

MINING AND EXPLORATION PLAN



Membership Guide

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

From 1 November 2018

bupaglobal.com



Welcome

Within this membership guide, **you'll** find easy to understand information about **your** 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 'Exclusions' which outline what is and isn't covered along with any benefit limits that might apply
- o a 'Glossary' to help understand the meaning of some of the terms used

This membership guide must be read alongside **your** membership certificate and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your** plan documentation. To make the most of **your** plan, please read the 'Table of Benefits', 'Exclusions' and '**Your** Membership' sections carefully to get a full understanding of **your** cover.

Please keep **your** membership guide in a safe place. If **you** need another copy, **you** can call **us**, or view and print it online at: bupaglobal.com/membersworld

Bold words

Words in bold have particular meanings in this membership guide. Please check their definition in the Glossary before **you** read on. **You** will find the Glossary in the back of this membership guide.

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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.

Contact us

Open 24 hours a day, 365 days a year

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

Healthline* +44 (0) 1273 333 911

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

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

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

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

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**. **Our** assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

General enquiries +44 (0) 1273 323 563

Your **Bupa Global** customer services helpline:

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

Email: info@bupaglobal.com
Web: bupaglobal.com
Fax: +44 (0) 1273 820 517

Please note that **we** cannot guarantee the security of email as a method of communication. Some companies, employers and/or countries do monitor email traffic, so please bear this in mind when sending **us** confidential information.

Your calls may be recorded or monitored.

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

Correspondence

Any correspondence, including **your** claims, should be sent to the following address:

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

Contact details changed?

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

Easier to read information

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

Making a complaint

We're always pleased to hear about aspects of **your** plan that **you** have particularly appreciated, or that **you** have had problems with.

If something does go wrong, this membership guide outlines a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible. Please see the 'Making a Complaint' section for more details.

If **you** have any comments or complaints, **you** can call the **Bupa Global** customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year.

Alternatively **you** can email via bupaglobal.com/membersworld, or write to **us**.

Your website: MembersWorld

We want to put you in control of your health insurance.

That's why **we** give **you** access to MembersWorld, an exclusive and secure website where **you** can manage **your** health plan in an easier and faster way.

We want to make **your** experience as simple and stress free as possible, so **you** can spend **your** time on the things that matter to **you**.

In just a few clicks, it's easy to:

- check your benefits
- update your details and read documents
- pre-authorise in-patient and day-case treatment
- submit and track your claims*
- request a second medical opinion at no extra cost
- if your sponsor has purchased your health plan via a broker, you can allow them access to view your health plan information (except claim related documents)
- specify a preferred address for claim reimbursements – useful if you have multiple addresses or are travelling.

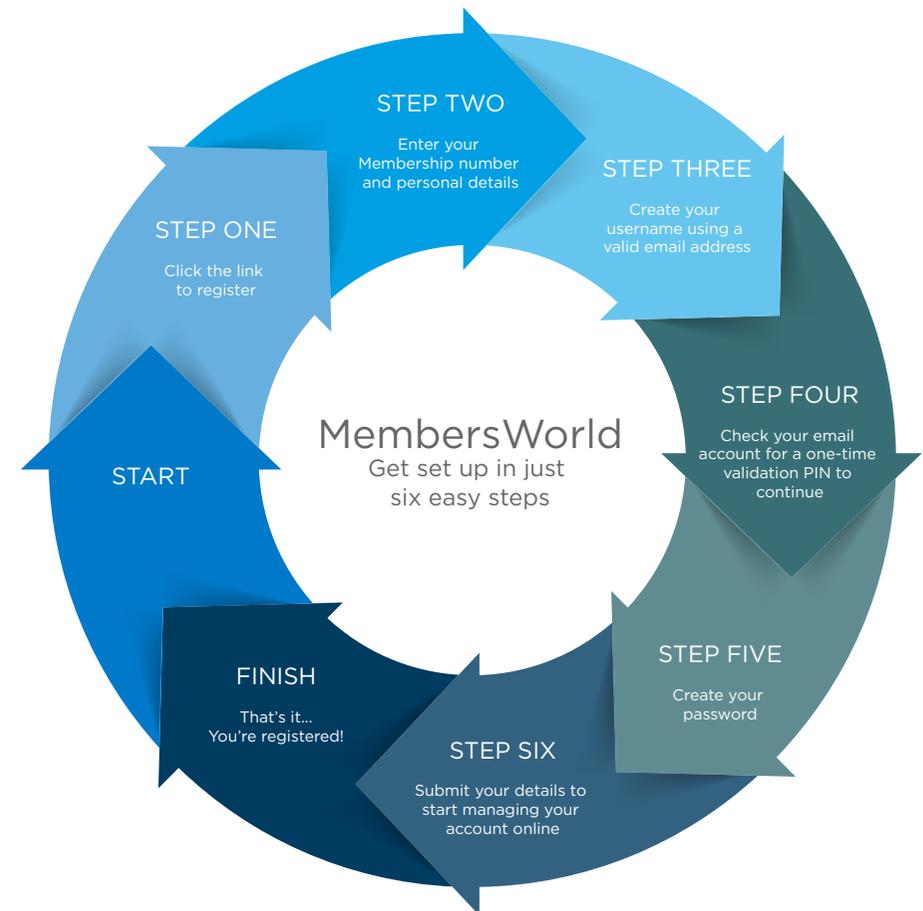
There are many more benefits online; log in to see for yourself.

* MembersWorld may not be able to track claims in the U.S. as a third party is used here.

It's all there. Easy to find, simple and faster to use.

Why not spend a few moments to sign up to MembersWorld and start taking control of **your** plan today.

Go to: bupaglobal.com/membersworld to find out more.



Pre-authorisation

Please remember to pre-authorise your treatment

CALL: +44 (0) 1273 333 911
FAX: +44 (0) 1273 866 301

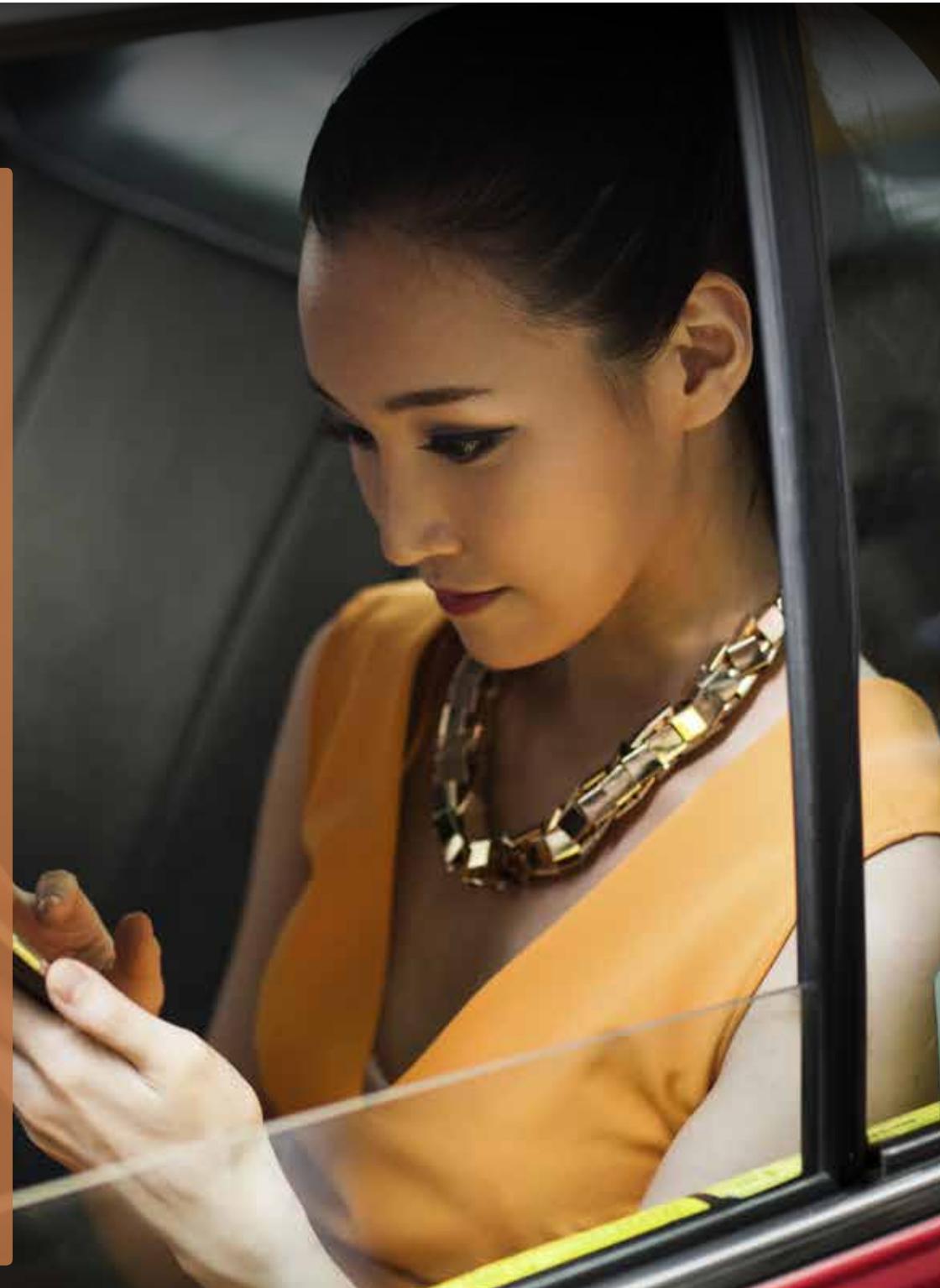
Or via **our** secure MembersWorld website at:
bupaglobal.com/membersworld

Your calls may be recorded or monitored.

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

- o the **treatment** is eligible **treatment** that is covered by **your** plan,
- o **you** have an active membership at the time that **treatment** takes place,
- o **your** subscriptions are paid up to date,
- o the **treatment** carried out matches the **treatment** authorised,
- o **you** have provided a full disclosure of the condition and **treatment** required,
- o **you** have enough benefit entitlement to cover the cost of the **treatment**,
- o **your** condition is not a **pre-existing condition**,
- o the **treatment** is medically necessary, and
- o the **treatment** takes place within 31 days after pre-authorisation is given.

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



How to claim

If **you** need assistance with a claim call **us** on +44 (0) 1273 323 563 or go online at bupaglobal.com/membersworld or email **us** on info@bupaglobal.com. These details can be found on **your** membership card.

