

A GUIDE TO YOUR SELECT HEALTH PLAN

A COLLABORATION BETWEEN TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE

1 JANUARY 2019



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HELLO

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

- 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' also enclosed in **your** welcome pack.

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

YOUR GEOGRAPHICAL AREA FOR COVERAGE IS WORLDWIDE EXCL. THE U.S.

As long as it is covered by **your health plan**, **you** can have **your treatment** at any **recognised medical practitioner, hospital or clinic** worldwide outside of the U.S.

To view a summary of **hospitals** visit Facilities Finder at Bupaglobal.com

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 Select **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'.

TWO OF THE BIGGEST, MOST TRUSTED BRANDS IN GLOBAL HEALTHCARE

Two of the most respected names in health care, **Bupa Global** and **Blue Shield Global**, have teamed up to deliver high quality health care 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 to upgrade to a higher level of cover, including access to U.S. medical facilities, please contact **us**.

ANY QUESTIONS? **We'll** be happy to help.
Get in touch using the details printed on **your** insurance card.

A close-up photograph of a man with a beard and glasses, smiling while talking on a mobile phone. He is wearing a light-colored suit jacket over a white shirt and a grey vest. The background is a blurred outdoor setting with a stone wall and a wooden post.

WHEN YOU'RE AWAKE, WE'RE AWAKE

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

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

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

You can ask **us** to arrange evacuations as covered under this 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.

* **We** obtain the above 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.

NEED TREATMENT?

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

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

In cases where **you** need **hospital treatment**, contacting **us** also gives **us** an opportunity to contact **your hospital** or clinic and make sure they have everything they need to go ahead with **your treatment**. If possible **we** will arrange to pay them directly too.

If **you** need **treatment** and **you** know or think one of the below applies to **you**, **you must** contact **us** for pre-authorization before **you** receive **your treatment**. If **you** don't get the following pre-authorized **we** will not cover the cost:

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

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. **We** can then make sure **you** are getting the right care, in the right place.

Benefits that must be pre-authorized are detailed in **your** 'Table of benefits'.

The pre-authorization process

You can pre-authorise **your treatment** by phone or email. Once **we** have the necessary details, **we** send a pre-authorization statement to **your hospital** or clinic.

Pre-authorization complete and now going for treatment?

Always remember to keep **your** insurance card on **you** and present it to **your benefits provider** when **you** arrive.

We also send **you** a pre-authorization statement. This can be used as a claim form to send back to **us** 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 **we** may ask **you** for more detailed medical information, for example, to rule out any relation to a **pre-existing condition**.

