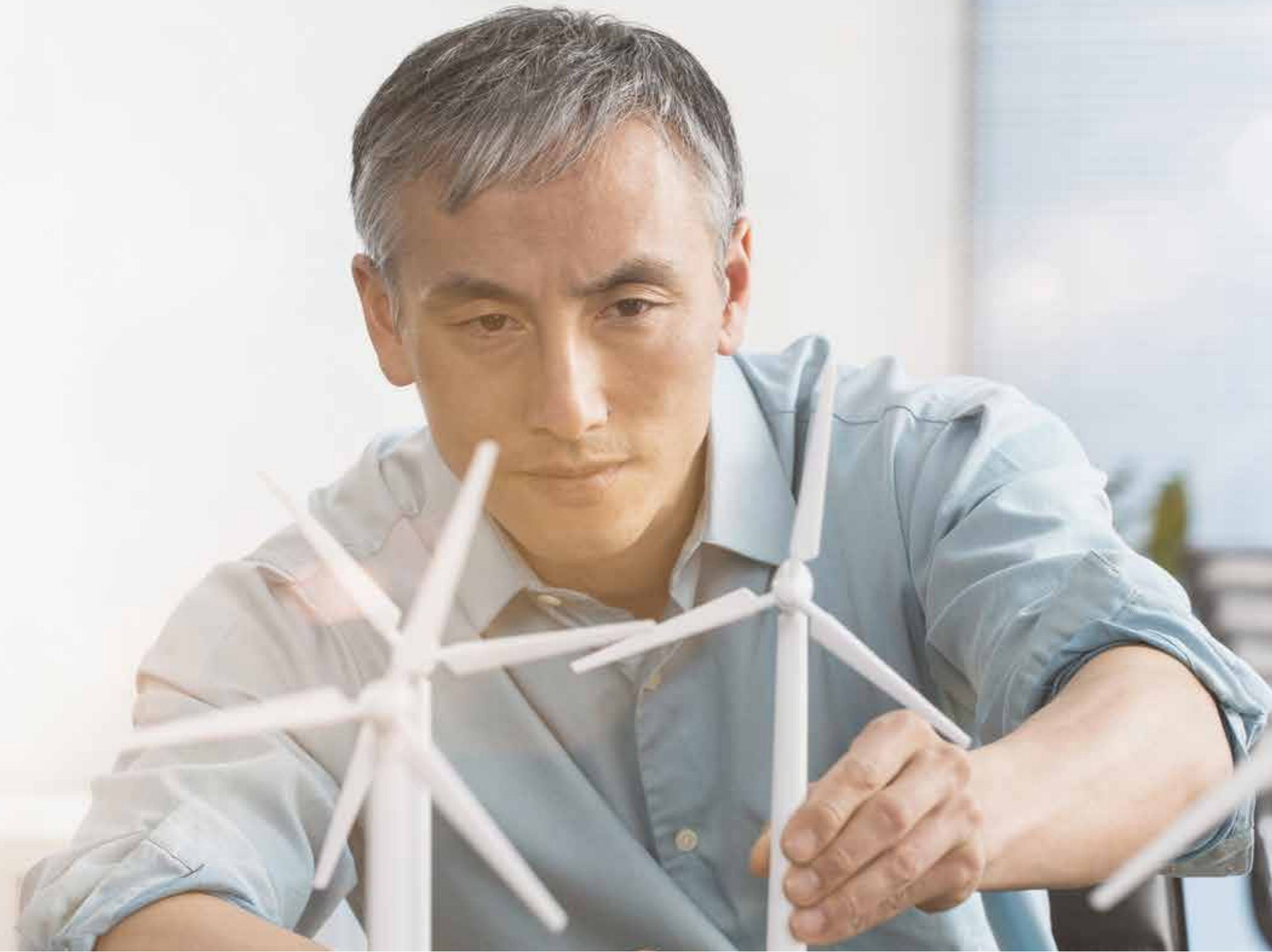


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A GUIDE TO YOUR MAJOR MEDICAL HEALTH PLAN

A COLLABORATION BETWEEN A LEADING LOCAL INSURER AND TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE

Administered by



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1 October 2018

HELLO

Within this guide, **you'll** find easy to understand information about **your health plan**, including:

- o guidance on what to do when **you need treatment**
- o simple steps to understanding the claims process
- o a 'Table of benefits' and list of 'General 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

To make the most of **your health plan**, please read the 'Table of benefits' and 'General exclusions' sections carefully to get a full understanding of **your cover**, along with **your 'Terms and Conditions'**. **Your 'table of benefits', 'General exclusions' and 'Terms and Conditions'** are also set out in full in the **Policy Wording**.

BEFORE WE GET STARTED, THERE ARE A FEW THINGS WE WOULD LIKE TO BRING TO YOUR ATTENTION...

YOUR GEOGRAPHICAL AREA FOR COVERAGE IS WORLDWIDE EXCLUDING THE USA

As long as it is covered by **your health plan**, **you can have your treatment at any recognised medical practitioner, hospital or clinic** in the world, except in the USA.

To view a summary of **hospitals** worldwide, visit Facilities Finder at bupaglobal.com/facilities/finder or contact **us**.

For an overview of **our network of medical providers in China** please visit www.yongcheng.com/healthinsurance.

BOLD WORDS

Any words written in **bold** are defined terms that are relevant to **your cover**. **You** can check their meaning in the 'Glossary'.

TREATMENT THAT WE COVER

Your Major Medical Health Plan covers the **treatment** cost for a disease, illness or injury that leads to the conservation of **your condition, your recovery or you getting back to your previous state of health**.

Your treatment is covered if it is:

- o covered under the **health plan**
- o at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received
- o clinically appropriate in terms of type, duration, location and frequency

Your health plan also provides preventive benefits to help keep **you healthy**. **You** can find these in the 'Table of benefits'.

A COLLABORATION BETWEEN A LEADING LOCAL INSURER AND TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE

Building on its domestic success and strong reputation in China, AIC has teamed up with **Bupa Global** and **Blue Cross Blue Shield Global** to offer a new range of high-quality healthcare products and services. Customers who have U.S. coverage within their plan can now enjoy even bigger benefits. This **health plan** does not include U.S. cover; if **you** would like this included, please contact the AIC team.

ANY QUESTIONS?

We'll be happy to help.

Get in touch using the details printed on **your insurance card**.