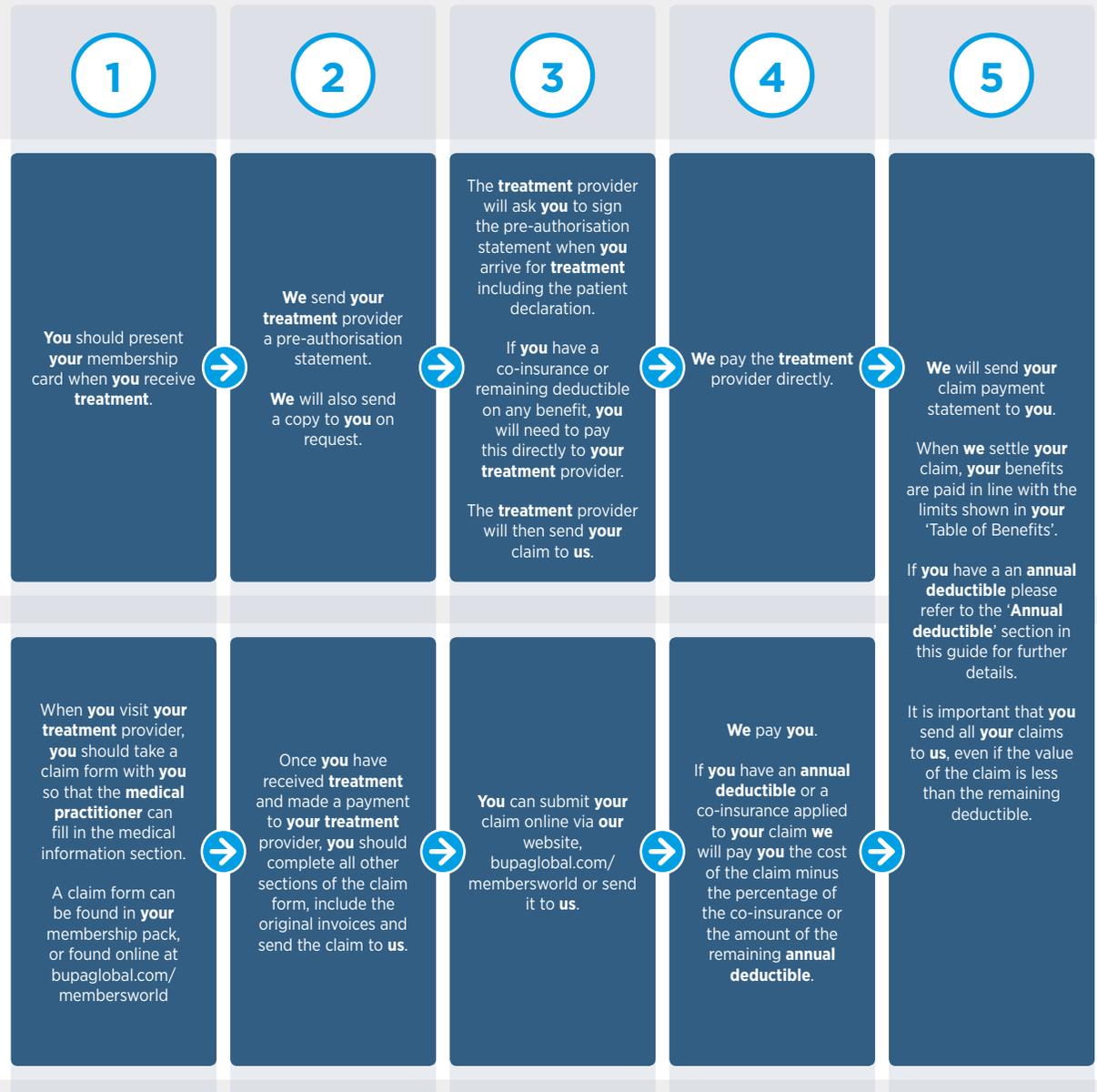
Whether **you** choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the **agreement** of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient treatment** or **day-case treatment**. Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or **healthcare facility**.

Direct Settlement

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

Pay and Claim

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



Things you need to know about your Mining and Exploration plan

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Welcome

IMPORTANT INFORMATION RELATING TO DEPENDANTS

Under **your** plan, **you**, the **principal member** have a different level of cover to that of any **dependants** who are covered. This means that the benefits and exclusions that apply to **you** the **principal member** will differ in some cases to those that apply to any **dependants** who are covered.

How to use your Bupa Global group plan

Step 1: Where to get treatment

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

Participating hospitals

To help **you** find a facility quickly and easy, visit bupaglobal.com/facilitiesfinder. **We** can normally arrange direct settlement with these facilities too.

Getting treatment in the USA

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

Step 2: Contact us

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

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

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

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

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

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

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

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

Step 3: Making a claim

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

What to send

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

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

Your claim form

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

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

How we make payments

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

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

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

Tracking a claim

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

Claim payment statement

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

About your Membership

The **Bupa Global** group plan is a group insurance plan. **You** are therefore one of a group of members, which has a **sponsor** (normally the company that **you**, the **principal member** work for).

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

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

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

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

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

When your cover starts

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

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

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

Your new country may have different regulations about health insurance. **You**, the **principal member** need to tell **your sponsor** of any change so that **we** can make sure that **you** have the right cover.

Principal member – What is covered?

Please read this important information about the kind of costs that **we** cover. In this section **you/your** means **you**, the **principal member**.

Treatment that we cover

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

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

We will not pay for **treatment** which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your treatment**, when it is reasonable for **us** to do so.

Conditions that we cover Acute Conditions

This plan covers **you** for **treatment** of acute conditions. Acute conditions are diseases, illnesses or injuries that respond to medical care without the need for long-term or prolonged **treatment**. The **treatment** that **you** receive should be likely to lead to a complete recovery, or restore **you** as closely as possible to **your** previous state of health.

Please note that this definition above means that **you** do not have cover for **treatment** for chronic conditions (please see the 'What is not covered?' section for more information about chronic conditions).

Acute and chronic conditions — how it works in practice

1. **We** will cover an acute condition until **we** become aware that it is chronic.
2. If **you** develop a condition which is known to be chronic, **we** will pay for **treatment** to:
 - diagnose **your** condition
 - stabilise **your** condition

but **we** will not pay for ongoing **treatment** or drugs to maintain **your** health or control the condition.

3. If **you** suffer an acute flare-up of a chronic condition **we** will pay for **treatment** **you** receive during this period.

Our approach to costs

When **you** are in need of a **treatment** 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 **treatment** 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 **treatment** 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 **treatment** 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**' **treatment** provider will not be paid.

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

There may be times when it is not possible for **you** to be treated at a **treatment** provider in **network**, for example, if **you** are taken to an 'out-of-**network**' **treatment** 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**' **treatment** provider in an **emergency**, it is important that **you**, or the **treatment** 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 **treatment** provider in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **treatment** 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.

Table of benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'What is not covered?' section so that **you** understand the exclusions on **your** plan.

Variations to your benefits

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

How to read the Table of benefits

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

Benefit limits

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

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

If a benefit limit applies for the whole of **your** membership, once this benefit limit has been reached, no further benefits will be paid, regardless of the renewal of **your** plan. This applies to all Bupa administered plans **you** have been a member of in the past, or may be a member of in the future, even if **you** have had a break in **your** cover.

Currencies

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

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

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

Summary of Benefits

	Essential	Classic	Gold
Principal Member - Overall annual maximum			
Overall annual maximum	●	●	●
Principal member - Out-patient treatment			
Out-patient surgical operations	●	●	●
Consultants' fees for consultations		●	●
Pathology, X-rays and diagnostic tests		●	●
Costs for treatment by therapists, complementary medicine practitioners and qualified nurses		●	●
Consultants' fees, psychologists' and psychotherapists' fees for psychiatric treatment (after two years' membership)		●	●
Costs for treatment by a family doctor			●
Prescribed drugs and dressings			●
Principal member - In-patient and day-case treatment			
Hospital accommodation	●	●	●
Surgical operations , including pre- and post-operative care	●	●	●
Nursing care, drugs and surgical dressings	●	●	●
Physicians' fees	●	●	●
Theatre charges	●	●	●
Intensive care	●	●	●
Pathology, X-rays, diagnostic tests and therapies	●	●	●
Prosthetic implants and appliances	●	●	●
Psychiatric treatment (after two years' membership, lifetime maximum 90 days)	●	●	●
Principal member - Further benefits			
Advanced imaging	●	●	●
Cancer treatment	●	●	●
Emergency dental treatment			●
Healthline services	●	●	●
Home nursing after in-patient treatment			●
Local road ambulance	●	●	●
Transplant services	●	●	●
USA cover	●	●	●
Principal member - Optional benefits, if purchased			
Assistance cover (Evacuation and Repatriation)	●	●	●
Dependant member - Overall annual maximum			
Overall annual maximum	●	●	●
Dependant member - Out-patient treatment			
Out-patient surgical operations	●	●	●
Wellness — mammogram, PAP test, prostate cancer screening or colon cancer screening (after one year's membership)		●	●
Consultants' fees for consultations		●	●
Pathology, X-rays and diagnostic tests		●	●
Costs for treatment by therapists, complementary medicine practitioners and qualified nurses		●	●
Consultants' fees, psychologists' and psychotherapists' fees for psychiatric treatment (after two years' membership)		●	●
Vaccinations		●	●
Costs for treatment by a family doctor			●
Prescribed drugs and dressings			●
Accident-related dental treatment			●

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

Summary of Benefits (continued)

	Essential	Classic	Gold
Dependant member - In-patient and day-case treatment			
Hospital accommodation	●	●	●
Surgical operations , including pre- and post-operative care	●	●	●
Nursing care, drugs and surgical dressings	●	●	●
Physicians' fees	●	●	●
Theatre charges	●	●	●
Intensive care	●	●	●
Pathology, X-rays, diagnostic tests and therapies	●	●	●
Prosthetic implants and appliances	●	●	●
Parent accommodation	●	●	●
Psychiatric treatment (after two years' membership, lifetime maximum 90 days)	●	●	●
Dependant member - Further benefits			
Advanced imaging	●	●	●
Cancer treatment	●	●	●
Healthline services	●	●	●
HIV/AIDS drug therapy including ART (after five years' membership)		●	●
Home nursing after in-patient treatment	●	●	●
Hospice and palliative care	●	●	●
In-patient cash benefit	●	●	●
Local air ambulance	●	●	●
Kidney dialysis	●	●	●
Local road ambulance	●	●	●
Maternity cover (after 10 months' membership)		●	●
Newborn care	●	●	●
Prosthetic devices	●	●	●
Rehabilitation	●	●	●
Transplant services	●	●	●
Dependant member - Optional benefits, if purchased			
USA cover	●	●	●
Dental treatment		●	●
Assistance cover (Evacuation and Repatriation)	●	●	●

Summary of Exclusions

	Essential	Classic	Gold
Ageing, menopause and puberty	●	●	●
Artificial life maintenance	●	●	●
Birth control	●	●	●
Chronic conditions	●	●	●
Conflict and disaster	●	●	●
Congenital conditions	●	●	●
Convalescence and admission for general care	●	●	●
Cosmetic treatment	●	●	●
Deafness	●	●	●
Dental treatment /gum disease	●	●	●
Desensitisation and neutralisation	●	●	●
Developmental problems	●	●	●
Dialysis	●	●	●
Donor organs	●	●	●
Drugs and dressings (out-patient)	●	●	●
Epidemics and pandemics:	●	●	●
Experimental treatment	●	●	●
Eyesight	●	●	●
Family doctor treatment	●	●	●
Footcare	●	●	●
Genetic testing	●	●	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●	●	●
Health hydros, nature cure clinics etc.	●	●	●
Hereditary conditions	●	●	●
HIV/AIDS	●	●	●
Maternity	●	●	●
Infertility treatment	●	●	●
Obesity	●	●	●
Persistent vegetative state (PVS) and neurological damage	●	●	●
Personality disorders	●	●	●
Physical aids and devices	●	●	●
Pre-existing conditions	●	●	●
Preventive and wellness treatment	●	●	●
Reconstructive or remedial surgery	●	●	●
Self-inflicted injuries	●	●	●
Sexual problems/gender issues	●	●	●
Sleep disorders	●	●	●
Speech disorders	●	●	●
Stem cells	●	●	●
Surrogate parenting	●	●	●
Travel costs for treatment	●	●	●
Unrecognised medical practitioner, hospital or healthcare facility	●	●	●
USA treatment	●	●	●

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

Principal Member - Table of Benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'What is not covered?' section so that **you** understand the exclusions on **your** plan which these benefits are subject to.