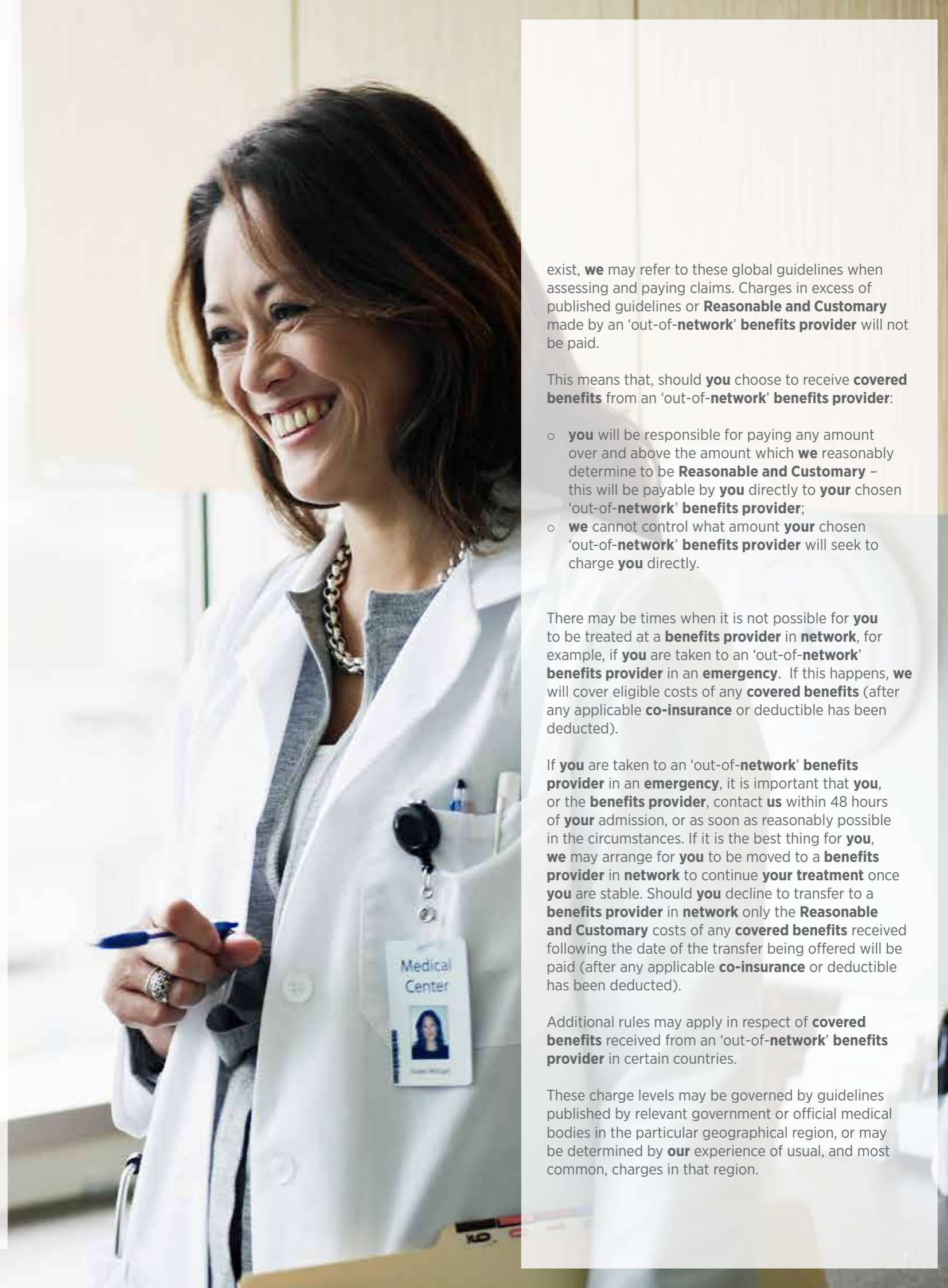
Remember we can offer a second medical opinion service

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**.

Our approach to costs

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

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



exist, **we** may refer to these global guidelines when assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** made by an 'out-of-network' **benefits provider** will not be paid.

This means that, should **you** choose to receive **covered benefits** from an 'out-of-network' **benefits 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' **benefits provider**;
- **we** cannot control what amount **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.