Products underwritten by and issued by Alltrust Insurance Company, an independent licensee of Blue Cross and Blue Shield Association, and administered by Bupa Global. Bupa Global is a trade name of Bupa, the international health and care company. Bupa is an independent licensee of Blue Cross and Blue Shield Association. Bupa Global is not licensed by Blue Cross and Blue Shield Association to sell products branded with the Blue Cross Blue Shield marks in Anguilla, Argentina, British Virgin Islands, Canada, Costa Rica, Panama, Uruguay and US Virgin Islands. In Hong Kong, Bupa Global is only licensed to use the Blue Shield marks. Please consult your policy terms and conditions for coverage availability. Blue Cross and Blue Shield Association is a national federation of 36 independent, community-based and locally operated Blue Cross and Blue Shield companies. Blue Cross Blue Shield Global is a brand owned by Blue Cross and Blue Shield Association. For more information about Bupa Global, visit www.bupaglobalaccess.com and for more information about Blue Cross and Blue Shield Association, visit www.BCBS.com

SUPPORTING YOU EVERY STEP OF THE WAY

We want to make sure that **you** are well looked after throughout every step of **your** health journey. On this page **we** have explained the range of services available to **you**, to help **you** not only with the big things and emergencies, but also with **your** overall health and wellbeing.

Contact us for general health support:

- general medical information
- general questions about **your** policy
- emergencies and non-emergencies inside and outside **Mainland China**
- checking **your** cover and pre-authorising **treatment** and arranging for direct payment to the **benefits provider** (see the 'Need treatment' section of this guide)
- information on inoculation and visa requirements
- interpreter and embassy referral

HEALTHPRO CONCIERGE SERVICE

With **your** Major Medical Health Plan **you** have access to HealthPro Concierge Service, a team of healthcare professionals who can provide support on many aspects of **your** overall health. The HealthPro Concierge Service is provided by **Bupa Global** (the **administrator**).

MAKE A CRITICAL TREATMENT DECISION Second Medical Opinion

You can obtain an expert second medical opinion of **your** diagnosis and **treatment** options from an independent global panel of medical **specialists**, making sure **you** are well informed to make decisions about **your** health. In order to obtain a second medical opinion, **you** will be asked to provide, or request and authorise **your** doctor(s) to provide, sufficient medical information to the relevant **specialist**, for assessment.

Doctor referral

We can help **you** find medical **specialists** and healthcare providers inside and outside **Mainland China**, all based on **your** condition, location and needs. **We** provide **you** with a list of providers and **you** make the final decision on which provider to use.

RECEIVE HEALTHCARE SUPPORT ABROAD

Non-emergency global healthcare support

We can assist in making necessary arrangements if **you** plan to seek **treatment** outside **Mainland China** or require non-emergency medical services while travelling, including, where possible, arranging direct payment to the **benefits provider** and providing travel advice.

Global Emergency Assistance

If **you** are ill or injured when abroad and require **in-patient treatment**, **you** can access a range of medical assistance services, including, where possible, direct payment to the **hospital**, evacuation or repatriation if the **treatment** is not available where **you** are.

Hong Kong Service Package

If **you** are planning to have a consultation or **treatment** in Hong Kong, **we** can assist **you** in the booking of medical appointments and related travel logistics to Hong Kong from **Mainland China**. **We** can assist **you** by ensuring that the relevant medical information is consolidated; **we** can also facilitate translation services, if needed. And of course **we** can help by pre-authorising **your** **treatment** and arranging direct payment to the provider, where possible.

GET HELP THROUGHOUT TREATMENT AND RECOVERY

Case management

When **you** are **hospitalised** or need a series of **treatments**, a case manager can handle **your** case from start to finish, so that **you** can always talk to someone who knows **your** situation. The case manager can assist with the administrative processes, for example the claims process and making sure **you** know exactly how **you** are covered.

HealthPro Concierge Service provides **you** with support and advice on how to access the appropriate care for **your** situation. The service does not provide any medical diagnosis, medical advice or **treatment** recommendations, but it does support **you** in accessing these from medical providers. This service is not clinical support and cannot replace **treatment**. Only the Hong Kong Service Package and the Global **Emergency** Assistance include arranging of travel logistics.

The **insured** will be responsible for meeting any costs not covered by this **policy**, for example: travel expenses in connection with planned **treatment** in another country; expenses incurred in connection with the consolidation, translation and submission of medical records; or expenses related to an on-site interpreter. Please refer to the 'Table of benefits' and 'General exclusions' for a full understanding of **your** cover.

The HealthPro Concierge Service is provided by Bupa Global (the administrator) and is not part of the covered benefits under your policy. Bupa Global retains the rights to make changes to the scope of the HealthPro Concierge Service and shall notify you in any such event. Bupa Global does not guarantee access to any service partner and/or benefits

provider and shall not be liable for:

- any diagnosis or **treatment** or other act or omission of any **service partner** and/or **benefit provider** that is an independent contractor
- the costs arising from any **treatment**, services or travel referred or arranged by **AIC** or **Bupa Global** or arising from the second medical opinion obtained through the HealthPro Concierge Service; any loss of income or profit, or any indirect or consequential loss arising under or in connection with the HealthPro Concierge Service

CONTACT Bupa Global (THE ADMINISTRATOR) TO ACCESS THE HEALTHPRO CONCIERGE SERVICE

4006 107 800

International number +86 10 58541808

mc@bupa.com.cn

NEED TREATMENT?

We want to make sure everything runs as smoothly as possible when you need treatment, so we help take care of the practicalities so you can focus on getting better.

If you contact Bupa Global (the administrator) before going for treatment, we can explain your benefits and confirm that your treatment is covered by your health plan. If needed, Bupa Global can also help with suggesting hospitals, clinics and doctors, and offer any help or advice you may need.

In cases where you need treatment, you or your benefits provider should contact us to obtain pre-authorization. This gives us an opportunity to ensure your benefits provider has everything they need to go ahead with your treatment. If possible, we will also arrange to pay them directly.

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

Of course we understand that there are times when you simply cannot get pre-authorization, such as in an emergency. If you are taken to hospital in an emergency, it is important that you ask the hospital to contact us within 48 hours of your admission. This way we can ensure that the hospital has all relevant information and, if possible, we can arrange to pay them directly.

The pre-authorization process

You or your benefits provider can pre-authorise your treatment by phone or email. Once Bupa Global has the necessary details, a pre-authorization statement will be sent to the benefits provider, hospital or clinic.

A pre-authorization statement can also be sent to you on request. This can be used as a claim form to send back to Bupa Global if you receive any invoices or are asked to pay for any aspect of your treatment yourself. More detail is provided on the claims process on the next page.

From time to time you may be asked for more detailed medical information, for example, to rule out any relation to a pre-existing condition.

Our approach to costs

When you are in need of a benefits provider, our dedicated team can help you find an in-network recognised medical practitioner, hospital or healthcare facility. Alternatively, you can view a summary of benefits providers on the Facilities Finder at bupaglobal.com/facilityfinder. When you choose to have your treatment and services with an in-network benefits provider, we will cover all eligible costs of any covered benefits, once any applicable co-insurance or deductible for which you are responsible has been deducted from the total claim amount.

