** may ask **your** permission to review **your** personal data if **you** make a complaint to **Bupa Global** about LifeWorks. LifeWorks is a U.S. company, and will primarily be handling **your** personal data in the UAE and U.S.
- For more information on how LifeWorks processes **your** personal data please see LifeWorks privacy policy <https://lifeworks.com/en/privacy-policy>

- For more information on how **Bupa Global** will process **your** personal data in the event **you** have made a complaint to **Bupa Global** about the LifeWorks service please see **Bupa Global's** privacy policy www.bupaglobal.com/en/legal/privacy-notice

Calls placed from mobile phones or internet-based lines (VOIP) are carrier dependent and not guaranteed. Please contact **us** via email, text or on the website if **you** experience issues connecting.

* The transmission of information via the Internet is not completely secure. Any transmission is at **your** own risk.

Making a Complaint

How can I make a complaint?

- call **us**:
 - (inside Kenya): +254 (0) 207 602 027
 - (rest of the world):+44 (0) 1273 323 563
- email: info@bupaglobal.com
- write to: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK.

You can also ask for a copy of **our** complaints process.

If **we** can't settle **your** complaint within eight weeks or **you** don't agree with **our** final decision, **you** may be able to refer it to the Financial Ombudsman Service:

- write to: Financial Ombudsman Service, Exchange Tower, London, E14 9SR, UK
- call them:
 - 0800 023 4 567 (free from most landlines)
 - 0300 123 9 123 from outside the **UK** +44 (0) 20 7964 0500
 - for text relay (18002) 020 7964 1000
- email: complaint.info@financial-ombudsman.org.uk

For more details go to: www.financial-ombudsman.org.uk

Easier to read information

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

Confidentiality and Data Processing

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), includes all 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** policy, 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 Global** Privacy Policy at www.bupaglobal.com/privacypolicy.

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 policy), including **treatment** and services received, claims paid, the amount of any **annual deductible** used and, if relevant, any medical history which impacts on the provision of the policy.

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 Global** service team on:

o (inside Kenya): +254 (0) 207 602 027
o (rest of the world):+44 (0) 1273 323 563

Alternatively **you** can email or write to the team via info@bupa-intl.com; or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

Adding Dependants

If **your sponsor** agrees, **you**, the **principal member** may apply to include any of **your dependants** under **your** membership. To apply **you**, the **principal member** will need to complete a Company Application form which can be downloaded easily from <https://membersworld.bupaglobal.com>. Or **you** can contact **us** and **we** will send one to **you**.

The medical history for all additional **dependants**, **you** apply to include on **your** membership including any newborn children, will be reviewed by **our** medical underwriters. This may result in special restrictions or exclusions, which are personal to them and which will be shown on **your** insurance certificate or **we** may decline to offer cover. For newborn children any exclusions or restrictions will be applied from their 91st day of birth if they are covered for newborn care, or **we** may decline to offer cover after 90 days of birth.

This does not apply if **your sponsor** has purchased cover with medical history disregarded. Please contact the customer services helpline if **you** are not sure if this applies to **you**.

Adding your Newborn

Newborn children are covered for newborn care and can be included on **your** membership from their date of birth when **you** have completed a newborn application form and **we** have received it before **your** child is 30 days old.

If **your** application form is not received within 30 days of birth, the newborn care benefit will be covered from the date of receipt up until the 90th day.

If **we** have applied any underwriting restrictions, these will be applied from their 91st day of birth, or **we** may decline to offer cover.

Where full U.S. cover has not been purchased prior to the mother falling pregnant, new born care / **treatment** will not be covered by the 28 day **emergency** U.S. cover or other, unless the baby is prematurely born in unexpected circumstances.

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

When cover starts for others on your membership

Cover for any **dependant** under **your**, the **principal member's**, membership will begin on the effective date shown on their insurance certificate.

If **your**, the **principal member's** membership ceases, **your dependants** can then apply for membership in their own right under an individual **Bupa Global** insurance plan.

Privacy notice

Last updated: May 2023

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. The information **we** process about **you**, and **our** reasons for processing it, depends on the products and services **you** use. **You** can find more details in **our** full privacy notice available at: www.bupaglobal.com/privacypolicy. If **you** do not have access to the internet and would like a paper copy of the full privacy notice, or if **you** have any questions about how **we** handle **your** information, please contact the **Bupa Global** service team on +44 (0) 1273 323 563. Alternatively, **you** can email or write to the team via info@bupaglobal.com or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

Information about Bupa Global

In this privacy notice, "**we**" "**us**" and "**our**" means the Bupa companies trading as **Bupa Global**. For details of these companies visit www.bupaglobal.com/legal-notice

The Bupa companies that process **your** information will depend on which of **our** products and services **you** ask **us** about, buy or use. For **our** insurance policies, **your** information will be processed by the insurer and the lead administrator of **your** policy who may share it with other Bupa companies as set out in the 'Sharing **your** information section'. Please refer to **your** policy documentation for confirmation of the insurer and lead administrator.

1. What this privacy notice covers

This privacy notice applies to anyone who interacts with **us** about **our** products and services ("**you**", "**your**"), in any way (for example email, website, phone, app and so on).

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 information about **you** and, if it applies, **your dependants**. This is standard personal information (for example information **we** use to contact **you**, identify **you** or manage **our** relationship with **you**), special categories of information (for example health information, information about race, ethnic origin and religion that allows **us** to tailor **your** care), and information about any criminal convictions and offences (**we** may get this information when carrying out anti-fraud or anti-money-laundering checks or other background

screening activity).