HOW TO CLAIM

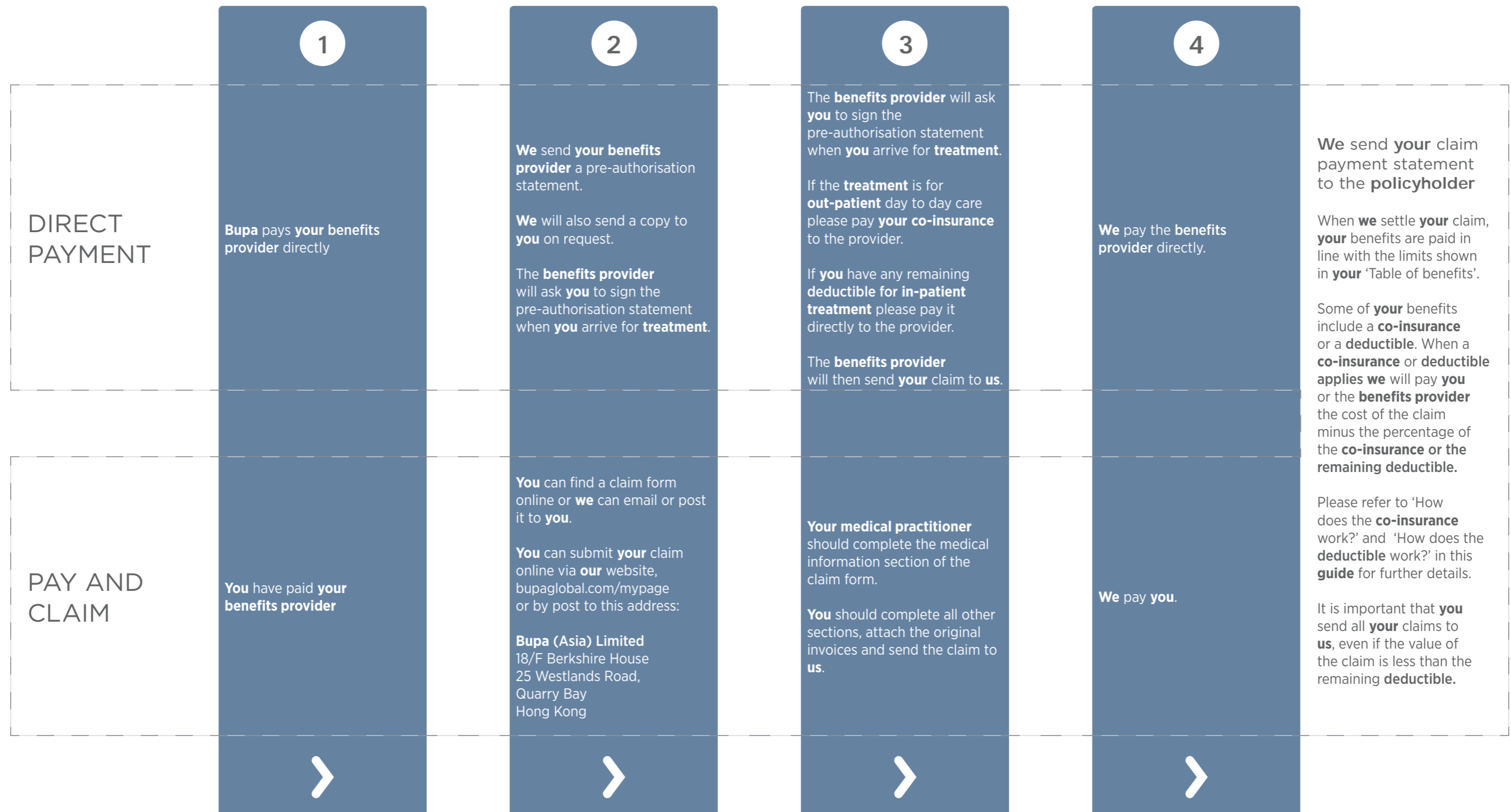
Whether **you** choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. Some benefits need to be pre-authorized by **us** so make sure to check **your** 'Table of benefits' and the 'Need **treatment**' section of this **guide**.

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

This is a summary, please refer to **your** 'Table of benefits', 'Terms and Conditions' and insurance certificate for full details on how to claim.

If you need assistance with a claim call us on
+852 2531 8570
 or go online at
bupaglobal.com/mypage

These details can also be found on your
 insurance card.





WANT TO ADD MORE PEOPLE TO YOUR SELECT HEALTH PLAN?

You can apply to include **dependants**, including newborn children, to this **health plan** by filling in an application form. **You** can download this easily from Bupaglobal.com/mypage. Or **you** can contact **us** and **we** will send one to **you**.

It is possible to add dependants on to a different health plan and/or include a different co-insurance for each person.

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 form 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 **you** provided in the application form after **you** or **your dependants** sign 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 three kinds of benefit limits shown in this table:

1. The 'overall annual maximum' – the maximum amount **we** will pay in total for all benefits, for each person, in each **policy year**.
2. Annual limits for a group of benefits – the maximum amount **we** will pay in total for all of the benefits in that group, such as **out-patient** day to day care.
3. Individual benefit limits – the maximum amount **we** will pay for individual benefits such as **rehabilitation**.

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

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.

How does the out-patient co-insurance work?

Your co-insurance will be shown on **your** insurance certificate and **your** insurance card. Each person on **your** plan can have a different **co-insurance** so remember to check. This **health plan** has a 15% **co-insurance** as standard.

The **co-insurance** on this **health plan** is the percentage of all **out-patient** day to day care expenses that **you** share with **us** – please refer to **your** 'Table of benefits'.