Principal Member - Overall annual maximum

Benefits	Essential	Classic	Gold	Explanation of benefits
Overall annual maximum	GBP 500,000 USD 900,000 EUR 750,000	GBP 500,000 USD 900,000 EUR 750,000	GBP 750,000 USD 1,200,000 EUR 1,000,000	The currency applicable to your contract is shown on your membership certificate.

Principal member - Out-patient treatment

Important

In this section **you/your** means **you**, the **principal member**.

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

Benefits	Essential	Classic	Gold	Explanation of benefits
Out-patient surgical operations	Paid in full	Paid in full	Paid in full	We pay for out-patient surgical operations when carried out by a consultant or a family doctor .
Consultants' fees for consultations	Not covered	We pay up to GBP 3,000, USD 4,800 or EUR 4,500 as applicable each membership year	We pay up to GBP 3,000, USD 4,800 or EUR 4,500 as applicable each membership year	This normally means a meeting with a consultant to assess your condition. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Pathology, X-rays and diagnostic tests	Not covered			We pay for: <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples for specific abnormalities, ○ radiology, such as X-rays, and ○ diagnostic tests, such as electro-cardiograms (ECGs) when recommended by your consultant or family doctor to help determine or assess your condition.
Costs for treatment by therapists, complementary medicine practitioners and qualified nurses	Not covered			We pay for nursing charges for general nursing care, for example injections or wound dressings by a qualified nurse and consultations and treatment with therapists and complementary medicine practitioners when they are appropriately qualified and registered to practice in the country where treatment is received. This includes the cost of both the consultation and treatment , including any complementary medicine prescribed or administered as part of your treatment . Note: for dieticians, we pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition. Please note that obesity is not covered.
Consultants' fees, psychologists' and psychotherapists' fees for psychiatric treatment (after two years' membership)	Not covered			We will pay after you have been a member of the plan (or any Bupa administered plan which includes cover for psychiatric treatment) for the whole of the two years leading up to the psychiatric treatment .
Costs for treatment by a family doctor	Not covered	Not covered	We pay up to GBP 600, USD 960 or EUR 900 each membership year	We pay for family doctor treatment . Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.

Principal member - Out-patient treatment (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Prescribed drugs and dressings	Not covered	Not covered	Please see previous page for shared limit.	<p>We pay for the cost of drugs and dressings prescribed for you by your medical practitioner required to treat a disease, illness or injury, for eligible treatment.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for treatment by therapists and complementary medicine practitioners benefit.</p>

Principal member - In-patient and day-case treatment

Important

In this section **you/your** means **you**, the **principal member**.

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

- it must be medically essential for **you** to occupy a **hospital** bed to receive the **treatment**
- **your treatment** must be provided, or overseen, by a **consultant**
- **we** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite 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 standard single room with a private bathroom
- the **hospital** where **you** have **your treatment** must be recognised

Long in-patient stays: 10 nights or longer

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

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

Benefits	Essential	Classic	Gold	Explanation of benefits
Hospital accommodation	Paid in full	Paid in full	Paid in full	<p>We pay charges for your hospital accommodation, including all your own meals and refreshments. We do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.</p> <p>We pay for accommodation in a room that is no more expensive than the hospital's standard single room with a private bathroom. This means that we will not pay the extra costs of a deluxe, executive or VIP suite etc.</p> <p>We pay for the length of stay that is medically appropriate for the procedure that you are admitted for. For example, unless medically essential, we do not pay for day-case accommodation for out-patient treatment, and we do not pay for in-patient accommodation for day-case treatment.</p> <p>Please also read convalescence and admission for general care in the 'What is not covered?' section.</p>
Surgical operations , including pre- and post-operative care	Paid in full	Paid in full	Paid in full	<p>We pay surgeons' and anaesthetists' fees for a surgical operation, including all pre- and post-operative care.</p> <p>Note:</p> <ul style="list-style-type: none"> ○ we do not pay for drugs and surgical dressings you receive for out-patient treatment or use at home unless you have Gold cover (see 'Prescribed drugs and dressings' in this section and 'Drugs and dressings' in the 'What is not covered?' section) ○ this benefit does not include follow-up consultations with your consultant, as these are paid under the consultants' fees for consultations benefit
Nursing care, drugs and surgical dressings	Paid in full	Paid in full	Paid in full	<p>We pay for nursing services, drugs and surgical dressings you need as part of your treatment in hospital.</p> <p>Note:</p> <ul style="list-style-type: none"> ○ we do not pay for drugs and surgical dressings you receive for out-patient treatment or use at home (for Essential and Classic members only), and ○ we do not pay for nurses hired in addition to the hospital's own staff. In the rare case where a hospital does not provide nursing staff we will pay for the reasonable cost of hiring a qualified nurse for your treatment

Principal member - In-patient and day-case treatment (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Physicians' fees	Paid in full	Paid in full	Paid in full	<p>We pay physicians' fees for treatment you receive in hospital if this does not include a surgical operation, for example if you are in hospital for treatment of a medical condition such as pneumonia.</p> <p>If your treatment includes a surgical operation we will only pay physicians' fees if the attendance of a physician is medically necessary, for example, in the rare event of a heart attack following a surgical operation.</p>
Theatre charges	Paid in full	Paid in full	Paid in full	<p>We pay for use of an operating theatre.</p>
Intensive care	Paid in full	Paid in full	Paid in full	<p>We pay for intensive care in an intensive care unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> ○ it is an essential part of your treatment and is required routinely by patients undergoing the same type of treatment as yours, or ○ it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery
Pathology, X-rays, diagnostic tests and therapies	Paid in full	Paid in full	Paid in full	<p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays), and ○ diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by your consultant to help determine or assess your condition when carried out in a hospital.</p> <p>We also pay for treatment provided by therapists (such as physiotherapy) and complementary medicine practitioners (such as acupuncturists) if it is needed as part of your treatment in hospital.</p>
Prosthetic implants and appliances	Paid in full	Paid in full	Paid in full	<p>We pay for a prosthetic implant needed as part of your treatment. By this, we mean an artificial body part or appliance which is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> ○ to replace a joint or ligament ○ to replace one or more heart valves ○ to replace the aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ to control urinary incontinence (bladder control) ○ to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the treatment ○ to restore vocal function following surgery for cancer <p>We also pay for the following appliances:</p> <ul style="list-style-type: none"> ○ a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament, or ○ a spinal support which is an essential part of a surgical operation to the spine

Principal member - In-patient and day-case treatment (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
<p>Psychiatric treatment (after two years' membership, lifetime maximum 90 days)</p>	<p>Paid in full</p>	<p>Paid in full</p>	<p>Paid in full</p>	<p>We pay for psychiatric treatment you receive in hospital after you have been a member of the plan (or any Bupa administered plan which includes cover for psychiatric treatment) for two years before the psychiatric treatment.</p> <p>We pay for a total of 90 days' psychiatric treatment in hospital during your lifetime. This benefit applies to all treatment related to the psychiatric condition. This applies to all Bupa administered plans you have been a member of in the past, or may be a member of in the future, whether your membership is continuous or not.</p> <p>Example: If we have paid for 45 days' psychiatric treatment in hospital under another Bupa administered plan, we will only pay for another 45 days' psychiatric treatment in hospital under this plan.</p>

Principal member - Further benefits

Important

In this section **you/your** means **you**, the **principal member**.

These are the additional benefits provided by **your** membership of the plan.

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

Benefits	Essential	Classic	Gold	Explanation of benefits
Advanced imaging	Paid in full	Paid in full	Paid in full	We pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by your consultant or family doctor .
Cancer treatment	Paid in full	Paid in full	Paid in full	Once cancer is diagnosed, we pay fees that are related specifically to planning and carrying out treatment for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy).
Emergency dental treatment	Not covered	Not covered	We pay up to GBP 400, USD 700 or EUR 600 each membership year	<p>We pay for emergency dental treatment that you receive from your dental practitioner during your first visit and the 14 days immediately following that first visit for each dental emergency you have during the membership year. We do not have to pay for any dental treatment, related to that dental emergency, that you receive after the 14 days.</p> <ul style="list-style-type: none"> ○ Treatment may only consist of one or more of the following: ○ dental examination ○ radiography (for example an X-ray) ○ replacement of a lost filling ○ extraction of a tooth (or tooth root) ○ stopping abnormal heavy bleeding (haemorrhage) ○ cutting into an abscess ○ dressing a root canal ○ prescribed antibiotics ○ re-cementing a crown, bridge or inlay ○ adjustment or repair to a denture ○ construction and fitting of a temporary crown ○ call-out charge
Healthline services	Included	Included	Included	<p>This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 333 911 at any time when you need to.</p> <p>The following are some of the services that may be offered by telephone:</p> <ul style="list-style-type: none"> ○ general medical information from a health professional ○ medical referrals to a physician or hospital ○ medical service referral (ie locating a physician) and assistance arranging appointments ○ inoculation and visa requirements information ○ emergency message transmission ○ interpreter and embassy referral <p>Note: treatment arranged through this service may not be covered under your plan. Please check your cover before proceeding.</p>

Principal member - Further benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Home nursing after in-patient treatment	Not covered	Not covered	We will pay up to GBP 600, USD 1,000 or EUR 900 as applicable each membership year	We pay for home nursing after eligible in-patient treatment . We pay if the home nursing: <ul style="list-style-type: none"> ○ is needed to provide medical care, not personal assistance ○ is necessary, meaning that without it you would have to stay in hospital ○ starts immediately after you leave hospital ○ is provided by a qualified nurse in your home, and ○ is prescribed by your consultant
Local road ambulance	Paid in full	Paid in full	Paid in full	We pay for medically necessary travel by local road ambulance when related to eligible in-patient treatment or day-case treatment .
Transplant services	Paid in full	Paid in full	Paid in full	We pay for transplant services that you need as a result of an eligible condition. We pay medical expenses if you need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. We also pay for bone marrow transplants (either using your own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy. We do not pay for costs associated with the donor or the donor organ. Note (for Essential members only): We do not pay for any out-patient treatment associated with a transplant, either before or after that transplant takes place, including consultations, diagnostic tests etc, or drugs prescribed for use as an out-patient, including anti-rejection drugs. Note (for Classic members only): We do not pay for any drugs prescribed for use as an out-patient, including anti-rejection drugs. Note (for Gold members only): Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from your prescribed drugs and dressings benefit. Please see donor organs in the 'What is not covered?' section.

Principal member - Further benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
USA cover	<p>100 percent of eligible costs in network. Reasonable and Customary costs out of network. In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorized or only 50% of eligible costs may be payable.</p>	<p>100 percent of eligible costs in network. Reasonable and Customary costs out of network. In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorized or only 50% of eligible costs may be payable.</p>	<p>100 percent of eligible costs in network. Reasonable and Customary costs out of network. In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorized or only 50% of eligible costs may be payable.</p>	<p>Pre-authorization and the US provider network</p> <p>Before any in-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans in the U.S., you must contact our U.S. Service Partner for pre-authorization.</p> <p>Please contact them by calling 800 554 9299 (from inside the U.S.), or +1 800 554 9299 (from outside the U.S.).</p> <p>In-patient treatment, day-case treatment, cancer treatment, MRI, CT and PET scans received in the U.S. without pre-authorization may not be paid beyond 50%. Any pre-authorized treatment costs are covered according to this table of benefits.</p> <p>Our U.S. Service Partner uses a national network of hospitals, clinics and medical practitioners. This is the U.S. provider network. Our Service Partner can help you to find a hospital or clinic in the U.S. provider network, when you contact them for pre-authorization. When eligible treatment takes place in the U.S. using the U.S. provider network, benefit is paid at 100 percent, once any co-insurance or deductible amount which may apply, and which you are responsible to pay, has been deducted from the claimed amount.</p> <p>Where eligible treatment takes place in the U.S. but outside the U.S. provider network, benefit is paid at Reasonable and Customary costs. Please see the 'Our approach to costs' section of this Guide.</p> <p>Emergency admissions</p> <p>If you are admitted for emergency treatment you must contact our U.S. Service Partner within 48 hours of admission, or as soon as reasonably possible.</p> <p>If your admission for emergency treatment is to a non-network hospital, our Service Partner may arrange to transfer you to a network hospital as soon as it is medically appropriate to do so.</p> <p>If the transfer to a network hospital is carried out, benefit for all eligible treatment received at both facilities will be payable at 100 percent.</p> <p>If you choose to stay in a non-network hospital after the date our U.S. Service Partner decides a transfer is medically appropriate, benefit for all eligible treatment received both before and after that date will be payable at 80 percent.</p>

Principal member - Optional benefits, if purchased

Important

In this section **you/your** means **you**, the **principal member**.