Should you choose to have covered benefits with a benefits provider who is not in network, we will only cover costs that are Reasonable and Customary. This means that the costs charged by the benefits provider must be no more than they would normally charge, and be similar to those of other benefits providers delivering 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 those that are Reasonable and Customary made by an 'out-of-network' benefits provider will not be paid.

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

- o you will be responsible for paying any amount over and above the amount that we determine to be Reasonable and Customary – this will be payable by you directly to your chosen 'out-of-network' benefits provider
- o we cannot control the amount that your chosen out-of-network benefits provider will seek to charge you directly

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

If you are taken to an 'out-of-network' benefits provider in an emergency, it is important that you, or the benefits 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 benefits provider in network to continue your treatment once you are stable. Should you decline to transfer to a benefits provider in network only the Reasonable and Customary costs of any covered benefits received following the date of the transfer being offered will be paid (after any applicable co-insurance or deductible has been deducted).

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

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.

Pre-authorization complete and now going for treatment? Always remember to keep your insurance card with you and present it to your benefits provider when you arrive.



HOW TO CLAIM

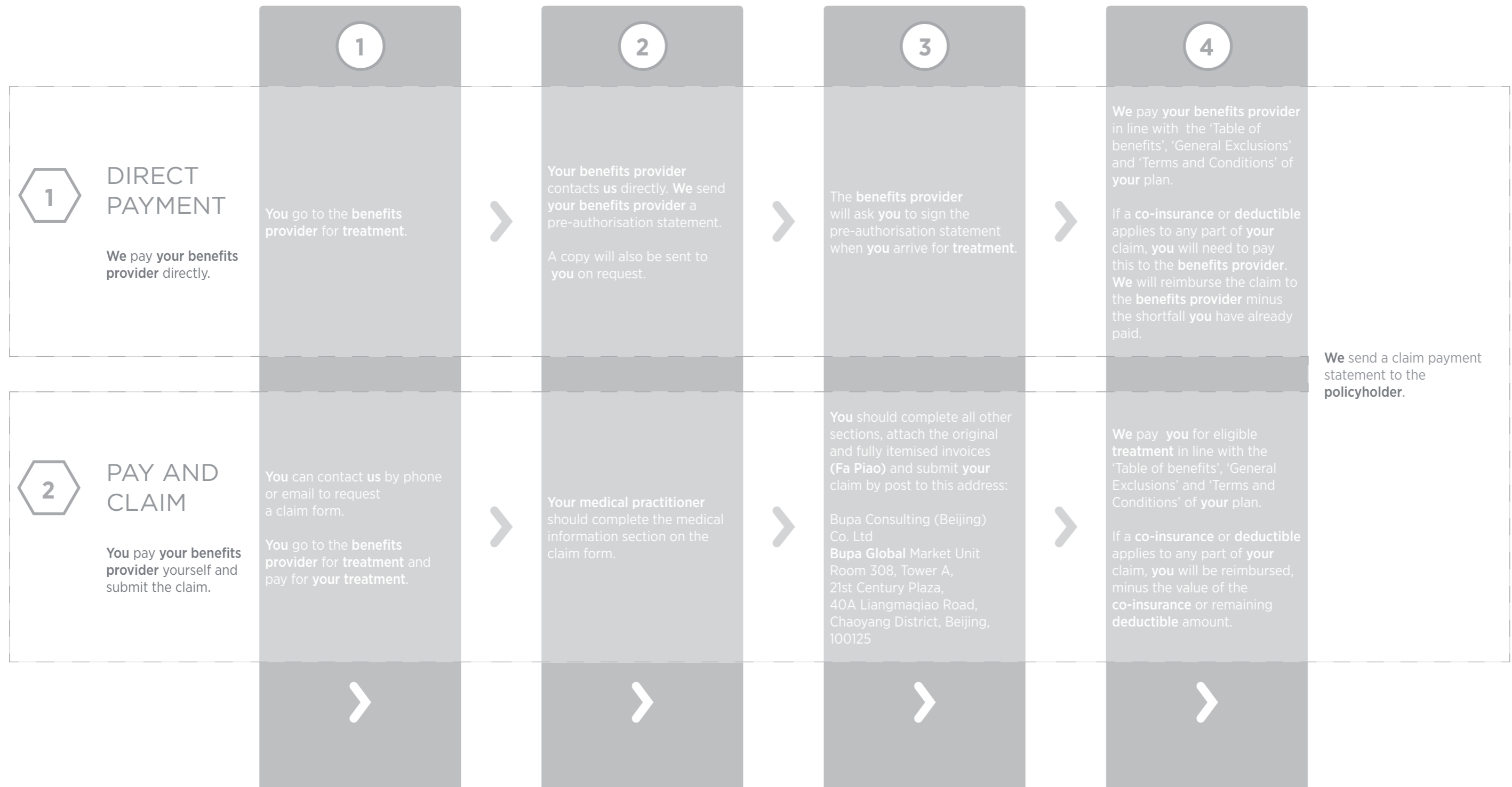
Whether **you** choose 'direct payment' or 'pay and claim' **we** provide a quick and easy claims process. Some benefits need to be pre-authorised by **us** so make sure to check **your** 'Table of benefits' and the 'Need **treatment**' section of this guide.


We may sometimes ask for further medical information to be able to process **your** claim.

This is a summary of the claiming process, please refer to **your** 'Table of benefits', 'Terms and Conditions' and insurance certificate for full details on how claims will be paid.

You can download a claim form on www.yongcheng.com/healthinsurance or contact us by phone or email to request a claim form:

4000 687 866
International number
+86 10 58541802
aic@bupa.com.cn





WANT TO ADD MORE PEOPLE TO YOUR HEALTH PLAN?

The **policyholder** can apply to include **dependants**, including newborn children, to this **health plan**.

If **you** purchased **your** plan from an insurance intermediary, please contact them, otherwise please contact **Alltrust**.

When **you** apply, the **dependant's** medical history will be reviewed by **our** medical team which may result in cover for **pre-existing conditions**, special restrictions or exclusions, or **we** may decline to offer cover. Any special restrictions or exclusions are personal to the person **you** add and will be shown on **your** insurance certificate.

Adding your newborn child?
Congratulations on **your** new arrival!

You can apply to include **your** newborn child on this **health plan**. When **we** accept **your** newborn child, the cover will start from the date **we** receive a fully completed application or a later date specified by **you**.

The application will not be accepted before the 90th day after their birth if:

- neither parent has been covered on this **health plan** for 10 months or more prior to the child's birth
- none of the adults on this **health plan** are the child's parents
- the child is born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted or born to a surrogate

If there are any changes to the information the **policyholder** provided in the application after the **policyholder** signs it and before **we** accept the application, please let **us** know straight away.