EXAMPLE

With 15% **co-insurance**, so **you** always pay 15% of **your out-patient** day to day care

You have a consultation with your doctor which costs \$80	15% out-patient day to day care co-insurance applied is \$12
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Amount paid by **us** is **\$68**

How does the in-patient deductible work?

Your deductible is the annual amount **you** must pay each **policy year** towards covered expenses before **we** start paying. This **health plan** has a \$1,500 **in-patient** deductible as standard with the option to increase this to \$4,000 or \$10,000 at the start of each **policy year**.

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.

The **deductible** applies:

- per **policy year**
- separately for each person

EXAMPLE

The standard **\$1,500 deductible** is on the **health plan**

You have treatment in hospital for a broken leg which costs \$3,000	Amount paid by you is \$1,500
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Amount paid by **us** is **\$1,500**

TABLE OF BENEFITS - SELECT HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
<p>All benefits below, even those paid in full will contribute to the overall annual policy maximum limit</p> <p>In-patient deductibles:</p> <p>Mandatory USD 1,500 or HKD 11,700 Optional USD 4,000 or HKD 31,200 Optional USD 10,000 or HKD 78,000</p> <p>Please see your insurance certificate for details of the deductible that applies to your in-patient and day-patient benefits.</p>	<p>Overall annual policy maximum USD 3,000,000 or HKD 23,400,000</p>
<p>OUT-PATIENT DAY TO DAY CARE *paid in full up to the annual maximum of out-patient day to day care limit of USD 12,500 or HKD 97,500</p> <p>Co-insurances:</p> <p>Mandatory 15% co-insurance</p> <p>Please see your insurance certificate for details of the co-insurance that applies to your out-patient day to day care benefits</p> <p>Please note that the deductible and not the co-insurance apply to the out-patient treatment undertaken in connection with the advanced imaging, cancer treatment, transplant services and kidney dialysis benefits.</p>	<p>Annual maximum USD 12,500 or HKD 97,500</p>
<p>OUT-PATIENT SURGICAL OPERATIONS</p> <p>When carried out by a specialist or a doctor.</p>	<p>Paid in full*</p>
<p>PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS</p> <p>When recommended by your specialist or doctor to help diagnose or assess your condition:</p> <ul style="list-style-type: none"> o pathology such as blood test(s) o radiology such as ultrasound or X-ray(s) o diagnostic tests such as electrocardiograms (ECGs) 	<p>Paid in full*</p>
<p>SPECIALIST CONSULTATIONS AND DOCTOR'S FEES</p> <p>Consultations with your specialist or doctor, for example to:</p> <ul style="list-style-type: none"> o receive or arrange treatment o follow up on treatment already received o receive pre- and post-hospital consultations/treatment o receive prescriptions for medicines, or o diagnose your symptoms <p>Such consultations may take place in the specialist's or doctor's office, by telephone or using the internet.</p>	<p>Paid in full*</p>
<p>QUALIFIED NURSES</p> <p>Costs for nursing care, for example injections or wound dressings by a qualified nurse.</p>	<p>Up to 15 consultations each policy year</p>
<p>MENTAL HEALTH</p> <p>Consultation fees with psychiatrists, psychologists and psychotherapists to:</p> <ul style="list-style-type: none"> o receive or arrange treatment o receive pre- and post-hospital treatment, or o diagnose your illness <p>Such consultations must take place in the psychiatrist's, psychologist's or psychotherapist's office.</p>	<p>Paid in full*</p>