Benefits	Essential	Classic	Gold	Explanation of benefits
Assistance cover (Evacuation and Repatriation)				Your membership certificate will show if you have purchased this cover. Please see 'Assistance cover' section. The overall annual maximum benefit limit does not apply.

Dependant member – What is covered?

Please read this important information about the kind of costs that **we** cover. In this section **you/your** means **you**, the **dependant** member.

Treatment that we cover

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

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

We will not pay for **treatment** which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your treatment**, when it is reasonable for **us** to do so.

Active treatment

This plan covers **you** for the costs of **active treatment** only. By this **we** mean **treatment** of a disease, illness or injury that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.

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

Reasonable and customary charges

We will pay for **reasonable and customary** costs. This means that the costs charged by **your treatment** provider should not be more than they would normally charge and be representative of charges by other **treatment** providers in the same area*.

* 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) may be published by a government or official medical body. In such cases, or where published insurance industry standards exist, **we** may refer to these when assessing and paying claims. Charges in excess of published guidelines or **reasonable and customary** costs may not be paid.

Table of benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'What is not covered?' section so that **you** understand the exclusions on **your** plan

Variations to your benefits

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

How to read the table of benefits

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

Benefit limits

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

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

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

Currencies

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

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

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

Dependant member - Table of Benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'What is not covered?' section so that **you** understand the exclusions on **your** plan which these benefits are subject to.

Dependant member - Overall annual maximum

Benefits	Essential	Classic	Gold	Explanation of benefits
Overall annual maximum	GBP 600,000 USD 1,000,000 EUR 750,000	GBP 900,000 USD 1,500,000 EUR 1,000,000	GBP 1,200,000 USD 2,000,000 EUR 1,500,000	The currency applicable to your contract is shown on your membership certificate.

Dependant member - Out-patient treatment

Important

In this section **you/your** means **you**, the **dependant** member.

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

Benefits	Essential	Classic	Gold	Explanation of benefits
Out-patient surgical operations	Paid in full	Paid in full	Paid in full	We pay for out-patient surgical operations when carried out by a consultant or a family doctor .
Wellness — mammogram, PAP test, prostate cancer screening or colon cancer screening (after one year's membership)	Not covered	We pay up to GBP 600, USD 1,000 or EUR 750 each membership year	We pay up to GBP 600, USD 1,000 or EUR 750 each membership year	We pay for these four preventive checks only, after you have been a member of the plan for one year.
Consultants' fees for consultations	Not covered	We pay up to GBP 6,400, USD 10,900 or EUR 8,000 each membership year	Paid in full	This normally means a meeting with a consultant to assess your condition. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Pathology, X-rays and diagnostic tests	Not covered			We pay for: <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples for specific abnormalities, ○ radiology, such as X-rays, and ○ diagnostic tests, such as electrocardiograms (ECGs) when recommended by your consultant or family doctor to help determine or assess your condition.
Costs for treatment by therapists, complementary medicine practitioners and qualified nurses	Not covered	We pay in full for up to 20 visits each membership year	We pay in full for up to 40 visits each membership year	We pay for nursing charges for general nursing care, for example injections or wound dressings by a qualified nurse and consultations and treatment with therapists and complementary medicine practitioners when they are appropriately qualified and registered to practice in the country where treatment is received. This includes the cost of both the consultation and treatment , including any complementary medicine prescribed or administered as part of your treatment . Should any complementary medicines or treatments be applied or carried out on a separate date to a consultation, these tests will be considered as a separate visit. Note: for dieticians, we pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition. Please note that obesity is not covered.
Consultants' fees, psychologists' and psychotherapists' fees for psychiatric treatment (after two years' membership)	Not covered	We pay in full for up to 15 visits each membership year	We pay in full for up to 30 visits each membership year	We will pay after you have been a member of the plan (or any Bupa administered plan which includes cover for psychiatric treatment) for the whole of the two years leading up to the psychiatric treatment .
Vaccinations	Not covered	We pay up to GBP 120, USD 200 or EUR 150 each membership year	We pay up to GBP 180, USD 300 or EUR 200 each membership year	We pay for vaccinations including vaccinations to aid the prevention of cancer, such as the human papilloma virus (HPV) vaccination, as and when such vaccines have completed medical trials and are approved for use in the country of treatment .

Dependant member - Out-patient treatment (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Costs for treatment by a family doctor	Not covered	Not covered	We pay in full for up to 20 visits each membership year	We pay for family doctor treatment . Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Prescribed drugs and dressings	Not covered	Not covered	We pay up to GBP 1,200, USD 2,000 or EUR 1,500 each membership year	We pay for the cost of drugs and dressings prescribed for you by your medical practitioner required to treat a disease, illness or injury, for eligible treatment . Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for treatment by therapists and complementary medicine practitioners benefit.
Accident-related dental treatment	Not covered	Not covered	We pay up to GBP 480, USD 815 or EUR 600 each membership year	We pay for accident-related dental treatment that you receive from a dental practitioner for treatment during an emergency visit following accidental damage to any tooth. We only pay any accident-related dental treatment which takes place up to 30 days after the accident.

Dependant member - In-patient and day-case treatment

Important

In this section you/your means you, the dependant member.

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

- it must be medically essential for **you** to occupy a **hospital** bed to receive the **treatment**
- **your treatment** must be provided, or overseen, by a **consultant**
- **we** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite 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 standard single room with a private bathroom
- the **hospital** where **you** have **your treatment** must be recognised

Long in-patient stays: 10 nights or longer

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

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

Benefits	Essential	Classic	Gold	Explanation of benefits
Hospital accommodation	Paid in full	Paid in full	Paid in full	<p>We pay charges for your hospital accommodation, including all your own meals and refreshments. We do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.</p> <p>We pay for accommodation in a room that is no more expensive than the hospital's standard single room with a private bathroom. This means that we will not pay the extra costs of a deluxe, executive or VIP suite etc.</p> <p>We pay for the length of stay that is medically appropriate for the procedure that you are admitted for. For example, unless medically essential, we do not pay for day-case accommodation for out-patient treatment, and we do not pay for in-patient accommodation for day-case treatment.</p> <p>Please also read convalescence and admission for general care in the 'What is not covered?' section.</p>
Surgical operations , including pre- and post-operative care	Paid in full	Paid in full	Paid in full	<p>We pay surgeons' and anaesthetists' fees for a surgical operation, including all pre- and post-operative care.</p> <p>Note:</p> <ul style="list-style-type: none"> ○ we do not pay for drugs and surgical dressings you receive for out-patient treatment or use at home unless you have Gold cover (see 'Prescribed drugs and dressings' in this section and 'Drugs and dressings' in the 'What is not covered?' section) ○ this benefit does not include follow-up consultations with your consultant, as these are paid under the consultants' fees for consultations benefit
Nursing care, drugs and surgical dressings	Paid in full	Paid in full	Paid in full	<p>We pay for nursing services, drugs and surgical dressings you need as part of your treatment in hospital.</p> <p>Note:</p> <ul style="list-style-type: none"> ○ we do not pay for drugs and surgical dressings you receive for out-patient treatment or use at home (for Essential and Classic members only), and ○ we do not pay for nurses hired in addition to the hospital's own staff. In the rare case where a hospital does not provide nursing staff we will pay for the reasonable cost of hiring a qualified nurse for your treatment.

Dependant member - In-patient and day-case treatment (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Physicians' fees	Paid in full	Paid in full	Paid in full	<p>We pay physicians' fees for treatment you receive in hospital if this does not include a surgical operation, for example if you are in hospital for treatment of a medical condition such as pneumonia.</p> <p>If your treatment includes a surgical operation we will only pay physicians' fees if the attendance of a physician is medically necessary, for example, in the rare event of a heart attack following a surgical operation.</p>
Theatre charges	Paid in full	Paid in full	Paid in full	<p>We pay for use of an operating theatre.</p>
Intensive care	Paid in full	Paid in full	Paid in full	<p>We pay for intensive care in an intensive care unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> ○ it is an essential part of your treatment and is required routinely by patients undergoing the same type of treatment as yours, or ○ it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery
Pathology, X-rays, diagnostic tests and therapies	Paid in full	Paid in full	Paid in full	<p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays), and ○ diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by your consultant to help determine or assess your condition when carried out in a hospital.</p> <p>We also pay for treatment provided by therapists (such as physiotherapy) and complementary medicine practitioners (such as acupuncturists) if it is needed as part of your treatment in hospital.</p>
Prosthetic implants and appliances	Paid in full	Paid in full	Paid in full	<p>We pay for a prosthetic implant needed as part of your treatment. By this, we mean an artificial body part or appliance which is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> ○ to replace a joint or ligament ○ to replace one or more heart valves ○ to replace the aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ to control urinary incontinence (bladder control) ○ to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the treatment ○ to restore vocal function following surgery for cancer <p>We also pay for the following appliances:</p> <ul style="list-style-type: none"> ○ a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament, or ○ a spinal support which is an essential part of a surgical operation to the spine

Dependant member - In-patient and day-case treatment (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Parent accommodation	Paid in full	Paid in full	Paid in full	<p>We pay for hospital accommodation for each night you need to stay with your child in the same hospital. This is limited to only one parent or legal guardian each night.</p> <p>Your child must be:</p> <ul style="list-style-type: none"> <input type="radio"/> aged under 18, and <input type="radio"/> a member of a Bupa Global administered plan receiving treatment for which he or she is covered under their plan
Psychiatric treatment (after two years' membership, lifetime maximum 90 days)	Paid in full	Paid in full	Paid in full	<p>We pay for psychiatric treatment you receive in hospital after you have been a member of the plan (or any Bupa administered plan which includes cover for psychiatric treatment) for two years before the psychiatric treatment.</p> <p>We pay for a total of 90 days' psychiatric treatment in hospital during your lifetime. This benefit applies to all treatment related to the psychiatric condition. This applies to all Bupa administered plans you have been a member of in the past, or may be a member of in the future, whether your membership is continuous or not.</p> <p>Example: If we have paid for 45 days' psychiatric treatment in hospital under another Bupa administered plan, we will only pay for another 45 days' psychiatric treatment in hospital under this plan.</p>

Dependant member - Further benefits

Important

In this section you/your means you, the dependant member.

These are the additional benefits provided by **your** membership of the plan.