4. What we use personal information for and our legal reasons for doing so

We process **your** personal information for the purposes set out in **our** full privacy notice, including 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**) and to 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 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 line 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 healthcare 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 **UK** to outside the **UK**, and 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.

9. Your rights

You have rights to have access to **your** information and to ask **us** to correct, erase and restrict use of **your** information. **You** also have rights to object to **your** information being used, to ask **us** to transfer information **you** have made available to **us**, to withdraw **your** permission for **us** to use **your** information and to ask **us** not to make automated decisions which produce legal effects concerning **you** or significantly affect **you**. Please contact **us** if **you** would like to exercise any of **your** rights.

10. Data protection contacts

If **you** have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which **we** process information about **you**, please contact **us** at info@bupaglobal.com. **You** can also use this address to contact **our** Data Protection Officer.

You also have the right to make a complaint to **your** local privacy supervisory authority. **Our** main office is in the **UK**, where the local supervisory authority is the Information Commissioner's Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

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 |
|---|---|
| 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. |
| Advanced therapy medicinal products (ATMPs): | Treatments that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell treatment . |
| Africa | Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mayotte, Morocco, Mozambique, Namibia, Niger, Nigeria, Réunion, Rwanda, Saint Helena, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Tanzania, Togo, Tunisia, Uganda, Western Sahara, Zambia, Zimbabwe |
| Africa Plus: | The countries in Africa and also Bangladesh, India, Jordan, Lebanon, Pakistan, Republic of the Philippines, Sri Lanka |
| Agreement: | The agreement between Bupa Global and the sponsor under which we have accepted you into membership of the plan. |
| Annual deductible: | The amount you 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 insurance certificate. The annual deductible applies separately to each person covered. |

| Defined term | Description |
|---|---|
| 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. |
| Area of cover | The areas of cover are: <ul style="list-style-type: none">○ Worldwide OR <ul style="list-style-type: none">○ Worldwide, excluding the U.S. OR <ul style="list-style-type: none">○ Africa Plus OR <ul style="list-style-type: none">○ Africa. <p>Your sponsor chose the area of cover which applies to you. This is shown on your insurance certificate.</p> |
| Assisted Reproduction Technologies: | Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction. |
| Birthing centre: | A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth. |
| Bupa Global: | Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited. |
| Bupa Group: | Bupa Global , Bupa Insurance Services Limited and all other companies in the Bupa Group , and those companies which provide any administration of this policy on behalf of Bupa Global . |
| Complementary medicine practitioner: | An acupuncturist, chiropractor, homeopath, osteopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the treatment is received. |

| Defined term | Description |
|-----------------------------|--|
| Consultant: | <p>A surgeon, anaesthetist or specialist who:</p> <ul style="list-style-type: none"> ○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and ○ is recognised by the relevant authorities in the country in which the treatment takes place as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated <p>By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.</p> |
| 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: | <p>A person who:</p> <ul style="list-style-type: none"> ○ is legally qualified to practise 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 practise 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 principal member's partner, spouse or children of whom you are the biological parent or legal guardian of, named on your insurance certificate as being members of the plan and who are eligible to be members including newborn children. |

| Defined term | Description |
|------------------------------|--|
| 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. |
| Family doctor: | <p>A person who:</p> <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 practise 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: | <p>A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for:</p> <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. |
| Medical practitioner: | A complementary medicine practitioner, consultant, dental practitioner, family doctor, psychologist, psychotherapist or therapist who provides active treatment of a known condition. |
| Medically necessary: | <p>treatment, medical service or prescribed drugs/medication which is:</p> <p>(a) consistent with the diagnosis and medical treatment for the condition;</p> <p>(b) consistent with generally accepted standards of medical practice;</p> <p>(c) necessary for such a diagnosis or treatment;</p> <p>(d) not being undertaken primarily for the convenience of the member or the treating medical practitioner</p> |
| Membership year: | The 12 month period for which this membership is effective, as first shown on your insurance certificate and, if this plan is renewed, each 12 month period which follows the renewal date . |
| Mental health treatment: | Treatment of mental conditions, including eating disorders. |
| Network: | A hospital, pharmacy , or similar facility, or medical practitioner which has an agreement in effect with Bupa Global or service partner to provide you with covered treatment . |

| Defined term | Description |
|---------------------------------------|--|
| 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 . |
| Ovulation Induction Treatment: | Treatment , including medication, to stimulate production of follicles in the ovary, including, but not limited to, infertility treatment such as clomiphene and gonadotrophin therapy. |
| 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. |
| 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 insurance 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 refer to 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 insurance certificate. Please refer to ' you/your '. |

| Defined term | Description |
|---|---|
| Prophylactic surgery: | Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland. |
| Psychologist and psychotherapist: | A person who is legally qualified and is permitted to practise as such in the country where the treatment is received. |
| Qualified nurse: | A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment 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 Global 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 Global . These services may include approval of cover and location of local medical facilities. |

| Defined term | Description |
|---|---|
| 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. |
| Specified country of residence: | The country of residence specified by you in your application and shown in your insurance certificate, or as advised to us in writing, which ever 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. |
| Therapists: | A physiotherapist, occupational therapist , orthoptist, dietitian or speech therapist who is legally qualified and is permitted to practise 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, Family Members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of benefit providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder |
| We/us/our: | Bupa Global. |
| 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 . |