BENEFIT AND EXPLANATION	LIMITS
<p>PRESCRIBED MEDICINES AND DRESSINGS</p> <p>Medicines and dressings prescribed by your medical practitioner, required to treat a disease, illness or injury.</p>	<p>Up to USD 1,500 or HKD 11,700 each policy year</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>	
<p>PREVENTIVE TREATMENT</p> <p>HEALTH SCREENING AND WELLNESS (WAITING PERIOD 10 MONTHS)</p> <p>Once you have been covered on this health plan for 10 months.</p> <p>A health screen generally includes various routine tests performed to assess your 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. You may also have the specific screening tests for breast, cervical, prostate, colorectal cancer or bone densitometry. The actual tests you have will depend on those supplied by the benefits provider where you have your screening.</p>	<p>Up to USD 400 or HKD 3,100 policy year</p>
<p>IN-PATIENT CARE: FOR ALL IN-PATIENT AND DAY-PATIENT TREATMENT COSTS</p> <p>Your mandatory deductible of USD 1,500 or HKD 11,700 applies to all the following benefits. You may have chosen a higher deductible.</p> <p>Please see your insurance certificate for details of the deductible that applies to your in-patient and day-patient benefits.</p>	
<p>HOSPITAL ACCOMMODATION, ROOM AND BOARD</p> <p>When:</p> <ul style="list-style-type: none"> o there is a medical need to stay in hospital o the treatment is given or managed by a specialist o the length of your stay is medically appropriate, and o you occupy a semi-private room <p>We will not pay the extra costs of a private room, deluxe, executive or VIP suite etc. 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 room type appropriate for this health plan.</p> <p>For in-patient stays of 5 nights or more, you or your specialist must send us a medical report before the fifth night, confirming your diagnosis, treatment already given, treatment planned and discharge date.</p> <p>We will also pay up to USD 17 or HKD 130 each day for personal expenses such as newspapers, television rental and guest meals when you have had to stay overnight in hospital.</p>	<p>Paid in full Semi-private</p>
<p>PARENT ACCOMMODATION IN HOSPITAL</p> <p>Room and board costs for a parent staying in hospital with their child when the costs are for one parent only, you are staying with a child up to 18 years old, and the child is insured and receiving treatment that is covered.</p>	<p>Paid in full</p>
<p>OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS</p> <p>Costs of the:</p> <ul style="list-style-type: none"> o operating room o recovery room o medicines and dressings used in the operating or recovery room o medicines and dressings used during your hospital stay 	<p>Paid in full</p>

BENEFIT AND EXPLANATION	LIMITS
<p>INTENSIVE CARE</p> <p>Costs for treatment in an intensive care unit when it is medically necessary or an essential part of treatment.</p>	Paid in full
<p>SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES</p> <p>Surgery, including surgeons' and anaesthetists' fees, as well as treatment needed immediately before and after the surgery on the same day.</p>	Paid in full
<p>PHYSICIANS CONSULTATION FEES</p> <p>When you require medical treatment during your stay in hospital.</p>	Paid in full
<p>PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS:</p> <ul style="list-style-type: none"> o pathology such as blood test(s) o radiology such as ultrasound or X-ray(s) o diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by your specialist to help diagnose or assess your condition when you are in hospital.</p>	Paid in full