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

Benefits	Essential	Classic	Gold	Explanation of benefits
Advanced imaging	Paid in full	Paid in full	Paid in full	We pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by your consultant or family doctor .
Cancer treatment	Paid in full	Paid in full	Paid in full	Once cancer is diagnosed, we pay fees that are related specifically to planning and carrying out treatment for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy).
Healthline services	Included	Included	Included	This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 333 911 at any time when you need to. The following are some of the services that may be offered by telephone: <ul style="list-style-type: none"> <input type="radio"/> general medical information from a health professional <input type="radio"/> medical referrals to a physician or hospital <input type="radio"/> medical service referral (ie locating a physician) and assistance arranging appointments <input type="radio"/> inoculation and visa requirements information <input type="radio"/> emergency message transmission <input type="radio"/> interpreter and embassy referral <p>Note: treatment arranged through this service may not be covered under your plan. Please check your cover before proceeding.</p>
HIV/AIDS drug therapy including ART (after five years' membership)	Not covered	We pay up to GBP 12,000, USD 20,000 or EUR 15,000 each membership year	We pay up to GBP 12,000, USD 20,000 or EUR 15,000 each membership year	We pay for HIV/AIDS drug therapy after you have been a member of the plan for the whole of the five years leading up to the treatment . Note: we pay for treatment that is not drug therapy or ART from your in-patient treatment or out-patient benefits if you have been a member of the plan for five years. Note (for Essential members only): we pay for in-patient treatment of HIV/AIDS if you have been a member of the plan for five years. This does not include any drug therapy or ART.
Home nursing after in-patient treatment	We pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 10 days each membership year	We pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 10 days each membership year	We pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 30 days each membership year	We pay for home nursing after eligible in-patient treatment . We pay if the home nursing: <ul style="list-style-type: none"> <input type="radio"/> is needed to provide medical care, not personal assistance <input type="radio"/> is necessary, meaning that without it you would have to stay in hospital <input type="radio"/> starts immediately after you leave hospital <input type="radio"/> is provided by a qualified nurse in your home, and <input type="radio"/> is prescribed by your consultant
Hospice and palliative care	We pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of your membership	We pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of your membership	We pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of your membership	If you need in-patient, day-case or out-patient care or treatment following the diagnosis that your condition is terminal, when treatment can no longer be expected to cure your condition, we pay for your physical, psychological, social and spiritual care as well as hospital or hospice accommodation, nursing care and prescribed drugs. The amount shown here is the total amount we shall pay for these expenses during the whole of your membership of Bupa Global , whether continuous or not.

Dependant member - Further benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
In-patient cash benefit	We pay GBP 90, USD 150 or EUR 110 each night up to 20 nights each membership year	We pay GBP 90, USD 150 or EUR 110 each night up to 20 nights each membership year	We pay GBP 90, USD 150 or EUR 110 each night up to 20 nights each membership year	<p>This benefit is paid instead of any other benefit for each night you receive eligible in-patient treatment without charge.</p> <p>To claim this benefit, please ask the hospital to sign and stamp your claim form. Then send the completed form to us with a covering letter stating that you were treated with no charge. Please note that you need to ensure that the medical section of your claim form is completed by your consultant.</p>
Local air ambulance	We pay up to GBP 5,900, USD 10,000 or EUR 7,400 each membership year Please also see the section 'Assistance cover'.	We pay up to GBP 5,900, USD 10,000 or EUR 7,400 each membership year Please also see the section 'Assistance cover'.	We pay up to GBP 5,900, USD 10,000 or EUR 7,400 each membership year Please also see the section 'Assistance cover'.	<p>We pay for medically necessary travel for you to be transported by local air ambulance such as a helicopter, when related to eligible in-patient treatment or day-case treatment, either:</p> <ul style="list-style-type: none"> ○ from the location of an accident to hospital, or ○ for a transfer from one hospital to another <p>when it is appropriate for this method of transfer to be used to transport you over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue.</p> <p>Note: this benefit does not include evacuation if the treatment you need is not available locally.</p>
Kidney dialysis	Paid in full	Paid in full	Paid in full	We pay for kidney dialysis - provided as In-patient, day-case or as on out-patient.
Local road ambulance	Paid in full	Paid in full	Paid in full	We pay for medically necessary travel by local road ambulance when related to eligible in-patient treatment or day-case treatment .

Dependant member - Further benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Maternity cover (after 10 months' membership)	Not covered	<p>Maternity and childbirth:</p> <p>We pay up to GBP 4,800, USD 8,150 or EUR 6,000 each membership year</p> <p>Childbirth at home or birthing centre:</p> <p>We pay up to GBP 780, USD 1,300 or EUR 975 each membership year</p> <p>Medically essential Caesarean section:</p> <p>We pay up to GBP 12,600, USD 21,500 or EUR 15,750 each membership year</p> <p>Complications of maternity and childbirth</p> <p>- Paid in full</p>	<p>Maternity and childbirth:</p> <p>We pay up to GBP 7,200, USD 12,250 or EUR 9,000 each membership year</p> <p>Childbirth at home or birthing centre:</p> <p>We pay up to GBP 780, USD 1,300 or EUR 975 each membership year</p> <p>Medically essential Caesarean section:</p> <p>We pay up to GBP 15,000, USD 25,500 or EUR 18,750 each membership year</p> <p>Complications of maternity and childbirth</p> <p>- Paid in full</p>	<p>We pay maternity benefits only after you have been covered under the plan for 10 months.</p> <p>Maternity and childbirth (after 10 months' membership)</p> <p>These benefits include for example:</p> <ul style="list-style-type: none"> ○ ante natal care such as ultrasound scans ○ hospital charges, obstetricians' and midwives' fees for pregnancy and childbirth ○ post natal care required by the mother immediately following normal childbirth, such as stitches <p>Treatment for</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatiform mole) ○ foetus growing outside the womb (ectopic pregnancy) are not covered from this benefit but may be covered by your other benefits. <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other benefits).</p> <p>Note: routine care for your baby</p> <p>We pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if eligible, is paid from the baby's newborn care benefit, not from the mother's maternity benefit.</p> <p>Your baby is also covered for up to seven days routine care following birth if your baby was born to a surrogate mother and you, as the intended parent, have been covered on the plan for 10 months when the baby is born.</p> <p>Childbirth at home or birthing centre (after 10 months' membership)</p> <p>This benefit includes obstetricians' and midwives' fees for delivering your baby at home or a birthing centre.</p> <p>Medically Essential Caesarean Section (after 10 months' membership)</p> <p>This benefit includes hospital, obstetricians' and other medical fees for the cost of the delivery of your baby by Caesarean section when medically essential for example, non progression during labour leading to emergency Caesarean section (eg dystocia, foetal distress, haemorrhage) provided the mother has been a member of this plan for at least 10 months before delivery.</p> <p>Note: if we are unable to determine that your Caesarean section was medically essential, it will be paid from your maternity and childbirth benefit limit.</p> <p>Complications of maternity and childbirth (after 10 months' membership)</p> <p>Treatment which is medically necessary as a direct result of pregnancy and childbirth complications.</p> <p>By complications we mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth.</p> <p>Please contact us for pre-authorisation where possible. If you require an emergency admission as a direct result of pregnancy and childbirth complications, please contact us within 48 hours of your admission.</p> <p>Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered?' section.</p>

Dependant member - Further benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Newborn care	We pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all treatment received during the first 90 days following birth	We pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all treatment received during the first 90 days following birth	We pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all treatment received during the first 90 days following birth	<p>This benefit is paid instead of any other benefit for all treatment (including routine preventive care, check-ups and immunisations) that is required for the newborn during the first 90 days' following birth, instead of any other benefit.</p> <p>Children must have their own membership and must be covered on their own plan before you can claim this benefit.</p> <p>We do not pay newborn care benefits for children born as a result of assisted reproduction technologies, ovulation induction treatment, born to a surrogate or who have been adopted, as these children can only join once they are 91 days old.</p>
Prosthetic devices	We pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	We pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	We pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	We pay for the initial prosthetic device needed as part of your treatment . By this we mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of your surgical procedure. 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 16 years.
Rehabilitation	We pay in full for up to 30 days of treatment (which may be in-patient treatment or day-case treatment) each membership year	We pay in full for up to 30 days of treatment (which may be in-patient treatment, day-case treatment or out-patient treatment) each membership year	We pay in full for up to 30 days of treatment (which may be in-patient treatment, day-case treatment or out-patient treatment) each membership year	<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 written agreement before the treatment starts, for up to 30 days' treatment in each membership year. For in-patient treatment one day is each overnight stay and for day-case treatment and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for rehabilitation where it:</p> <ul style="list-style-type: none"> ○ starts within 30 days of in-patient treatment which is covered by your membership (such as trauma or stroke), and ○ arises as a result of the condition which required the in-patient treatment or is needed as a result of such treatment given for that condition <p>Note: in order to give written agreement, we must receive full clinical details from your consultant; including your diagnosis, treatment given and planned, and proposed discharge date if you receive rehabilitation.</p>
Transplant services	Paid in full	Paid in full	Paid in full	<p>We pay for transplant services that you need as a result of an eligible condition. We pay medical expenses if you need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. We also pay for bone marrow transplants (either using your own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy.</p> <p>We do not pay for costs associated with the donor or the donor organ.</p> <p>Note (for Essential members only): We do not pay for any out-patient treatment associated with a transplant, either before or after that transplant takes place, including consultations, diagnostic tests etc, or drugs prescribed for use as an out-patient, including anti-rejection drugs.</p> <p>Note (for Classic members only): We do not pay for any drugs prescribed for use as an out-patient, including anti-rejection drugs.</p> <p>Note (for Gold members only): Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from your prescribed drugs and dressings benefit.</p> <p>Please see donor organs in the 'What is not covered?' section.</p>

Dependant member - Optional benefits, if purchased

Important

In this section **you/your** means **you**, the **dependant** member.

Benefits	Essential	Classic	Gold	Explanation of benefits
USA cover	100 percent of costs in network . Reasonable and Customary costs out of network . In-patient treatment or day-case treatment , cancer treatment , MRI, CT and PET scans must be pre-authorised or only 50% of eligible costs may be payable.	100 percent of costs in network . Reasonable and Customary costs out of network . In-patient treatment or day-case treatment , cancer treatment , MRI, CT and PET scans must be pre-authorised or only 50% of eligible costs may be payable.	100 percent of costs in network . Reasonable and Customary costs out of network . In-patient treatment or day-case treatment , cancer treatment , MRI, CT and PET scans must be pre-authorised or only 50% of eligible costs may be payable.	<p>Pre-authorisation and the US provider network</p> <p>If you have USA cover, then before any in-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans in the US, you must contact our dedicated team for pre-authorisation.</p> <p>Please contact them by calling 844 369 3797 (from inside the US), or +1 844 369 3797 (from outside the US).</p> <p>In-patient treatment, day-case treatment, cancer treatment, MRI, CT and PET scans received in the U.S. without pre-authorisation may not be paid beyond 50%. Any pre-authorised treatment costs are covered according to this table of benefits</p> <p>Our US Service Partner uses a national network of hospitals, clinics and medical practitioners. This is the US provider network. Our dedicated team can help you to find a hospital or clinic in the US provider network, when you contact them for pre-authorisation. When eligible treatment takes place in the US using the US provider network, benefit is paid at 100 percent, once any co-insurance or deductible amount which may apply, and which you are responsible to pay, has been deducted from the claimed amount. When eligible treatment takes place in the US but outside the US provider network, benefit is paid at Reasonable and Customary costs. Please see the "Our approach to costs" section of this Guide.</p> <p>Emergency admissions</p> <p>If you are admitted for emergency treatment you must contact our dedicated team within 48 hours of admission, or as soon as reasonably possible.</p> <p>If your admission for emergency treatment is to a non-network hospital, our dedicated team may arrange to transfer you to a network hospital as soon as it is medically appropriate to do so.</p> <p>If the transfer to a network hospital is carried out, benefit for all eligible treatment received at both facilities will be payable at 100 percent.</p> <p>If you choose to stay in a non-network hospital after the date our dedicated team decides a transfer is medically appropriate, benefit for all eligible treatment received both before and after that date will be payable at 80 percent.</p> <p>Please also see USA treatment in the 'What is not covered?' section.</p>
Dental treatment	Not covered	We pay up to GBP 1,200, USD 2,000 or EUR 1,500 maximum benefit for each membership year	We pay up to GBP 1,200, USD 2,000 or EUR 1,500 maximum benefit for each membership year	<p>We pay</p> <ul style="list-style-type: none"> ○ 100 percent of preventive treatment (such as check-ups, X-rays, scale and polishing) ○ 80 percent of routine treatment (such as fillings, extractions and root canal therapy) ○ 50 percent of major restorative (such as crowns, bridges or implants) ○ 50 percent of orthodontic treatment of overbite or under bite etc, up to the age of 19.
Assistance cover (Evacuation and Repatriation)				<p>Your membership certificate will show if you have purchased this cover. Please see the 'Assistance cover' section.</p> <p>The overall annual maximum benefit limit does not apply.</p>

Jointly - what is not covered?