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

There are two kinds of benefit limits shown in this table:

1. The 'overall annual **policy maximum**' – the maximum amount **Alltrust (the insurer)** will pay in total for all benefits, for each **insured person**, in each **insurance period**.
2. Individual benefit limits – the maximum amount **we** will pay for individual benefits such as **rehabilitation**.

All benefit limits apply per **insured person**. Some apply each **insurance period**, which means that once a limit has been reached, the benefit will no longer be available until **you** renew **your health plan**. Others apply for the entire **insurance period**, including the **renewal period**, 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 two currencies: USD and RMB. The currency in which **you** pay **your premium** is the currency that applies to **your health plan** for the purpose of the benefit limits.

Please note, no matter the currency of **your plan**, any claim for **treatment in Mainland China** will always be settled in RMB and via bank transfer only. Please also refer to clause 5.3 of the 'Terms and Conditions'.

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 continuously for the full duration of the waiting period stated.

How does the deductible work?

Your deductible is the annual amount **you** must pay each **insurance period** towards covered expenses before **we** start paying. The **deductible** on this plan is USD 4,000 / RMB 25,200 as standard.

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

You will need to pay the **deductible** to the **benefits provider** at the point of receiving **treatment**.

The **deductible** applies:

- per **insurance period**
- separately for each **insured person**

EXAMPLE*

The standard **deductible** is **USD 4,000 or RMB 25,200** on this **health plan**

You have **treatment in hospital** for appendicitis which costs **RMB 20,200**

Amount paid by you is	Amount paid by us is
RMB 20,200	RMB 0

Remaining **deductible** for the rest of the **insurance period** is **RMB 5,000**

Later in the year **you** stay in **hospital** for 9 days which costs **RMB 150,000**

Amount paid by you is	Amount paid by us is
RMB 5,000	RMB 145,000

Remaining **deductible** for the rest of the **insurance period** is **RMB 0**

* The example assumes that all costs are related to **covered benefits**.

TABLE OF BENEFITS - MAJOR MEDICAL HEALTH PLAN

BENEFIT AND EXPLANATION	LIMIT
All benefits below, even those paid in full will contribute to the overall annual policy maximum limit	Overall annual policy maximum USD 2,000,000 or RMB 12,600,000
MANDATORY PRE-AUTHORISATION REQUIRED FOR:	
<ul style="list-style-type: none"> internal cardiac defibrillator reconstructive surgery rehabilitation cancer treatment transportation (evacuation and repatriation) all in-patient stays over 5 days home nursing 	
Deductible The deductible applies to all benefits except Health Screening and Wellness	Annual deductible per insured person USD 4,000 or RMB 25,200
PREVENTIVE TREATMENT	
HEALTH SCREENING AND WELLNESS (WAITING PERIOD 6 MONTHS) Once the insured has been covered on this health plan for 6 months. A health screen generally includes various routine tests performed to assess the insured's state of health and could include tests to check cholesterol and blood sugar (glucose) levels, liver and kidney function tests, a blood pressure check, and a cardiac risk assessment. The insured may also have the specific screening tests for breast, cervical, prostate, colorectal cancer or bone densitometry. The actual tests the insured receives will depend on those supplied by the benefits provider where the insured has the screening.	Up to USD 400 or RMB 2,520 each insurance period
IN-PATIENT CARE: FOR ALL IN-PATIENT AND DAY-PATIENT TREATMENT COSTS	
HOSPITAL ACCOMMODATION, ROOM AND BOARD When: <ul style="list-style-type: none"> there is a medical need to stay in hospital the treatment is given or managed by a specialist, and the length of the insured's stay is medically appropriate <p>The insurer will <u>not</u> pay the extra costs of a deluxe, executive or VIP suite etc. If the cost of treatment is linked to the type of room, the insurer pays the cost of treatment at the rate which would be charged if the insured occupied a room type appropriate for this health plan.</p> <p>For in-patient stays of 5 nights or more, the insured or the insured's specialist must send us a medical report before the fifth night, confirming the insured's diagnosis, treatment already given, treatment planned and discharge date.</p> <p>The insurer will also pay up to USD 17 or RMB 110 each day for personal expenses such as newspapers, television rental and guest meals when the insured has had to stay overnight in hospital.</p>	Paid in full Standard private room
PARENT ACCOMMODATION IN HOSPITAL Room and board costs for a parent staying in hospital with their child when the costs are for one parent only, the insured is staying with a child up to 18 years old and the child is insured and receiving treatment that is covered.	Paid in full

BENEFIT AND EXPLANATION	LIMIT
OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS Costs of the: <ul style="list-style-type: none"> operating room recovery room medicines and dressings used in the operating or recovery room medicines and dressings used during the insured's hospital stay 	Paid in full
INTENSIVE CARE Costs for treatment in an intensive care unit when it is medically necessary or an essential part of treatment .	Paid in full
SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES Surgery, including surgeons' and anaesthetists' fees, as well as treatment needed immediately before and after the surgery on the same day.	Paid in full
PHYSICIANS CONSULTATION FEES When the insured requires medical treatment during the insured's stay in hospital .	Paid in full
PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS: <ul style="list-style-type: none"> pathology such as blood test(s) radiology such as ultrasound or X-ray(s) diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by the insured's specialist to help diagnose or assess the insured's condition when the insured is in hospital.</p>	Paid in full
ADVANCED IMAGING Such as: <ul style="list-style-type: none"> magnetic resonance imaging (MRI) computed tomography (CT) positron emission tomography (PET) <p>if recommended by the insured's specialist to help diagnose or assess the insured's condition.</p>	Paid in full
MENTAL HEALTH Psychiatric treatment , overnight in hospital or as a day-patient , to include room, board and all treatment costs related to the psychiatric condition for a total of 90 days for the entire insurance period , including the renewal period. Any psychiatric treatment overnight in hospital and as a day-patient for 5 days or more will need pre-authorisation. Benefit may <u>not</u> be paid unless pre-authorisation has been provided.	Paid in full 90 days for the entire insurance period , including the renewal period
PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND DIETICIANS Treatment provided by therapists (such as occupational therapists), physiotherapy and dietician or speech therapy if it is needed as part of the insured's treatment in hospital , meaning this is <u>not the sole reason</u> for the insured's hospital stay.	Paid in full
PROSTHETIC DEVICES The initial prosthetic device needed as part of the insured's treatment . By this is meant an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of the surgical procedure. The insurer does <u>not</u> pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a pre-existing condition . The insurer will pay for the initial and up to two replacements per device for children under the age of 18.	Per device up to USD 4,000 or RMB 25,200