<p>MENTAL HEALTH</p> <p>Psychiatric treatment, where it is medically necessary for you to be treated as a day-patient or in-patient to include room, board and all treatment costs related to the psychiatric condition for a total of 90 days per lifetime.</p> <p>Any psychiatric treatment overnight in hospital and as a day-patient for 5 days or more will need pre-authorization. Benefit will not be paid unless pre-authorization has been provided.</p>	Paid in full 90 days lifetime limit
<p>PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND DIETICIANS</p> <p>Treatment provided by therapists (such as occupational therapists), physiotherapy and dietician or speech therapy if it is needed as part of your treatment in hospital, meaning this is not the sole reason for your hospital stay.</p>	Paid in full
<p>OBESITY SURGERY (WAITING PERIOD OF 24 MONTHS)</p> <p>Once you have been covered on this health plan for 24 months, we may pay, subject to Bupa Global's medical policy criteria, for bariatric surgery, if you:</p> <ul style="list-style-type: none"> o have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese o can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and o have been through a psychological assessment which has confirmed that it is appropriate for you to undergo the procedure <p>The bariatric surgery technique needs to be evaluated by our medical teams and is subject to Bupa Global's medical policy criteria.</p> <p>In some cases, you may qualify for weight-loss surgery if your BMI is between 35 and 40 and you have a serious weight-related health problem, such as type 2 diabetes. The decision for Bupa Global to cover this will be entirely made by our medical teams.</p> <p>Please contact us for pre-authorization before proceeding with treatment. Benefit will not be paid unless pre-authorization has been provided.</p>	Paid in full
<p>PROPHYLACTIC SURGERY</p> <p>We may pay subject to Bupa Global's medical policy criteria, for example, a mastectomy when there is a significant family history and/or you have a positive result from genetic testing.</p> <p>Please contact us for pre-authorization before proceeding with treatment. Benefit will not be paid unless pre-authorization has been provided.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>PROSTHETIC DEVICES</p> <p>The initial prosthetic device needed as part of your treatment. By this we mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of your surgical procedure.</p> <p>We do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a pre-existing condition. We will pay for the initial and up to two replacements per device for children under the age of 18.</p>	Per device up to USD 4,000 or HKD 31,200
<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 Bupa Global's medical policy criteria. Please contact us for pre-authorization) o to remove excess fluid from the brain o cochlear implant – provided the initial implant was provided when you were under the age of five, we 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 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-authorization before proceeding with any reconstructive surgery. Benefit will not be paid unless pre-authorization has been provided.</p>	Paid in full
<p>ACCIDENT RELATED DENTAL TREATMENT</p> <p>We pay for dental treatment that is required in hospital after a serious accident.</p>	Paid in full
<p>IN-PATIENT HOSPITAL CASH BENEFIT</p> <p>We pay in-patient hospital cash benefit if you:</p> <ul style="list-style-type: none"> o have been treated in a public hospital in Hong Kong o have received in-patient treatment in hospital which is covered under this plan <p>whether or not you have been charged for your room, board and treatment.</p>	Up to 20 nights each policy year , up to USD 150 or HKD 1170 per night