In the 'Exclusion' section below, **we** list specific **treatments**, conditions and situations that **we** do not cover as part of **your** plan. In addition to these **you** may have personal exclusions or restrictions that apply to **your** plan, as shown on **your** membership certificate. No personal exclusions or restrictions shall apply where **we** have agreed with **your sponsor** that medical history has been disregarded.

Do you have cover for pre-existing conditions?

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

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

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

General Exclusions

The exclusions in this section apply 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** membership certificate, **we** do not pay for conditions which are directly related to:

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

Important note:

Our global health plans are non-U.S. insurance products and accordingly are not designed to meet the requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). **Our** plans may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and **we** are unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be 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 **treatment** 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' **treatment** provider in certain specific countries.

Exclusion	Notes	Rules
Ageing, menopause and puberty	Exclusion applies to principal member only.	We do not pay for any treatment to relieve symptoms commonly associated with any bodily change arising from any physiological or natural cause such as ageing, menopause or puberty and which is not due to any underlying disease, illness or injury. Please also read 'Hormone Replacement Therapy and bone densitometry' in this section.
Artificial life maintenance		Including mechanical ventilation, where such treatment will not or is not expected to result in your recovery or restore you to your previous state of health. Example: We will not pay for artificial life maintenance when you are unable to feed or breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.
Birth control		Any type of contraception, sterilisation, termination of pregnancy or family planning.

Exclusion	Notes	Rules
Chronic conditions	Exclusion applies to principal member only.	<p>We do not pay for treatment of a chronic condition. By this, we mean a disease, illness or injury (including a mental condition) which has at least one of the following characteristics:</p> <ul style="list-style-type: none"> ○ has no known cure, or recurs ○ leads to permanent disability ○ is caused by changes to your body which cannot be reversed ○ requires you to be specially trained or rehabilitated ○ needs prolonged supervision, monitoring and treatment <p>Exception: We pay for treatment of a disease, illness or injury arising out of a chronic condition, or for treatment of any symptoms of a chronic condition that flare up. However, we will only pay if the treatment is likely to lead quickly to a complete recovery or to you being restored fully to your previous state of health, without you having to continue receiving the treatment. For example, we pay for treatment following a heart attack arising out of chronic heart disease.</p>
Conflict and disaster		<p>We shall not be liable for any claims which concern, are due to or are incurred as a result of treatment for sickness or injuries directly or indirectly caused by you putting yourself in danger by entering a known area of conflict (as listed below) and/or if you were an active participant or you have displayed a blatant disregard for your personal safety in a known area of conflict:</p> <ul style="list-style-type: none"> ○ nuclear or chemical contamination ○ war, invasion, acts of a foreign enemy ○ civil war, rebellion, revolution, insurrection ○ terrorist acts ○ military or usurped power ○ martial law ○ civil commotion, riots, or the acts of any lawfully constituted authority ○ hostilities, army, naval or air services operations whether war has been declared or not
Congenital conditions	Exclusion applies to principal member . Please see Newborn care in the table of benefits for dependants .	Treatment received after the first 90 days following birth (or after the maximum benefit limit for Newborn care has been reached) for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, except cancer.
Convalescence and admission for general care		<p>Hospital accommodation when it is used solely or primarily for any of the following purposes:</p> <ul style="list-style-type: none"> ○ convalescence, supervision, pain management or any other purpose other than for receiving eligible treatment, of a type which normally requires you to stay in hospital ○ receiving general nursing care or any other services which do not require you to be in hospital, and could be provided in a nursing home or other establishment that is not a hospital ○ receiving services from a therapist or complementary medicine practitioner ○ receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals

Exclusion	Notes	Rules
Cosmetic treatment		<p>Treatment undergone for cosmetic or psychological reasons to improve your appearance, such as a re-modelled nose, facelift, abdominoplasty, or cosmetic dentistry. This includes:</p> <ul style="list-style-type: none"> ○ dental implants to replace a sound natural tooth ○ hair transplants for any reason ○ treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons ○ any treatment for a procedure to change the shape or appearance of your breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original treatment for the cancer, when you have obtained our written consent before receiving the treatment (see 'Reconstructive or remedial surgery' in this section) <p>Examples: we do not pay for breast reduction for backache or gynaecomastia (the enlargement of breasts in men).</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, your case will be assessed by our clinical teams on an individual basis. If approved, benefits will be paid in line with the rules and benefits of your plan.</p>
Deafness		<p>Treatment for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.</p>
Dental treatment /gum disease	<p>Please see dental treatment in the table of benefits for dependants.</p> <p>Please see emergency dental in the table of benefits for principal member.</p>	<p>This includes surgical operations for the treatment of bone disease when related to gum disease or damage, or treatment for, or arising from disorders of the temporomandibular joint.</p> <p>Examples: we do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc.</p> <p>Exception: we pay for a surgical operation carried out by a consultant to:</p> <ul style="list-style-type: none"> ○ put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident ○ treat irreversible bone disease involving the jaw(s) which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage ○ surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth
Desensitisation and neutralisation		<p>Treatment to de-sensitise or neutralise any allergic condition or disorder.</p>
Developmental problems		<p>Treatment for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> ○ learning difficulties, such as dyslexia ○ behavioural problems, such as attention deficit hyperactivity disorder (ADHD) ○ problems relating to physical development such as short height, or ○ developmental problems treated in an educational environment or to support educational development
Dialysis	<p>Exclusion applies to principal member only.</p>	<p>We do not pay for treatment for, or associated with, haemodialysis (meaning the removal of waste matter from your blood by passing it through a kidney machine or dialyser) or peritoneal dialysis (meaning the removal of waste matter from your blood by introducing fluid into your abdomen which acts as a filter).</p> <p>Exception: We pay for short-term kidney dialysis if you need this immediately before or after a kidney transplant. We also pay if the kidney dialysis is needed temporarily for sudden kidney failure resulting from a disease, illness or injury affecting another part of your body.</p>
Donor organs		<p>Treatment costs for, or as a result of the following:</p> <ul style="list-style-type: none"> ○ transplants involving mechanical or animal organs ○ the removal of a donor organ from a donor ○ the removal of an organ from you for purposes of transplantation into another person ○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness ○ the purchase of a donor organ

Exclusion	Notes	Rules
Drugs and dressings (out-patient)	Exclusion applies to Essential and Classic cover only.	Any drugs or surgical dressings that are provided or prescribed for out-patient treatment , or for you to take home with you on leaving hospital , for any condition.
Epidemics and pandemics:		We do not pay for treatment for or arising from any epidemic disease and/or pandemic disease and we do not pay for vaccinations, medicines or preventive treatment for or related to any epidemic disease and/or pandemic disease.
Experimental treatment		<ul style="list-style-type: none"> ○ We do not pay for any treatment or medicine which in our reasonable opinion is experimental based on acceptable current clinical evidence and practice ○ 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 ○ We do not pay for medicines and equipment used for purposes other than those defined under their licence unless this has been pre-authorised
Eyesight		<p>Treatment, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Examples: we will not pay for routine eye examinations, contact lenses or spectacles. We will pay for eligible treatment or surgery of a detached retina, glaucoma, cataracts or keratoconus.</p>
Family doctor treatment	Exclusion applies to Essential and Classic cover only.	Treatment or services carried out by a family doctor , including vaccinations..
Footcare		Treatment for corns, calluses, or thickened or misshapen nails.
Genetic testing		<p>Genetic tests, when such tests are solely 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>
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 health hydros, nature cure clinics or any establishment that is not a hospital .
Hereditary conditions		Treatment of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of your family, except cancer.
HIV/AIDS	Exclusion applies to principal member . Please see HIV/AIDS drug therapy in the table of benefits for dependants .	Treatment for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, if your current period of membership is less than five years.
Maternity	<p>Exclusion applies to principal member.</p> <p>Exclusion applies to Essential cover for dependants.</p>	<p>Treatment for maternity or for any condition arising from maternity except the following conditions and treatments:</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside of the womb (ectopic pregnancy) ○ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant

Exclusion	Notes	Rules
Infertility treatment		<p>Treatment to assist reproduction, including but not limited to IVF treatment.</p> <p>Note: we pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> ○ you had not been aware of any problems before joining, and ○ you have been a member of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start <p>Once the cause is confirmed, we will not pay for any additional investigations in the future.</p>
Obesity		<p>Treatment for, or required as a result of obesity.</p>
Persistent vegetative state (PVS) and neurological damage		<p>We will not pay for in-patient treatment for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state.</p>
Personality disorders		<p>Treatment of personality disorders, including but not limited to:</p> <ul style="list-style-type: none"> ○ affective personality disorder ○ schizoid personality (not schizophrenia) ○ histrionic personality disorder
Physical aids and devices		<p>Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance.</p> <p>Examples: we will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.</p>
Pre-existing conditions		<p>Any treatment for a pre-existing condition, related symptoms, or any condition that results from or is related to a pre-existing condition.</p> <p>Please contact us before your next renewal date if you or your dependants have personal exclusion(s) and believe that there will be no further treatment for that pre-existing condition after your next renewal date. In order for us to review whether to remove any personal exclusions, we may request full current clinical details from your medical practitioner. There are some pre-existing conditions that, due to their nature, we will not review.</p>
Preventive and wellness treatment	<p>Exclusion applies to principal member.</p> <p>Exclusion applies to Essential cover for dependants.</p>	<p>Health screening, including routine health checks, or any preventive treatment.</p> <p>Note: we may pay for prophylactic surgery when:</p> <ul style="list-style-type: none"> ○ there is a significant family history of the disease for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ you have positive results from genetic testing (please note that we will not pay for the genetic testing) <p>Please contact us for pre-authorisation before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our pre-authorisation process.</p>
Reconstructive or remedial surgery		<p>Treatment required to restore your appearance after an illness, injury or previous surgery, unless:</p> <ul style="list-style-type: none"> ○ the treatment is a surgical operation to restore your appearance after an accident, or as the result of surgery for cancer, if either of these takes place during your current continuous membership of the plan ○ the treatment is carried out as part of the original treatment for the accident or cancer ○ you have obtained our written consent before the treatment takes place
Self-inflicted injuries		<p>Treatment for, or arising from, an injury or condition that you have intentionally inflicted on yourself, for example during a suicide attempt.</p>