BENEFIT AND EXPLANATION	LIMIT
<p>PROSTHETIC IMPLANTS AND APPLIANCES</p> <p>Eligible prosthetic implants and appliances shown in the following lists.</p> <p>Prosthetic implants:</p> <ul style="list-style-type: none"> o to replace a joint or ligament o to replace a heart valve o to replace an aorta or an arterial blood vessel o to replace a sphincter muscle o to replace the lens or cornea of the eye o to control urinary incontinence or bladder control o to act as a heart pacemaker (internal cardiac defibrillator may be available subject to our medical policy criteria. Please contact us for pre-authorisation) o to remove excess fluid from the brain o cochlear implant – provided the initial implant was provided when the insured was under the age of five, the insurer will pay ongoing maintenance and replacements o to restore vocal function following surgery for cancer <p>Appliances:</p> <ul style="list-style-type: none"> o a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament o a spinal support which is an essential part of a surgical operation to the spine o an external fixator such as for an open fracture or following surgery to the head or neck 	Paid in full
<p>RECONSTRUCTIVE SURGERY</p> <p>Treatment to restore the insured's appearance after an illness, injury or surgery. The insurer may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during the insured's current continuous cover.</p> <p>Please contact us for pre-authorisation before proceeding with any reconstructive surgery. Benefit may <u>not</u> be paid unless pre-authorisation has been provided.</p>	Paid in full
<p>ACCIDENT RELATED DENTAL TREATMENT</p> <p>The insurer pays for dental treatment that is required in hospital after a serious accident.</p>	Paid in full
PRE- AND POST-HOSPITALISATION	
<p>PRE- AND POST-HOSPITALISATION</p> <p>Pre-examinations that are medically necessary in order to perform the surgery or treatment which is to take place during hospitalisation are covered 30 days prior to hospitalisation.</p> <p>Check-ups that are medically necessary in order to verify that the insured is recovering successfully from surgery or treatment received while hospitalised are covered up to 60 days after hospitalisation.</p> <p>Note: any pre-and post-hospitalisation for cancer treatment is paid from the cancer treatment benefit.</p>	<p>Paid in full up to 30 days prior to hospitalisation</p> <p>Paid in full up to 60 days after hospitalisation</p>
<p>HOME NURSING</p> <p>Following treatment in hospital which is covered under this health plan, when it:</p> <ul style="list-style-type: none"> o is prescribed by the insured's specialist o starts immediately after the insured leaves hospital o reduces the length of the insured's stay in hospital o is provided by a qualified nurse in the insured's home and o is needed to provide medical care, not personal assistance <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may <u>not</u> be paid unless pre-authorisation has been provided.</p>	<p>Paid in full</p> <p>Up to 30 days each insurance period</p>

BENEFIT AND EXPLANATION	LIMIT
<p>HOSPICE AND PALLIATIVE CARE</p> <p>Hospice and palliative care services if the insured has received a terminal diagnosis and can no longer have treatment which will lead to the insured's recovery:</p> <ul style="list-style-type: none"> o hospital or hospice accommodation o nursing care o prescribed medicines o physical, psychological, social and spiritual care 	Up to USD 40,000 or RMB 252,000 for the entire insurance period , including the renewal period
<p>REHABILITATION (MULTIDISCIPLINARY REHABILITATION)</p> <p>The insurer pays for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. The insurer does <u>not</u> pay for room and board for rehabilitation when the treatment being given is solely physiotherapy.</p> <p>The insurer pays for rehabilitation; <u>only</u> when the insured has received the pre-authorisation from the administrator before the treatment starts, for up to 30 days' treatment per insurance period. For treatment in hospital one day is each overnight stay and for day-patient and out-patient treatment, one day is counted as any day on which the insured has one or more appointments for rehabilitation treatment.</p> <p>The insurer <u>only</u> pays for multidisciplinary rehabilitation where it:</p> <ul style="list-style-type: none"> o starts within 30 days after the end of insured's treatment in hospital for a condition which is covered by this health plan (such as trauma or stroke), and o arises as a result of the condition which required the hospitalisation or is needed as a result of such treatment given for that condition <p>Note: in order to process the request for pre-authorisation, the administrator must receive full clinical details from insured's specialist; including diagnosis, treatment given and planned and proposed discharge date if the insured stayed in hospital to receive rehabilitation.</p>	<p>Paid in full</p> <p>Up to 30 days each insurance period</p>