BENEFIT AND EXPLANATION	LIMITS
HOSPICE AND REHABILITATION	
<p>HOSPICE AND PALLIATIVE CARE</p> <p>Hospice and palliative care services if you have received a terminal diagnosis and can no longer have treatment which will lead to your recovery:</p> <ul style="list-style-type: none"> o hospital or hospice accommodation o nursing care o prescribed medicines o physical, psychological, social and spiritual care 	Up to USD 40,000 or HKD 312,000 per lifetime
<p>REHABILITATION (MULTIDISCIPLINARY REHABILITATION)</p> <p>We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy.</p> <p>We pay for rehabilitation only when you have received our pre-authorisation before the treatment starts, for up to 30 days treatment per policy year. 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 you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for multidisciplinary rehabilitation where it:</p> <ul style="list-style-type: none"> o starts within 30 days after the end of your treatment in hospital for a condition which is covered by your 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 give pre-authorisation, we must receive full clinical details from your specialist; including your diagnosis, treatment given and planned and proposed discharge date if you stayed in hospital to receive rehabilitation.</p>	<p>Paid in full</p> <p>Up to 30 days each policy year</p>
IN-PATIENT AND/OR OUT-PATIENT CARE	
Please note that the deductible and not the co-insurance apply to the out-patient treatment undertaken in connection with the advanced imaging, cancer treatment , transplant services and kidney dialysis benefits.	
<p>ADVANCED IMAGING</p> <p>Such as:</p> <ul style="list-style-type: none"> o magnetic resonance imaging (MRI) o computed tomography (CT) o positron emission tomography (PET) <p>when recommended by your specialist to help diagnose or assess your condition.</p> <p>Please contact us for pre-authorisation before proceeding. Benefit will not be paid unless pre-authorisation has been provided.</p>	Paid in full
<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-authorisation before proceeding with treatment. Benefit will not be paid unless pre-authorisation has been provided.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<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 	<p>Each condition up to USD 300,000 or HKD 2,340,000</p>
<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 you for reasonable transport costs to the nearest appropriate place of treatment, when the treatment you need is not available nearby.</p> <p>For all medical transfers:</p> <ul style="list-style-type: none"> you must contact us for pre-authorisation before you travel the treatment must be recommended by your specialist or doctor the treatment is not available locally the treatment must be covered under your health plan you must have cover for the country you are going to be treated in and in the country you are being taken from before you need the treatment we must agree the arrangements with you, and benefit is applicable for hospital treatment, either overnight or as a day-patient <p>Evacuation may also be authorised if you need advanced imaging or cancer treatment such as radiotherapy or chemotherapy.</p> <p>We will only pay if all arrangements are agreed and approved in advance by Bupa Global. Should you arrange transportation covered under the health plan yourself we shall only compensate your expenses to the equivalent cost if we had arranged your transportation.</p> <p>Note:</p> <ul style="list-style-type: none"> we do not pay for extra nights in hospital when you are no longer receiving active treatment which requires you to be hospitalised, for example when you are awaiting your return flight. 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 will not be authorised if it is against the advice of the Bupa Global medical team. we will not 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 Bupa Global or our service partners. we cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond our control. Bupa Global is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on your behalf. In some countries we may use service partners to arrange these services locally, but Bupa Global will always be here to support you. 	
<p>EVACUATION</p> <p>Transport costs for an evacuation:</p> <ul style="list-style-type: none"> to the nearest appropriate place where the required treatment is available. (This could be to another part of the country that you are in or to another country), and for the return journey to the place you were transferred from <p>When this is authorised in advance by us.</p> <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> the reasonable cost of the return journey by land or sea, or the cost of an economy class air ticket whichever is the lesser amount <p>We do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for you to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, we will pay for taxi fares.</p>	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 you if there is a reasonable need for you to be accompanied. By 'reasonable need' we mean that you need someone to accompany you for one of the following reasons:</p> <ul style="list-style-type: none"> you need assistance to board or disembark from transport you need to be transferred over a long distance (over at least 1000 miles or 1600 KM) there is no medical escort 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 you were transferred from when this is authorised in advance by Bupa Global.</p> <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> the reasonable cost of the return journey by land or sea, or the cost of an economy air ticket whichever is the lesser amount <p>We do not pay for someone to travel with you when the evacuation is for you 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 you in the event of an evacuation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> it is medically necessary for you as their parent or guardian to be evacuated your spouse, partner, or other joint guardian is accompanying you, and 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 you:</p> <ul style="list-style-type: none"> following an evacuation, and for up to 10 days, or your date of discharge whichever is the earlier, whilst away from their usual specified country of residence <p>We do not pay for someone to travel with you when evacuation is for out-patient treatment only.</p>	10 days each policy year up to USD 150 or HKD 1,170 per day
<p>LOCAL AIR AMBULANCE:</p> <ul style="list-style-type: none"> from the location of an accident to a hospital, or for a transfer from one hospital to another <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> medically necessary used for short distances of up to 100 miles/160 kilometres, and related to treatment that is covered that you need to receive in hospital <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. We do not pay for mountain rescue.</p>	Paid in full
<p>LOCAL ROAD AMBULANCE:</p> <ul style="list-style-type: none"> from the location of an accident to a hospital for a transfer from one hospital to another, or from your home to the hospital <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> medically necessary, and related to treatment that is covered that you need to receive in hospital 	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>REPATRIATION OF MORTAL REMAINS</p> <p>Reasonable costs for the transportation of your body or cremated mortal remains to your home country or to your specified country of residence:</p> <ul style="list-style-type: none"> o in the event of your death while you are away from home, and o subject to airline requirements and restrictions <p>We will only 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>We do not 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 your mortal remains.</p>	Paid in full