Exclusion	Notes	Rules
Sexual problems/gender issues		Treatment of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.
Sleep disorders		Treatment , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Speech disorders		<p>Treatment for speech disorders, including stammering or speech developmental delays, unless all of the following apply:</p> <ul style="list-style-type: none"> ○ the treatment is short term therapy which is medically necessary as part of active treatment for an acute condition such as a stroke, ○ the speech therapy takes place during and/or immediately following the treatment for the acute condition, and ○ the speech therapy is recommended by the consultant in charge of your treatment, and is provided by a therapist <p>in which case we may pay at our discretion.</p>
Stem cells		We do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.
Surrogate parenting	Please see maternity cover in the table of benefits for dependants .	<p>Treatment directly related to surrogacy. This applies:</p> <ul style="list-style-type: none"> ○ to you if you act as a surrogate; and ○ to anyone else acting as a surrogate for you
Travel costs for treatment		<p>Any travel costs related to receiving treatment, unless otherwise covered by:</p> <ul style="list-style-type: none"> ○ local air ambulance benefit, ○ local road ambulance benefit, or ○ Assistance cover <p>Examples:</p> <ul style="list-style-type: none"> ○ we do not pay for taxis or other travel expenses for you to visit a medical practitioner ○ we do not pay for travel time or the cost of any transport expenses charged by a medical practitioner to visit you
Unrecognised medical practitioner, hospital or healthcare facility		<ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ Self treatment or treatment provided by anyone with the same residence, Family Members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ Treatment provided by a medical practitioner, hospital or healthcare facility to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of treatment providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder

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

Pre-authorisation

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

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

What pre-authorisation means

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

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

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

Treatment we can pre-authorise

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

Direct settlement/pay and claim

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

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

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

Length of stay (in-patient treatment)

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

Treatment in the USA

All **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the USA must be pre-authorised. If **you** are going to receive any of these **treatments**, ask **your** medical provider to contact **our** dedicated team for pre-authorisation. All the information they need is on **your** membership card.

We have made special arrangements if **you** need to have **treatment** or be hospitalised or visit a doctor in the USA. These include access to a select **network** of quality medical providers and direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**.

Treatment which has not been pre-authorised

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

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

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

Out of network treatment

Even if **your treatment** in the USA has been preauthorised, if **you** choose to go to use a **hospital**, clinic or **medical practitioner** Out of **network**, **we** will only pay **Reasonable and Customary** costs towards the cost of covered **treatment**. Please see the "**Our** approach to costs" section of this Guide.

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

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

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

Important rules

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

We reserve the right to withdraw or amend **our** decision if information is subsequently received that may be contradictory to the information initially given to **us** at the time the decision is being made. Failure to comply with any request for additional information may be deemed to be indicative of fraudulent activities. Should such a failure occur, information may be disclosed to third parties (including other insurers) with the intention of preventing and detecting fraud.

Making a Claim

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

How to make a claim

Claim forms

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

You must complete a new claim form:

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

- for each currency of claim

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

What to send us

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

Requests for further information

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

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

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

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

Important

When making a claim please note:

- **you** must have received the **treatment** while covered under **your** membership
- payment of **your** claim will be under the terms of **your** membership and up to the benefit levels shown, that apply to **you** at the time **you** receive the **treatment**
- **we** will only pay for **treatment** costs actually incurred by **you**, not deposits or advance invoices or registration/administration fees charged by the provider of **treatment**

- **we** will only pay for **treatment** costs that are **reasonable and customary**
- **we** do not return original documents such as invoices or letters. However, **we** will be pleased to return copies if **you** ask **us** when **you** submit **your** claim.

Fraud prevention and detection

We have the right, where appropriate, to check **your** details with fraud prevention agencies, other insurers and other relevant third parties for the purpose of preventing and detecting false information or fraudulent activity. If **you** give **us** false or inaccurate information and **we** suspect fraud, **we** may record this with a fraud prevention agency. **We** and other organisations may also use and search these records to:

- help make decisions about benefit and benefit related services for **you** and members of **your** plan
- help make decisions on other insurance proposals and claims for **you** and members of **your** plan/group
- trace debtors, recover debt, prevent fraud and to manage **your** insurance plans
- establish **your** identity
- undertake credit searches and additional fraud searches.

Fraudulent Claims

You and any **dependant** (or anyone acting on behalf of **you** or any **dependant**) must not:

- make a fraudulent or exaggerated claim under this plan;
- send **us** fake or forged documents or other false evidence, or make a false statement in support of a claim; and/or
- provide **us** with information which **you** or any **dependant** knows would otherwise enable **us** to refuse to pay a claim under this plan.

Failure to comply with the above will give **us** the right to:

- refuse to pay the whole of the claim;
- recover any payments **we** have already made in respect of the claim; and/or

- notify **you** that this plan (or if the fraudulent claim is made by or on behalf of a particular **dependant**, the cover under this plan for that particular **dependant**) has terminated from the date of any of the acts or omissions set out above, and **we** will not refund the premium.

Confirmation of your claim

We will always send confirmation of how **we** have dealt with a claim. If applicable, for child **dependants** (those aged under 18 years), **we** will write to the **principal member**. If the claim is for **treatment** received by the **principal member**, or an adult **dependant** (those aged over 18 years), **we** will write directly to the individual concerned.

How your claim will be paid

Wherever possible, **we** will follow the instructions given to **us** in the 'Payment details' section of the claim form.

Who we will pay

We will only make payments to the member who received the **treatment**, the provider of the **treatment**, the **principal member** of the membership or the executor or administrator of the member's estate. **We** may pay a **dependant** only where the **dependant** received the covered benefits, they are over 18 and **we** have their current bank details. **We** will not make payments to anyone else.

Payment method and bank charges

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

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

responsibility, unless they are charged as a result of **our** error.

Cheques are no longer valid if they are not cashed within 6 months. If **you** have an out-of-date cheque, please contact customer services, who will be happy to arrange a replacement.

Payment currency and conversions

We can pay in the currency in which **your** **sponsor** pays **your** subscriptions, the currency of the invoices **you** send **us**, or the currency of **your** bank account.

Sometimes, the international banking regulations do not allow **us** to make a payment in the currency **you** have asked for. If so, **we** will send a payment in the currency of **your** **sponsor's** subscriptions. Where payment to **you** in the usual currency may expose **us** (or **our** Bupa group of companies and administrators) to any sanction, prohibition or restriction under the laws of any relevant jurisdiction and/or United Nations resolution, **we** reserve discretion to pay **you** in such other currency as **we** are permitted and able to make payment in, if any such payment is permitted to be made.

If **we** have to make a conversion from one currency to another, the exchange rate **we** use will be Reuters closing spot rate set at 16.00 **UK** time on the **UK** working day preceding the invoice date. If there is no invoice date, **we** will use the date of **your** **treatment**.

Other claim information

Discretionary payments

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

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

Incorrect payment of claims

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

Claiming for treatment when others are responsible

You must complete the appropriate section of the claim form if **you** are claiming for **treatment** that is needed when someone else is at fault, for example in a road accident in which **you** are a victim. If so, **you** will need to take any reasonable steps **we** ask of **you** to assist **us** to:

- recover from the person at fault (such as through their insurance company) the cost of the **treatment** paid for by **Bupa Global**, and
- claim interest if **you** are entitled to do so

If any person is to blame for any injury, disease, illness, condition or other event in relation to which **you** receive any covered benefits, **we** may make a claim in **your** name.

You must provide **us** with any assistance **we** reasonably require to help make such a claim, for example:

- providing **us** with any documents or witness statements;
- signing court documents; and
- submitting to a medical examination.

We may exercise **our** rights to bring a claim in **your** name before or after **we** have made any payment under the membership. **You** must not take any action, settle any claim or otherwise do anything which adversely affects **our** rights to bring a claim in **your** name.

Note: Subrogation

In certain circumstances, for example, if **you** are the victim of an accident, **your** insurer (or any person or company **we** nominate) will have the full 'right of subrogation'. This means that **we** can assume **your** right to recoup the cost of **treatment(s)** that **we** have paid from the person at fault (or their insurance company). In the event of any payment of any claim under **your** membership, **we** or any

person or company that **we** nominate may therefore be **subrogated** to all **your** rights of recovery and of any person entitled to the benefits of **your** coverage. **You** will need to sign and deliver all documents or papers, and anything else that is required to secure these rights. **You** must not take any action which could damage or affect these rights.

Claiming with joint or double insurance

You must complete the appropriate section on the claim form, if **you** have any other insurance cover for the cost of the **treatment** or benefits **you** have claimed from **us**. If **you** do have other insurance cover, this must be disclosed to **us** when claiming, and **we** will only pay **our** share of the cost of the **treatment** or benefits claimed.

Assistance Cover

(optional if purchased)

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

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

What is Assistance cover?

When the **treatment** **you** need is not available locally, the Evacuation and Repatriation options both cover **you** for reasonable transport costs to the nearest appropriate place of **treatment** where the **treatment** that **you** need is available, if it is not available locally. Repatriation also gives **you** the option of returning to **your specified country of nationality** or **your specified country of residence** when the **treatment** is not available locally.

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

Assistance cover-general rules

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

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

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

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

How to arrange your Evacuation or Repatriation

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

Evacuation cover:

What we will pay for

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

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

All arrangements for **your** return should be approved in advance by **Bupa Global** or **our** appointed representatives.

We will pay for either:

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

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

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

Repatriation cover:

What we will pay for

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

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

We will pay for either:

- the reasonable cost of the return journey by the most direct route available by land or sea, or

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

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

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

Annual Deductibles

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

Important – please remember that:

- the **annual deductible** applies separately to each person included on **your** membership
- even if the amount **you** are claiming is less than the **annual deductible**, **you** should still submit a claim to **us**
- this is an **annual deductible**, therefore, if **your** first claim is towards the end of **your membership year**, and **treatment** continues over **your renewal date**, the **annual deductible** is payable separately for **treatment** received in each **membership year**
- if **your** claims are paid direct to **your** medical provider, **you** are responsible for paying any deductible shortfall to the provider after the claim has been assessed and paid

What is an annual deductible?

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

For example, if **you** have an **annual deductible** of GBP 500, the total value of **your** eligible claims must reach GBP 500 before **we** will pay any benefit.

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

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

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

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

- Essential
- Classic
- Gold

The following levels of cover do not qualify for **annual deductibles**:

- Classic with dental
- Gold with dental
- Gold Superior
- Gold Superior with optical and dental

The following products do not qualify for **annual deductibles** *:

- Maritime
- Maritime Shipping
- Maritime Yachting
- Oil and Gas
- Mining and Exploration

* If **you**, the **principal member**, are covered by one of these products, **you** have the option of having an **annual deductible** applied to the cover of **your dependants** only.

How an annual deductible works

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

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

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

How claims are paid to you

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

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

How claims are paid direct to your medical provider

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

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

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

Your Membership

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

Paying subscriptions and other charges

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

Starting and renewing your membership

When your cover starts

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

Renewing your membership

The renewal of **your** membership is subject to **your sponsor** renewing **your** membership under the **agreement**.

Ending your membership

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

Your membership will automatically end:

- if the **agreement** between **Bupa Global** and **your sponsor** is terminated
- if **your sponsor** does not renew **your** membership
- if **your sponsor** does not pay subscriptions or any other payment due under the **agreement** for **you** or for any other person

- if the membership of the **principal member** ends
- upon the death of the **principal member**

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

You, the **principal member** must tell **your sponsor** straight away if **your specified country of residence** or **your specified country of nationality** changes. **We** may need to end **your** membership if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens.