BENEFIT AND EXPLANATION	LIMIT
<p>PRESCRIBED MEDICINES AND DRESSINGS</p> <p>Medicines and dressings prescribed by the insured's medical practitioner are required to treat a disease, illness or injury.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered.</p>	<p>Up to USD 1,000 or RMB 6,300 each insurance period</p> <p>Prescribed at the hospital following in-patient or day-patient</p>
<p>DURABLE MEDICAL EQUIPMENT</p> <p>Durable medical equipment that:</p> <ul style="list-style-type: none"> o can be used more than once o is not disposable o is used to serve a medical purpose o is not used in the absence of a disease, illness or injury and o is fit for use in the home <p>For example oxygen supplies or wheelchairs.</p>	
IN-PATIENT AND/OR OUT-PATIENT CARE	
<p>CANCER TREATMENT</p> <p>Once it has been diagnosed, including fees that are related specifically to planning and carrying out treatment for cancer. This includes tests, diagnostic imaging, consultations and prescribed medicines.</p> <p>Please contact us for pre-authorization before proceeding with treatment. Benefit may <u>not</u> be paid unless pre-authorization has been provided.</p>	Paid in full
<p>TRANSPLANT SERVICES</p> <p>All medical expenses, including consultations with a doctor or specialist and medical treatments whether staying in hospital overnight, as a day-patient or an out-patient for the following transplants, if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"> o cornea o small bowel o kidney o kidney/pancreas o liver o heart o lung, or o heart/lung transplant <p>Costs for anti-rejection medicines and medical expenses for bone marrow transplants and peripheral stem cell transplants, with or without high dose chemotherapy when treating cancer, are covered under the cancer treatment benefit.</p> <p>Donor expenses, for each condition needing a transplant whether the donor is insured or not, including:</p> <ul style="list-style-type: none"> o the harvesting of the organ, whether from a live or deceased donor o all tissue matching fees o hospital/operation costs of the donor, and o any donor complications, but to a maximum of 30 days post-operatively only 	Each condition up to USD 500,000 or RMB 3,150,000
<p>KIDNEY DIALYSIS</p> <p>Provided as an in-patient, day-patient or as an out-patient.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>TRANSPORTATION/TRAVEL</p> <p>Evacuation covers the insured for reasonable transport costs to the nearest appropriate place of treatment, when the treatment the insured needs is not available nearby.</p> <p>For all medical transfers:</p> <ul style="list-style-type: none"> o the insured must contact us for pre-authorization before the insured travels o the treatment must be recommended by the insured's specialist or doctor o the treatment is not available locally o the treatment must be covered under the insured's health plan o the insured must have cover for the country the insured is going to be treated in and in the country the insured is being taken from before the insured needs the treatment o the administrator must agree the arrangements with the insured, and o benefit is applicable for hospital treatment, either overnight or as a day-patient <p>Evacuation may also be authorised if the insured needs advanced imaging or cancer treatment such as radiotherapy or chemotherapy.</p> <p>The insurer will <u>only</u> pay if all arrangements are agreed and approved in advance by the administrator. Should the insured arrange transportation covered under the health plan the insurer shall <u>only</u> compensate the insured's expenses to the equivalent cost if the insurer had arranged the insured's transportation.</p> <p>Note:</p> <ul style="list-style-type: none"> o the insurer does <u>not</u> pay for extra nights in hospital when the insured is no longer receiving active treatment which requires the insured to be hospitalised, for example when the insured is awaiting a return flight. o the insurer and/or administrator will not approve a transfer which in the insurer's and the administrator's reasonable opinion is inappropriate based on established clinical and medical practice, and the insurer is entitled to conduct a review of the insured's case, when it is reasonable for the insurer to do so. Evacuation will <u>not</u> be authorised if it is against the advice of the administrator's medical team. o the administrator will <u>not</u> arrange evacuation in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon and is subject to local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of the reasonable control or influence of the administrator or the administrator's service partners. o the insurer and/or administrator <u>cannot</u> be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond the insurer's and/ or the administrator's control. o The administrator is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on the insured's behalf. In some countries the administrator may use service partners to arrange these services locally, but the administrator will always be here to support the insured. 	
<p>EVACUATION</p> <p>Transport costs for an evacuation:</p> <ul style="list-style-type: none"> o to the nearest appropriate place where the required treatment is available. (This could be to another part of the country that the insured is in or to another country), and o for the return journey to the place the insured was transferred from <p>When this is authorised in advance by us.</p> <p>The costs the insurer pays for the return journey will be either:</p> <ul style="list-style-type: none"> o the reasonable cost of the return journey by land or sea, or o the cost of an economy class air ticket whichever is the lesser amount <p>The insurer does <u>not</u> pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for the insured to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, the insurer will pay for taxi fares.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>TRAVEL COST FOR AN ACCOMPANYING PERSON</p> <p>Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany the insured if there is a reasonable need for the insured to be accompanied. By 'reasonable need' the insurer means that there is a need for someone to accompany the insured for one of the following reasons:</p> <ul style="list-style-type: none"> o the insured needs assistance to board or disembark from transport o the insured needs to be transferred over a long distance (over at least 1000 miles or 1600 KM) o there is no medical escort o in the case of serious acute illness <p>The accompanying person may travel in a different class from the person receiving treatment depending on medical requirements.</p> <p>Reasonable travel costs for the return journey to the place the insured was transferred from when this is authorised in advance by Bupa Global.</p> <p>The costs the insurer pays for the return journey will be either:</p> <ul style="list-style-type: none"> o the reasonable cost of the return journey by land or sea, or o the cost of an economy air ticket whichever is the lesser amount <p>The insurer does <u>not</u> pay for someone to travel with the insured when the evacuation is for the insured to receive out-patient treatment.</p>	Paid in full
<p>TRAVEL COST FOR THE TRANSFER OF CHILDREN</p> <p>Reasonable travel costs for children to be transferred with the insured in the event of an evacuation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> o it is medically necessary for the insured as their parent or guardian to be evacuated o the insured's spouse, partner, or other joint guardian is accompanying the insured, and o they would otherwise be left without a parent or guardian 	Paid in full
<p>LIVING ALLOWANCE</p> <p>Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with the insured:</p> <ul style="list-style-type: none"> o following an evacuation, and o for up to 10 days, or the insured's date of discharge whichever is the earlier, whilst away from their usual specified country of residence <p>The insurer does <u>not</u> pay for someone to travel with the insured when evacuation is for out-patient treatment only.</p>	10 days each insurance period up to USD 150 or RMB 945 per day
<p>LOCAL AIR AMBULANCE:</p> <ul style="list-style-type: none"> o from the location of an accident to a hospital, or o for a transfer from one hospital to another <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> o medically necessary o used for short distances of up to 100 miles/160 kilometres, and o related to treatment that is covered that the insured needs to receive in hospital <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. The insurer does <u>not</u> pay for mountain rescue.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>LOCAL ROAD AMBULANCE:</p> <ul style="list-style-type: none"> o from the location of an accident to a hospital o for a transfer from one hospital to another, or o from the insured's home to the hospital <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> o medically necessary, and o related to treatment that is covered that the insured needs to receive in hospital 	Paid in full
<p>REPATRIATION OF MORTAL REMAINS</p> <p>Reasonable costs for the transportation of the insured's body or cremated mortal remains to the insured's home country or to the insured's specified country of residence:</p> <ul style="list-style-type: none"> o in the event of the insured's death while the insured is away from home, and o subject to airline requirements and restrictions <p>The insurer will <u>only</u> pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is required by the airline authorities to carry out the transportation.</p> <p>The insurer does <u>not</u> pay for any other costs related to the burial or cremation, the cost of burial caskets, etc, or the transport costs for someone to collect or accompany the insured's mortal remains.</p>	Paid in full

EXCLUSIONS

In the 'General exclusions' section below, is a list of specific **treatments**, conditions and situations that are not covered as part of this **health plan**. In addition to these the **insured** may have personal exclusions or restrictions that apply to the **insured's health plan**, as shown on the insurance certificate.

Does this health plan cover for pre-existing conditions?

When applying for this **health plan** the **policyholder** was asked to provide all information about any disease, illness or injury for which any **insured** received medication, advice or **treatment**, or any **insured** had experienced symptoms before becoming a customer – the **insurer** calls these **pre-existing conditions**.

The **insured's** medical history was reviewed by **us** to decide the terms on which **we** offered this **health plan**. The **insurer** may have offered to cover any **pre-existing conditions**, possibly for an extra premium, or decided to exclude specific **pre-existing conditions** or apply other restrictions to the **insured's health plan**. If any personal exclusion or other restrictions have been applied to the **insured's health plan**, this will be shown on the insurance certificate. This means costs for **treatment** of this **pre-existing condition**, related symptoms, or any condition that results from or is related to this **pre-existing condition** are not covered. Also there is no cover for any **pre-existing conditions** that the **policyholder** did not disclose in the application.

If no personal exclusion or restriction has been applied to the insurance certificate, this means that any **pre-existing conditions** that the **policyholder** told the **insurer** about in the application are covered under the **insured's health plan**.

General exclusions

The exclusions in this section apply in addition to and alongside any personal exclusions and restrictions explained above.