YOUR EXCLUSIONS

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

Do you have cover for pre-existing conditions?

When **you** applied for **your health plan** **you** were 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 **health plan**. **We** 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 **your health plan**. If **we** have applied any personal exclusion or other restrictions to **your health 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 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 **your** insurance certificate, **we** do 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** global **health plans** are non-US insurance products and accordingly are not designed to meet the requirements of the US 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 US 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 we , at our reasonable discretion, deem 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	We 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 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 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 your doctor to discuss becoming pregnant or contraception.
Complementary therapists	Treatment and medicine by Complementary therapists including any Chinese medicine practitioner.

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"> 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	<p>Non-medically essential surgery and treatment to alter your appearance including abdominoplasty or treatment related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered.</p> <p>Note: If your doctor recommends cosmetic treatment to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, please contact us for pre-authorisation as your case will be assessed according to Bupa Global's medical policy criteria. If approved, benefits will be paid in line with the rules and benefits of your health plan.</p>
Developmental problems	<p>Treatment for, or related to developmental problems, including:</p> <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	<p>We do not pay for treatment for or arising from any epidemic disease and/or pandemic disease and we do not pay for vaccinations, medicines or preventive treatment for or related to any epidemic disease and/or pandemic disease.</p>
Eyesight	<p>Treatment equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p>
Experimental treatment	<ul style="list-style-type: none"> o We do not pay for any treatment or medicine which in our reasonable opinion is experimental based on acceptable current clinical evidence and practice. o We do not pay for any treatment or medicine which in our reasonable opinion is not effective based on acceptable current clinical evidence and practice. o We do not pay for medicines and equipment used for purposes other than those defined under their licence unless this has been pre-authorised.
Footcare	<p>Treatment for corns, calluses, or thickened or misshapen nails.</p>
Genetic testing	<p>Genetic tests, when such tests are performed to determine whether or not you may be genetically likely to develop a medical condition.</p> <p>Example: We do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.</p>
Gender issues	<p>Sex changes or gender reassignments.</p>
Harmful or hazardous use of alcohol, drugs and/or medicines	<p>Treatment for or arising from the harmful, hazardous or addictive use of any substance including alcohol, drugs and/or medicines.</p>
Health hydros, nature cure clinics etc	<p>Treatment or services received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a hospital.</p>

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: we pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> o you had not been aware of any problems before joining, and o 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 <p>Once the cause is confirmed, we 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	<p>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.</p>
Obesity	<p>Treatment for or as a result of obesity such as: slimming aids or drugs, or slimming classes.</p> <p>Note: We may cover costs associated with obesity surgery as detailed in the 'Table of benefits', subject to Bupa Global's medical policy criteria.</p>
Persistent vegetative state (PVS) and neurological damage	<p>We will not pay for treatment while staying in hospital for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state.</p>
Sexual problems	<p>Sexual problems, such as impotence, whatever the cause.</p>
Sleep disorders	<p>Treatment, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.</p>
Stem cells	<p>Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p> <p>Note: We pay 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.</p>
Surrogacy	<p>Treatment directly related to surrogacy. This applies to you if you act as a surrogate, or to anyone else acting as a surrogate for you.</p>
Temporomandibular joint (TMJ) disorders	<p>Disorders of the Temporomandibular joint (TMJ) and related complications.</p>
Treatment outside area of cover	<p>Treatment received in U.S.</p>
Unrecognised medical practitioner , provider and facility	<p>Treatment performed by an unrecognised medical practitioner, provider or facility.</p>

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.
	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	BCBSA/Blue Shield Global	BCBSA is an association of 36 independently and locally operated member companies. Blue Shield Global is a brand owned by BCBSA .
	Benefits provider	The recognised medical practitioner, hospital or clinic , or any other service provider, which provides you with any covered benefits .
	Bupa	The British United Provident Association Limited, a UK limited liability company limited by guarantee, registered in England and Wales with company number 00432511, with registered office at Bupa , 1 Angel Court, London, EC2R 7HJ, England.
	Bupa Global	Bupa (Asia) Limited (a limited liability company incorporated in Hong Kong , company number 103048, registered office at 18th Floor, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong , – the sole insurer of this plan).
	Bupa group of companies and administrators	Bupa Global, Bupa Insurance Services Limited, 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 Bupa Global 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 Bupa Global 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 policy year before we will pay for any covered benefits
	Dependants	Any other people covered by this policy , as named on the insurance certificate.
	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	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 Bupa Global health plan	The booklet entitled " Guide to your Bupa Global 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 . Where you the policyholder have a different health plan to the dependants , a different " Guide to your Bupa Global health plan " will apply to each of you .
H	Health plan	Any insurance plans made available by Bupa Global from time to time.
	Hong Kong	The Hong Kong Special Administrative Region of the People's Republic of China.
	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.
	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	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.
	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 member or the treating medical practitioner
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 Bupa Global as described in Clause 1 of the Terms and Conditions.
	Policyholder	The main applicant set out in the application form and who will be the first person named on the insurance certificate.
	Policy year	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.
	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>
	Prophylactic surgery	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.
	Psychiatric treatment	Treatment of mental conditions, including eating disorders.
	Psychologist and psychotherapist	A person who is legally qualified and is permitted to practise as such in the country where the treatment is received.
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 pre-authorisation of cover and 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 form or as advised to us in writing, whichever is the later.	
	Specified country of residence	The country of residence specified by you in your application and shown in 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. 	
W	We/us/our	Bupa Global .	
Y	You/your	The policyholder and/or any dependants .	
	You the policyholder	Just the policyholder .	