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

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

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

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

After your Company membership ends

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

Making changes to your cover

The terms and conditions of **your** membership may be changed from time to time by **agreement** between **your sponsor** and **Bupa Global**, or where there is a legal or regulatory requirement to do so.

Amending your membership certificate

We will send **you**, the **principal member** a new membership certificate if:

- with the **sponsor's** approval, **you**, the **principal member** add a new **dependant** to **your** membership (if applicable)
- **we** need to record any other changes requested by **your sponsor** or that **we** are entitled to make

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

General information

Other parties

No other person is allowed to make or confirm any changes to **your** membership on **our** behalf, or decide not to enforce any of **our** rights.

No change to **your** membership will be valid unless it is confirmed in writing. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **us**.

If **you**, the **principal member** change **your** correspondence address, please contact **us** as soon as reasonably possible, as **we** will send any correspondence to the address **you** last gave **us**.

Correspondence

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

Financial Services Compensation Scheme

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

Applicable law

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

If any dispute arises as to interpretation of this document then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document.

This can be obtained at all times by contacting the customer services helpline.

Provision of accurate and complete information

You and any **dependant** must take reasonable care to make sure that all information provided to **us** is accurate and complete, at the time **you** take out this membership, and at each renewal and variation of this membership. **You** and any **dependant** must also tell **us** if any of the answers to the questions in the application form change prior to this membership starting. Otherwise, the following apply with effect from the date the membership was taken out, renewed or varied (depending on when **we** were provided with inaccurate or incomplete information).

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

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

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

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

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

Liability

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

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

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

Your statutory rights are not affected.

Sanction clause

We will not provide cover nor pay claims under this policy if **our** obligations (or the obligations of **our** group companies and administrators) under the laws of any relevant jurisdiction, including **UK**, European Union, the United States of America, or international law, prevent **us** from doing so. **We** will normally tell **you** if this is the case unless this would be unlawful or would compromise **our** reasonable security measures. This policy does not provide cover to the extent that such cover would expose **us** (or **our** group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **UK** or United States of America, or under other relevant international law.

Adding Dependants

If **your sponsor** agrees, **you**, the **principal member** may apply to include additional **dependants** on **your** membership by filling in a Company application form. **You** can download this easily from MembersWorld at bupaglobal.com/membersworld. Or **you** can contact **us** and **we** will send one to **you**.

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

Newborn children are eligible for newborn care and can be included on **your** membership from their date of birth when:

- the child has not been born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted or born to a surrogate
- **you** have completed an application form and **we** have received it before **your** child is 30 days old

Newborn children who are not eligible for newborn care can be included from their 91st day once **you** have completed a Company application form and the process for adding additional **dependants** will be followed.

Newborn care is not available in the USA if cover for pregnancy has been excluded in the USA as shown on **your** certificate of cover.

Newborn care is not available in the USA if the child was born in the USA as a result of a planned pregnancy when the mother did not purchase full USA cover.

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

Adding USA cover to your plan

You the **principal member** can apply to include coverage in the USA at any time following **your** original date of joining. To apply **you** will need to complete a Company application form which can be downloaded easily from membersworld at bupaglobal.com/membersworld. **Your** application will be reviewed by **our** medical underwriters and

may result in exclusions or restrictions specific to coverage in the USA.

When cover starts for others on your membership

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

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

Making a Complaint

We are always pleased to hear about aspects of **your** membership that **you** have particularly appreciated, or that **you** have had problems with. If something does go wrong, **we** have a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible.

If **you** have any comments or complaints, **you** can call the **Bupa Global** customer helpline on: +44 (0) 1273 323 563 if **you** are Classic or Essential customer
+44 (0) 1273 718 441 if **you** are Gold customer, 24 hours a day, 365 days a year. Alternatively, **you** can email or write to the Head of Customer Relations via bupaglobal.com/membersworld or

Bupa Global

Victory House
Trafalgar Place
Brighton
BN1 4FY

United Kingdom

Easier to read information

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

Taking it further

If **we** can't settle **your** complaint, **you** may be able to refer **your** complaint to the Financial Ombudsman Service. **You** can:

- write to them at Exchange Tower, London, E14 9SR, **UK**
- call them on 0800 023 4 567 (free from most landlines), 0300 123 9 123 or from outside the **UK** +44 (0) 20 7964 0500
- find details at their website financial-ombudsman.org.uk

Please let **us** know if **you** want a full copy of **our** complaints procedure. (None of these procedures affect **your** legal rights.)

Confidentiality

The confidentiality of personal health information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies with applicable data protection legislation and medical confidentiality guidelines. Bupa sometimes uses third parties to process data on **our** behalf. Such processing, which may be undertaken outside the EEA (European Economic Area), is subject to contractual restrictions with regard to confidentiality and security obligations in addition to the minimum requirements imposed by data protection legislation in the **UK**.

Personal data collected about **you** may be used by Bupa to process **your** claims, administer **your** policy, make suggestions about clinically appropriate **treatment**, for research and analytics, in the course of undertaking audits, and to detect and prevent fraud. For further information, please see the **Bupa Global** Privacy Policy at www.bupaglobal.com/privacypolicy.

Please note that **we** may share any **dependant's** information with the **principal member** (being the person named as the main applicant on the application for the policy), including in relation to **treatment** and services received, claims paid, the amount of any deductible used and, if relevant, any medical history which impacts on the provision of the policy.

In accordance with data protection law, if **you** would like a copy of **your** personal information (for which a small fee may be payable) or **you** would like to update **your** personal information, or if **you** have any other data processing queries please call the **Bupa Global** service team on +44 (0)1273 718 379. Alternatively **you** can email or write to the team via service.uk@bupaglobal.com; or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

Glossary

This explains what **we** mean by various words and phrases in **your** membership pack. Words written in bold are particularly important as they have specific meanings.

Defined term	Description
Birth centre:	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.
Bupa Global:	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
Complementary medicine practitioner:	An acupuncturist, chiropractor, homeopath, osteopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the treatment is received.
Consultant:	A surgeon, anaesthetist or physician who: <ul style="list-style-type: none">○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and○ is recognised by the relevant authorities in the country in which the treatment takes place as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated
Annual deductible:	The amount you , the principal member have to pay towards the cost of the treatment that you receive each membership year that would otherwise be covered under your membership. The amount of your annual deductible is shown on your membership certificate. The annual deductible applies separately to each person covered under your membership.
Appliance:	A knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of surgery to the spine.
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.
Day-case treatment:	Treatment which for medical reasons requires you to stay in a bed in hospital during the day only. We do not require you to occupy a bed for day-case psychiatric treatment .
Dental practitioner:	A person who: <ul style="list-style-type: none">○ is legally qualified to practice dentistry, and○ is permitted to practice dentistry by the relevant authorities in the country where the dental treatment takes place

Defined term	Description
Dependants:	The principal member's partner, spouse or children of whom you are the biological parent or legal guardian of, named on your membership certificate as being members of the plan and who are eligible to be members including newborn children.
Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Emergency:	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at risk.
Epidemic:	an outbreak of a contagious and infective disease that spreads quickly, affecting more persons than expected in a given time period, in a locality where the disease is not permanently prevalent or its normal prevalence have been exceeded.
Family doctor:	<p>A person who:</p> <ul style="list-style-type: none"> ○ is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment which does not need a consultant's training, and ○ is licensed to practice medicine in the country where the treatment is received <p>By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.</p>
Family Members:	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.

Defined term	Description
Hospital:	<p>A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for:</p> <ul style="list-style-type: none"> ○ carrying out major surgical operations, or ○ providing treatment which only consultants can provide
In-patient treatment:	Treatment which for medical reasons normally means that you have to stay in a hospital bed overnight or longer.
Intensive care:	<p>Intensive care includes:</p> <ul style="list-style-type: none"> ○ High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. ○ Intensive Therapy Unit / Intensive Care Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. ○ Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring.
Medical practitioner:	A complementary medicine practitioner, consultant, dental practitioner, family doctor, psychologist, psychotherapist or therapist who provides active treatment of a known condition.
Medically necessary:	<p>treatment, medical service or prescribed drugs/medication which is:</p> <p>(a) consistent with the diagnosis and medical treatment for the condition ;</p> <p>(b) is consistent with generally accepted standards of medical practice;</p> <p>(c) necessary for such a diagnosis or treatment;</p> <p>(d) not being undertaken primarily for the convenience of the member or the treating medical practitioner</p>

Membership year: The 12 month period for which this membership is effective, as first shown on **your** membership certificate and, if this health plan is renewed, each 12 month period which follows the **renewal date**.

Defined term	Description
Network:	A hospital , or similar facility, or medical practitioner which has an agreement in effect with Bupa Global or service partner to provide you with eligible treatment .
Out-patient treatment:	Treatment given at a hospital , consulting room, doctors' office or out-patient clinic where you do not go in for in-patient treatment or day-case treatment .
Ovulation Induction Treatment:	Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
Pandemic:	An epidemic occurring over a widespread area (multiple countries or continents) and usually affecting a substantial proportion of the population.
Persistent vegetative state:	<ul style="list-style-type: none"> ○ a state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and ○ the person does not respond to stimuli such as calling their name, or touching

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.

Defined term	Description
Pre-existing condition:	<ul style="list-style-type: none"> ○ Any medical condition declared in your application for cover which has been noted as a 'personal exclusion' under your membership certificate; or ○ any disease, illness or injury for which you received medication, advice or treatment, or you had experienced symptoms of <p>whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under your application for cover.</p> <p>Where we have accepted your transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall be deemed to mean your original application for cover under that previous insurance product.</p>
Principal member:	The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to ' you/your '.
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.
Qualified nurse:	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment takes place.

Defined term	Description
Reasonable and Customary	The 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provided by treatment providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by our experience of usual, and most common, charges in that region.
Recognised medical practitioner, hospital or healthcare facility	Any provider who is not an unrecognised medical practitioner , hospital or healthcare facility.
Registered clinical trial:	An ethically approved and clinically controlled trial that is registered on a national or international database of clinical trials (eg clinicaltrials.gov, ISRCTN.ORG or http://public.ukcrn.org.uk).
Rehabilitation:	Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Renewal date:	Each anniversary of the date you , the principal member joined the plan. (If however you are a member of a Bupa Global group plan with a common renewal date for all members, your renewal date will be the common renewal date for the group. We tell you the group renewal date when you join.)
Service partner:	A company or organisation that provides services on behalf of Bupa Global . These services may include approval of cover and location of local medical facilities.
Sound natural tooth / Sound natural teeth:	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
Specified country of nationality:	The country of nationality specified by you in your application form or as advised to us in writing, which ever is the later.

Defined term	Description
Specified country of residence:	The country of residence specified by you in your application and shown in your membership certificate, or as advised to us in writing, which ever is the later. The country you specify must be the country in which the relevant authorities (such as tax authorities) consider you to be resident for the duration of the policy.
Sponsor:	The company, firm or individual with whom we have entered into an agreement to provide you with cover under the plan.
Subrogated:	The assumption of the member's right by Bupa Global to recover from an at fault party the costs of any claims paid by Bupa Global for treatment to the member.
Surgical operation:	A medical procedure that involves the use of instruments or equipment.
Therapists:	A physiotherapist, occupational therapist , orthoptist, dietician or speech therapist who is legally qualified and is permitted to practice as such in the country where the treatment is received.
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
UK:	Great Britain and Northern Ireland.

Defined term	Description
Unrecognised medical practitioner, hospital or healthcare facility	<ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ Self treatment or treatment provided by anyone with the same residence, Family Members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of treatment providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder
We/us/our:	Bupa Global.
You/your:	This means you , the principal member and your dependants unless we have expressly stated otherwise that the provisions only refer to the principal member .