For all exclusions in this section, and for any personal exclusions or restrictions shown on the insurance certificate, the **insurer** does not pay for conditions which are directly related to:

- o excluded conditions or **treatments**
- o additional or increased costs arising from excluded conditions or **treatments**
- o complications arising from excluded conditions or **treatments**

Important note:

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

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

GENERAL EXCLUSIONS	
Administration / registration fees	Administration and/or registration fees (unless the insurer , at the insurer's reasonable discretion, deems that such fees are proper and usual, accepted practice in the relevant country).
Advance payments / deposits	Advance payments and/or deposits towards the costs of any covered benefits .
Artificial life maintenance	The insurer will not pay for artificial life maintenance for more than 90 days - including mechanical ventilation, where such treatment will not or is not expected to result in the insured's recovery or restore the insured to the insured's previous state of health. Example: The insurer will not pay for artificial life maintenance when the insured is unable to feed or breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 days.
Birth control	Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting the insured's doctor to discuss becoming pregnant or contraception.
Complementary therapists	Treatment and medicine by complementary therapists including any Chinese medicine practitioner.

Conflict and disaster	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: <ul style="list-style-type: none"> o nuclear or chemical contamination o war, invasion, acts of a foreign enemy o civil war, rebellion, revolution, insurrection o terrorist acts o military or usurped power o martial law o civil commotion, riots, or the acts of any lawfully constituted authority o hostilities, army, naval or air services operations whether war has been declared or not
Convalescence and admission for treatment that could take place as a day-case or out-patient, general care, or staying in hospital for	<ul style="list-style-type: none"> o convalescence, pain management, supervision, or o receiving only general nursing care, or o therapist or complementary therapist services, or o domestic/living assistance such as bathing and dressing
Cosmetic treatment	Non-medically essential surgery and treatment to alter the insured's appearance including abdominoplasty treatment related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. Note: If the insured's doctor recommends cosmetic treatment to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, please contact us for pre-authorisation as the insured's case will be assessed according to our medical policy criteria. If approved, benefits will be paid in line with the rules and benefits of the insured's health plan .
Developmental problems	Treatment for, or related to developmental problems, including: <ul style="list-style-type: none"> o learning difficulties, such as dyslexia o behavioural problems, such as attention deficit hyperactivity disorder (ADHD) o problems relating to physical development such as short height, or o developmental problems treated in an educational environment or to support educational development
Epidemics and pandemics	The insurer does not pay for treatment for or arising from any epidemic disease and/or pandemic disease and the insurer does not pay for vaccinations, medicines or preventive treatment for or related to any epidemic disease and/or pandemic disease.
Eyesight	Equipment or surgery to correct eyesight, such as laser treatment , refractive keratotomy (RK) and photorefractive keratotomy (PRK).
Experimental treatment	<ul style="list-style-type: none"> o The insurer does not pay for any treatment or medicine which in the insurer's reasonable opinion is experimental based on acceptable current clinical evidence and practice. o The insurer does not pay for any treatment or medicine which in the insurer's reasonable opinion is not effective based on acceptable current clinical evidence and practice. o The insurer does not pay for medicines and equipment used for purposes other than those defined under their licence unless this has been pre-authorised.
Foetal surgery	Treatment or surgery undertaken in the womb before birth.
Footcare	Treatment for: corns, calluses, or thickened or misshapen nails.
Genetic testing	Genetic tests, when such tests are performed to determine whether or not the insured may be genetically likely to develop a medical condition. Example: The insurer does not pay for tests used to determine whether the insured may develop Alzheimer's disease, when that disease is not present.
Gender issues	Sex changes or gender reassignments.
Harmful or hazardous use of alcohol, drugs and/or medicines	Treatment for or arising from the harmful, hazardous or addictive use of any substance including alcohol, drugs and/or medicines.
Health hydros, nature cure clinics etc	Treatment or services received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a hospital .

Infertility treatment	<p>Treatment to assist reproduction such as:</p> <ul style="list-style-type: none"> o in-vitro fertilisation (IVF) o gamete intrafallopian transfer (GIFT) o zygote intrafallopian transfer (ZIFT) o artificial insemination (AI) o prescribed drug treatment o embryo transport (from one physical location to another), or o donor ovum and/or semen and related costs <p>Note: the insurer pays for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> o the insured had not been aware of any problems before joining, and o the insured has 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 <p>Once the cause is confirmed, the insurer will not pay for any additional investigations in the future.</p>
Maternity and childbirth	<p>Treatment for maternity including childbirth for any condition arising from maternity or childbirth except the following conditions and treatments:</p> <ul style="list-style-type: none"> o abnormal cell growth in the womb (hydatidiform mole) o foetus growing outside of the womb (ectopic pregnancy) o other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant
Mechanical or animal donor organs	Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.
Obesity	Treatment for or as a result of obesity such as: slimming aids or drugs, slimming classes or obesity surgery.
Persistent vegetative state (PVS) and neurological damage	The insurer will not pay for treatment while staying in hospital for more than 90 continuous days for permanent neurological damage or if the insured are in a persistent vegetative state .
Sexual problems	Sexual problems, such as impotence, whatever the cause.
Sleep disorders	Treatment , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Stem cells	Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage. Note: The insurer pays for bone marrow transplants and peripheral stem cell transplants when carried out as part of the treatment for cancer. This is covered under the cancer treatment benefit.
Surrogacy	Treatment directly related to surrogacy. This applies to the insured if the insured acts as a surrogate, or to anyone else acting as a surrogate for the insured .
Temporomandibular joint (TMJ) disorders	Disorders of the Temporomandibular joint (TMJ) and related complications.
Treatment outside area of cover	Treatment in the USA.
Unrecognised medical practitioner, hospital or healthcare facility	<ul style="list-style-type: none"> o 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. o 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. o Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of treatment providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder.

GLOSSARY

A	Acceptable current clinical evidence	International medical and scientific evidence of effectiveness and safety of the treatment , which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people, or clinical trials which are not registered.
	Active treatment	Treatment from a medical practitioner of a disease, illness or injury that leads to your recovery, conservation of your condition or to restore you to your previous state of health as quickly as possible.
	Administrator	Bupa Global
	Alltrust	Alltrust Insurance Company Ltd (a company incorporated in the PRC whose registered office is at 2/F, Huaneng Union Tower, No.958 Lujiazui Circle Road, Pudong, Shanghai, Post code: 200120, the PRC) – the insurer of this policy .
	Artificial life maintenance	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
	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.
B	Benefits provider	The recognised medical practitioner, hospital or clinic , or any other service provider, which provides you with any covered benefits .
	Blue Cross Blue Shield Association / Blue Cross Blue Shield Global	Blue Cross Blue Shield Association is an association of 36 independent, locally operated Blue Cross and Blue Shield companies. Blue Cross Blue Shield Global is a brand owned by the Blue Cross Blue Shield Association .
	Bupa Global	Bupa Insurance Services Limited (a company incorporated in England with registered number 03829851 whose registered office is at Bupa, 1 Angel Court, London EC2R 7HJ), who provides international administration services in relation to this policy), and/or Bupa Consulting (Beijing) Co Ltd (a company incorporated in the People's Republic of China, with registered number 110000450188396 whose registered office is Room 307 & 308, 3/F, Tower A, 21st Century Plaza, No. A 40 Liangmaqiao Road, Chaoyang district, Beijing 100125, People's Republic of China), who provides local administration services in relation to this policy .
	Bupa group of companies and administrators	Bupa Global , Bupa Insurance Limited and all other companies in the Bupa Group, and those companies which provide any administration of this policy on behalf of Bupa Global .
C	Co-insurance	The percentage you have to pay towards those covered benefits to which co-insurance applies, as indicated in your Guide to your health plan .
	Complementary therapist	Such as an acupuncturist, homeopath, reflexologist, naturopath or 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.
	Covered benefits	The treatment and benefits shown as covered in the Guide to your health plan .
D	Day-patient	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-patient psychiatric treatment .
	Deductible	The amount payable by you in any insurance period before we will pay for any covered benefits .

	Dependants	Any other people covered by this policy who are not the policyholder , as named on the insurance certificate.
	Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
	Dietician	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
	Doctor	A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment , does not need a specialist's training, and is licensed to practise medicine in the country where the treatment is received. 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.
E	Emergency	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at risk.
	Epidemic	An outbreak of a contagious and infective disease that spreads quickly, affecting more persons than expected in a given time period, in a locality where the disease is not permanently prevalent or its normal prevalence have been exceeded.
F	Fa Piao	Issued by the party who received the money and serves as a proof to the tax authorities for tax-related activities.
	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.
G	Guide to your health plan	The booklet entitled “ Guide to your health plan ” for the health plan which is stated to apply to you on your insurance certificate. This sets out which treatments and benefits are included under and any exclusions that apply to this policy .
H	Health plan	Any insurance plans made available by Alltrust (the insurer) or any of its partners from time to time.
	Hospital	A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for carrying out major surgical operations , or providing treatment which only specialists can provide.
I	In-patient	Treatment which for medical reasons normally means that you have to stay in hospital bed overnight or longer.
	Insurance period	The 12 month period for which this policy is effective, as first shown on your insurance certificate and, if this policy is renewed, each 12 month period which follows the renewal date.
	Insured or you/your	The policyholder and/or any dependants .
	Insurer or we/us/our:	Alltrust
	Intensive care	Intensive care includes; 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. Special care baby unit: a unit that provides the highest level of care for babies.

M	Mainland China	People's Republic of China (excluding Macau, Hong Kong and Taiwan for the purpose of this insurance contract).
	Medically necessary	Treatment , medical service or prescribed drugs/medication which is: (a) consistent with the diagnosis and medical treatment for the condition ; (b) is consistent with generally accepted standards of medical practice; (c) necessary for such a diagnosis or treatment ; (d) not being undertaken primarily for the convenience of the insured or the treating medical practitioner
	Medical practitioner	A specialist, doctor, psychologist, psychotherapist, physiotherapist, osteopath, chiropractor, dietician, speech therapist, complementary therapist or therapist who provides active treatment of a known condition.
N	Network	Hospitals or similar facilities, or medical practitioner's that have an agreement in effect with Bupa Global or a service partner to provide you with eligible treatment .
O	Out-patient	Treatment given at a hospital , consulting room, doctor's office or out-patient clinic where you do not stay overnight or as a day-patient to receive treatment .
	Ovulation Induction Treatment	Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
P	Pandemic	An epidemic occurring over a widespread area (multiple countries or continents) and usually affecting a substantial proportion of the population.
	Persistent vegetative state	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. 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.
	Physiotherapists, osteopaths and chiropractors.	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the treatment is received.
	Policy	Your contract of insurance with Alltrust as described in Clause 1 of the 'Terms and Conditions'.
	Policyholder	The main applicant set out in the application and who will be the first person named on the insurance certificate.
	Pre-existing condition	<ul style="list-style-type: none"> o Any medical condition declared in your application for cover which has been noted as a 'personal exclusion' under your membership certificate; or o Any disease, illness or injury for which you received medication, advice or treatment, or you had experienced symptoms of <p>whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under your application for cover.</p> <p>Where we have accepted your transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall be deemed to mean your original application for cover under that previous insurance product.</p>
	Psychiatric treatment	Treatment of mental conditions, including eating disorders.
	Psychologist and psychotherapist	A person who is legally qualified and is permitted to practise as such in the country where the treatment is received.

Q	Qualified nurse	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment is received.
R	Reasonable and Customary	Reasonable and Customary means the ‘usual’, or ‘accepted standard’ amount payable for a specific healthcare treatment, procedure or service in a particular geographical region, and provided by benefits providers of comparable quality and experience.
	Recognised medical practitioner, hospital or healthcare facility	Any provider who is not an unrecognised medical practitioner, hospital or healthcare facility
	Registered clinical trial	An ethically approved and clinically controlled trial that is registered on a national or international database of clinical trials (for example www.clinicaltrials.gov , www.ISRCTN.ORG or http://public.ukcrn.org.uk).
	Rehabilitation (Multidisciplinary 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	Each anniversary of the date you joined the health plan .
S	Serious acute illness	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending physician and our medical consultants, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at serious risk.
	Service partner	A company or organisation that provides services on behalf of Bupa Global . These services may include location of local medical facilities.
	Specialist	A surgeon, anaesthetist or physician who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the treatment is received as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated. 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.
	Specified country of nationality	The country of nationality specified by you in your application or as advised to us in writing, whichever is the later.
	Specified country of residence	The country of residence specified by you in your application and shown in your insurance certificate, or as advised to us in writing, whichever is the later. The country you specify must be the country in which the relevant authorities (such as tax authorities) consider you to be resident for the duration of the policy .
	Speech therapist	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
	Surgical operation	A medical procedure that involves the use of instruments or equipment.
T	Therapists	An occupational therapist or orthoptist, 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 disease, illness or injury.

U	Unrecognised medical practitioner, hospital or healthcare facility	<ul style="list-style-type: none"> o 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. o 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. o Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of treatment providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder
	We/us/our	AIC and Bupa Global.
	You/your	The policyholder and/or any dependants

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**Call the administrator,
Bupa Global:**

For general services/Pre-authorisation

4000 687 866 / international number +86 10 58541802
9am to 6pm (Beijing time), Monday to Friday
email: aic@bupa.com.cn

For provider pre-authorisation

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For HealthPro Concierge Services

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For global emergency assistance

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For services in the U.S.

Blue Cross Blue Shield Global

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Sales enquiries

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Insurer:

IPMI Department,
Alltrust Insurance Company Ltd.

South Building, Huaneng Shanghai Tower,
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